



Insurance | Risk Management | Consulting

Program Manager
Gallagher Benefit Services
of California Insurance Services



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QBE
QBE Insurance Corporation

Description of Coverage

California Student Accident Insurance Program (CSAIP)

PreK-8 or K-8: Mandatory School-Time Coverage Including Interscholastic Sports and Football
PreK-12 or K-12: Mandatory School-Time Coverage Including Interscholastic Sports and Football

Accident Medical Maximum Expense Benefit (AME)	\$25,000
Deductible	\$0
Loss Period – Treatment Must Begin	Within 90 days after a Covered Accident
Benefit Period	1 year from the date of the Covered Accident
Coverage	100% Usual & Customary (U&C) Charges
Plan Design	Full Excess
Inpatient	
Hospital Room & Board	100% of the average semi-private room rate
Hospital Intensive Care	100%, up to two times the average semi-private room rate
Hospital Miscellaneous	100% U&C Charges
Outpatient	
Ambulatory Medical Center	100% U&C Charges
Emergency Room Treatment	100% U&C Charges
Physician Services	
Surgical	100% U&C Charges
Assistant Surgeon	100% U&C Charges
Physician's Assistant	100% U&C Charges
Anesthesiologist	100% U&C Charges
Physical Therapy	100% U&C Charges
Physician's Surgical Facilities	100% U&C Charges
Other Services	
Registered Nurses' Services	100% U&C Charges
Prescriptions	100% U&C Charges
Laboratory Tests, X-rays and Interpretation	100% U&C Charges
Diagnostic Imaging (MRI, CAT Scan, etc.)	100% U&C Charges
Air/Ground Ambulance	100% U&C Charges
Durable Medical Equipment	100% U&C Charges
Dental Treatment to Sound Natural Teeth	100% U&C Charges, \$2,500 Extended Dental Benefit
Concussion Extended Benefit Period	Included, additional 2-year benefit period
Volunteer Coverage	Included
Accidental Death & Dismemberment Benefits	
Accidental Death Benefit	\$25,000
Accidental Dismemberment Benefit Maximum	\$50,000
Accidental Paralysis Maximum	\$50,000
Aggregate Limit of Indemnity	\$1,000,000
Crisis Death Benefit	\$10,000 / \$100,000 Max per incident

Common Exclusions:

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Description of Benefits* Section:

1. Intentionally self-inflicted Injury, suicide, or any attempt thereof while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. Declared or undeclared war or act of war;
6. Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
8. Participation in any motorized race or contest of speed;
9. An accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in Driver's Education Program;
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. Travel or activity outside the United States or Canada;
12. The Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
13. Voluntary ingestion of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
14. Injuries compensable under Workers' Compensation law or any similar law;

We will not pay benefits for:

15. Services or treatment rendered by a Physician, Nurse or any other person who is:
 - a. employed or retained by the Policyholder;
 - b. living in the Covered Person's household;
 - c. who is a parent, sibling, spouse, or child of the Covered Person;
16. Any Hospital Stay or days of a Hospital Stay that are not Appropriate Treatment for the condition and locality.
17. A Covered Person's Covered Loss if:
 - a. he was driving a private passenger automobile at the time of the Covered Accident that resulted in the Covered Loss; and
 - b. he was intoxicated, as that term is defined by the law of the jurisdiction in which the Covered Accident occurred.

Excluded Expenses: None of the following will be considered Covered Expenses unless coverage is specifically provided.

1. Blood, blood plasma or blood storage except expenses by a Hospital for processing or administration of blood.
2. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to: a. surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident; b. reconstruction incidental to or following surgery resulting from a Covered Accident.
3. Any elective or routine treatment, surgery, health treatment or examinations.
4. Examination or prescriptions for, or purchase of, eyeglasses, contact lenses or hearing aids.
5. Treatment in any Veterans' Administration, Federal or state facility unless there is a legal obligation to pay.
6. Services or treatment provided by persons who do not normally charge for their services unless there is a legal obligation to pay.
7. Rest cures or custodial care.
8. Repair or replacement of existing dentures, partial dentures, braces, or bridgework.
9. Personal services such as television and telephone, or transportation.
10. Expenses payable by any automobile insurance policy without regard to fault.
11. Services or treatment provided by an infirmary operated by the Policyholder.
12. Treatment or service provided by a private duty nurse.

Note: Once coverage is accepted, a Policy will be issued to your school. This information is a brief description of certain benefits and features of the California Student Accident Insurance Program underwritten by QBE Insurance Corporation. It is not a contract and does not extend or alter the coverage afforded by the Policy. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth on the applicable policy form. To the extent there is any discrepancy between the descriptions in this brochure and the terms, conditions, limitations and exclusions of the Policy, the Policy shall prevail.