



**Berry
University**

2017-2018

STUDENT ACCIDENT PLAN SUMMARY

Underwritten by Mutual of Omaha

Eligibility

As a benefit to our students, all full-time undergraduate students, students residing in campus housing, and select Graduate programs are automatically covered under the Student Accident Plan through Mutual of Omaha for the full academic year. The billing for this plan, \$22 per semester, will be done twice a year, once in the Fall Semester and once in the Spring Semester.

This plan will provide coverage up to \$5,000 per injury at an off campus provider. **This plan cannot be waived.** However, placement on this plan does not eliminate the requirement for students to maintain a personal primary insurance plan or to complete the waiver for primary insurance.

Other Graduate students may enroll in this plan by contacting the Student Health Center. We strongly advise our students who are enrolled in the health related majors such as Nurse Anesthesia to consider enrolling in this Supplemental Accident plan for enhanced accident coverage (*Includes treatment due to a needle stick injury or exposure to bodily fluids*).

Coverage Effective Dates

This policy is effective on August 1, 2017 and coverage terminates on July 31, 2018.

Notice of Claim

Written notice of claim must be given to the Company or its authorized representative within 90 days after a covered loss starts, or as soon thereafter as is reasonably possible. Notice should include information sufficient to identify the Covered Person. The Company, upon receipt of written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss.

Accident Medical Expense Benefits

The Mutual Of Omaha accident benefits, as defined and limited on page 2, for Covered Charges incurred by the Covered Person due to Injury. A Covered Charge is the Reasonable and Customary charge for a service or supply which is performed or given under the direction of a Doctor for the medical necessity of the treatment of an Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

If you do not have other insurance:

Mutual of Omaha pays the Insured Percent of Incurred Covered Charges up to the Maximum Benefit Amount. Per Injury. Benefit payment is subject to the definitions, limitations, exclusions and other provisions of this Certificate.

If you have other insurance:

Mutual of Omaha will pay the Insured Percent of incurred Covered Charges which are in excess of the total benefits payable for the same Injury by any Other Valid and Collectible Insurance or Plan on a provision of service or on an expense incurred basis, up to the Maximum Benefit Amount, Per Injury. Benefit payment is subject to the definitions, limitations, exclusions and other provisions of this Certificate.

Barry University Student Health Services

Please contact Student Health Services (located at Landon 104) at **(305) 899-3750** to submit a claim. For more information regarding submitting an accident claim please go to www.Barry.edu/healthservices.

Questions

For questions regarding benefits under this policy, please contact Ascension, the plan administrator, at **(913) 754-5614** or **(800) 955-1991**, ext. **5614**.



Ascension™

ASCENSION BENEFITS & INSURANCE SOLUTIONS - STUDENT HEALTH
IF THERE ARE ANY DISCREPANCIES BETWEEN THIS DOCUMENT AND THE POLICY, THE POLICY WILL GOVERN.

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Covered Expenses

COVERAGE	
Maximum Benefit Amount:	\$5,000 per Injury
Policy Year Deductible:	None
Plan Pays:	100% of Reasonable & Customary Charges (R&C)
Initial Treatment Period:	90 Days
Benefit Period:	52 Weeks

BENEFITS

Hospital Room and Board Includes general nursing care; up to the semi-private room rate.	Outpatient Hospital Miscellaneous Exclusive of diagnostic X-ray examinations and laboratory expenses.
Hospital Miscellaneous Expense During Hospital Confinement, such as the cost of the operating room, laboratory tests, X-ray examinations, Physical Therapy, anesthesia, drugs or medicines, therapeutic services and supplies.	Consultant Doctor At the request of attending Doctor.
Surgical Expenses (Inpatient and Outpatient)	Outpatient Doctor Fees
Anesthesia Services	Outpatient Physical Therapy When prescribed by a Doctor.
Inpatient Doctor fees	Outpatient Prescription Drugs
Emergency Room Services	Dental Treatment for Injury to Sound Natural Teeth
Ambulance Expense	Needle Stick Injury or Exposure to Bodily Fluids
Diagnostic Laboratory and X-ray Services	

General Exclusions and Limitations

This Certificate does not provide benefits for the treatment, services or supplies which:

- Are not Medically Necessary.
- Are not prescribed by a Doctor as necessary to treat an Injury.
- Are determined to be Experimental/Investigational in nature.
- Are received without charge or legal obligation to pay.
- Are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified.
- Are not specifically listed as Covered Charges in this Certificate.
- Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law. Injury by acts of war, whether declared or not.
- Suicide or attempted suicide while sane; or self-destruction or an attempt to self-destroy while insane.
- Injury/received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline.
- Injury paid by Worker's Compensation or the Occupational Disease Law, except for needle stick injury or exposure to bodily fluids.
- Injury contributed to by the use of alcohol or drugs not prescribed by a Doctor.
- Injury caused by or contributed to by aggravation or re-injury of a Pre-existing Condition.
- Expense incurred for the use of orthotics unless used exclusively to promote healing.
- Heart and/or circulatory malfunction resulting from participation in a Covered Activity.
- Repetitive motion Injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific Injury.
- Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures.
- Dental treatment, except as specifically stated.
- Eyeglasses, contact lenses, routine eye exams or prescriptions therefor.
- Injury sustained fighting, except as an innocent victim.
- Injury sustained while committing or attempting to commit a felony.
- Treatment of sickness or disease in any form.
- Loss resulting from being illegally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
- Injury sustained while operating, riding in or upon, mounting or alighting from, any two- or three- or four- wheeled recreational motor/ engine driven vehicle or snowmobile or all terrain vehicle (ATV).
- Injury sustained scuba diving, surfing, roller skating, skateboarding or rodeo.
- Injury sustained while participating in or practicing for any professional, intramural or club sports activity, except as specifically provided.
- Injury which occurs while the Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
- Injury sustained flying in an ultra light, hang gliding, parachuting or bungee cord jumping.
- Injury sustained where the Covered Person is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Services or supplies furnished by the Policyholder's infirmary, its employees or Doctors who work for the Policyholder.

