



Barry University

2019–2020

## Plan Benefits Summary

### Student Accident Health Plan

**Underwritten by:**  
Mutual of Omaha Insurance Company

**Policy Number:**  
SR2014-FLLG-053686

This description of coverage summarizes the provisions of the policy issued to Barry University. Should there be any discrepancy between the policy and this description, policy provisions will prevail.

## Eligibility

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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, \$21 per semester, will be done twice a year, once in the Fall Semester and once in the Spring/Summer 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 Student Health Services. 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

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This policy is effective on August 1, 2019 and coverage terminates on August 1, 2020.

## Notice of Claim

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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

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The Mutual of Omaha accident benefits, as defined and limited on page 3, are for Medical Expenses incurred by the Covered Person due to Injury. A Medical Expense is the Allowable Expense charge for a service or supply which is performed or given under the direction of a Physician for the medical necessity of the treatment of an Injury.

A Medical Expense 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 Medical Expenses up to the Maximum Benefit Amount, Per Injury. Benefit payment is subject to the definitions, limitations, exclusions and other provisions of the Policy.

### If you have other insurance:

Mutual of Omaha will pay the Insured Percent of incurred Medical Expenses 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 the Policy.

## Barry University Student Health Services

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Please contact Student Health Services (located at Landon Student Union 104) at **(305) 899-3750** to submit a claim Monday – Friday, 9:00 a.m. – 5:00 p.m.. For more information regarding submitting an accident claim, please go to [www.barry.edu/health-services](http://www.barry.edu/health-services).

## Questions

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

## Covered Expenses

Coverage includes expenses incurred for Medically Necessary Services and Supplies.

COVERAGE	
<b>Maximum Benefit Amount:</b>	\$5,000 per Injury
<b>Policy Year Deductible:</b>	None
<b>Plan Pays:</b>	100% of Allowable Expense
<b>Initial Treatment Period:</b>	90 Days
<b>Benefit Period:</b>	52 Weeks
BENEFITS	
<b>Hospital Room and Board</b> Includes general nursing care; up to the average semi-private room rate.	<b>Intensive Care Unit Services</b>
<b>Hospital Miscellaneous Expense</b> During hospital confinement, such as the cost of the operating room, laboratory tests, X-ray examinations, physiotherapy, drugs or medicines, therapeutic services and supplies.	<b>Physician Services and Consultations</b> At the request of attending physician.
<b>Surgical Expenses (Inpatient and Outpatient)</b>	<b>Outpatient Doctor Fees</b>
<b>Anesthesia Services</b>	<b>Outpatient Physiotherapy</b> Includes adjustments, heat treatment, manipulation, as described in the Policy.
<b>Inpatient Physician Charges</b>	<b>Orthopedic Appliances and Prosthetics</b> When prescribed by a Doctor.
<b>Emergency Room Services</b>	<b>Outpatient Prescription Drugs</b>
<b>Ambulance Services (Surface and Air)</b>	<b>Dental Treatment for Injury to Sound Natural Teeth</b>
<b>Diagnostic Laboratory and X-ray Services</b>	<b>Durable Medical Equipment</b>
<b>Outpatient Hospital Miscellaneous</b> Exclusive of diagnostic X-ray examinations and laboratory expenses.	

## General Exclusions and Limitations

The Policy does not pay benefits for a loss due to or expenses incurred for:

1. Intentionally self-inflicted injury, suicide while sane or insane.
2. Voluntary self-administration of any drug or chemical substance not prescribed by or not taken according to the directions of the Insured's Physician.
3. Treatment for alcoholism or drug addiction.
4. Injury caused by, attributable to, or resulting from the Insured's Intoxication.
5. Injury caused by, attributable to, or resulting from the Insured's use of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage.
6. Operating a motor vehicle under the influence of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage.
7. Operating a motor vehicle while having a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Injury occurred.
8. Commitment of or an attempt to commit a felony, or engagement in an illegal activity.
9. Participation in a riot or insurrection.
10. Any Injury that results from fighting, brawling, assault or battery.
11. An act of declared or undeclared war.
12. Active duty service in any Armed Forces.
13. Operating, learning to operate, or serving as a pilot or crew member of any aircraft unless specified in the Insured Risk section of the policy.
14. Mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment).
15. Parachuting, except for self-preservation.
16. Snow skiing, scuba diving, bob-sledding, bungee jumping, ballooning, flight in an ultralight aircraft, sky diving, hang-gliding, glider flying, sailplaning, or parasailing.
17. Participation in professional or amateur racing.
18. Injuries associated with activities or travel outside the United States.
19. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning.
20. Dental treatment or dental X-rays, except as otherwise provided, and only when Injury occurs to sound natural teeth.
21. Orthodontic braces or appliances.
22. Any loss for which benefits are paid under state or federal worker's compensation, employers' liability, or occupational disease law.
23. Treatment in any Veterans Administration or federal Hospital, unless there is a legal obligation to pay.
24. Charges which the Insured would not have to pay if the Insured did not have insurance.
25. A charge which is in excess of the Allowable Expense.
26. Cosmetic surgery, except reconstructive surgery due to a covered Injury.
27. Participation in semi-professional and professional sports, play or practice, or any related travel.
28. Participation in practice or play of any sports activity, including travel to and from, unless specified in the policy.
29. Assistant surgeon services, unless specified in the policy.
30. Elective treatment or surgery that is not prescribed by a Physician and is not Medically Necessary, health treatment, or examination where no Injury is involved;
31. Mental and nervous disorders.
32. Pre-existing Conditions.
33. Infectious disease.
34. Services or treatment incurred to the extent that they are paid or payable under any Other Insurance Plan.
35. Services or treatment incurred to the extent that they are paid or payable under any automobile insurance policy, without regard to fault. This exclusion does not apply in any state where it is prohibited.
36. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any Other Insurance Plan.
37. Any Accident in which the Insured is operating a motor vehicle without a current and valid motor vehicle operator's license (except in a driver's education program).
38. Eyeglasses, contact lenses, hearing aids, or related examinations or prescriptions.
39. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy.