

# 2023-2024 Domestic Student Injury and Sickness Insurance Plan for Suffield Academy

**Who is Eligible:** Any student, who was born in the United States, and whose permanent residence is in the United States, and who is affiliated with a private secondary school is eligible to purchase and participate in the plan.

**To be Eligible, the Student Must Be:**

Enrolled in credit courses, a school sponsored camp or program of the participating institution, or

Have been or will be enrolled in the school offered plan within 45 days.

The Company maintains its right to investigate student status to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is a refund of premium.

**Effective and Termination Dates**

This insurance Plan becomes effective at 12:01 am on August 15, 2023

This insurance Plan terminates at 11:59 pm on August 14, 2024

**Where can I get more information about the benefits available?**

The plan brochure provides more detail of the coverage including benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Please contact the school for copies of the plan brochure.

**Who can answer questions I have about the plan?**

If you have questions, or complaints please contact the Plan Administrator:

Clifford Allen Associates, Ltd.  
PO Box 23615  
Hilton Head Island, SC 29925  
(888) 342-2224

**For claims submission:**

GBG Administrative Services  
PO Box 211008  
Eagan, MN 55121  
(800) 730-2417

**GBG Assist**

The non-insurance Travel Assist Plan is a service designed to provide individuals, who travel 100 miles or more from home or in a foreign country that is not the country of permanent residence, with a worldwide, 24-hour emergency assistance services during the term of coverage. The assistance plan services are arranged by GBG Assist.

The arrangement of key services includes:

Emergency Evacuation  
Medically Necessary Repatriation  
Repatriation of Remains

**For Emergency Assistance call: 1 (800) 730-2417**  
**GBG Assist is available 24 hours a day.**

## Highlights of the Coverage

*This list is not all inclusive. Please read the Policy for complete listing of benefits and any individual benefit maximums, exclusions or limitations*

### Benefit Coverage

Medical Expense Maximum

Unlimited

Plan Deductible

\$0

Coinsurance

100% of URC

*All benefits are subject to specific benefit limitations, maximums and Copays as described in the plan brochure*

Hospital Room & Board Benefit

100% of Semi-Private daily Room Rate

Hospital Miscellaneous Expense Benefit

100% of URC

Physiotherapy (Outpatient)

100% of URC

*60 visit maximum (Per Policy Year)*

Surgeon Fees

*When 2 or more procedures are performed through the same incision, the Maximum Benefit will not exceed 50% of the 2<sup>nd</sup> procedure, and 50% of all subsequent procedures*

100% of URC

Assistant Surgeon Benefit

100% of URC up to 30% of surgeon allowance

Wellness Medical Expense Benefit

*Wellness includes, but not limited to, annual physicals, GYN exams, screenings, and immunizations (see the policy on file with the school for complete details)*

100% of URC

Outpatient Prescription Drug Expense Benefit

\$0 copay per prescription limited to a 30-day supply per prescription (when utilizing a CVS-Caremark Pharmacy)  
*100% of Charges at a non-CVS Caremark Pharmacy, limited to a 30-day supply*

Medical Evacuation/Return of Mortal Remains

100% of Actual Expenses

**The following benefits are also included:**  
*This list is not all-inclusive. Please read the Policy for complete listing of benefits and any individual benefit maximums, exclusions, or limitations*

- ▶ Physician's Visits
- ▶ Diabetes Treatment
- ▶ Urgent Care
- ▶ Emergency Room
- ▶ In-Patient and Out-Patient Mental or Nervous Conditions
- ▶ Emergency Dental – Injury to Natural Teeth only
- ▶ Interscholastic Sports Benefit
- ▶ Laboratory and X-Ray
- ▶ Durable Medical Equipment

Accidental Death and Dismemberment

Principal Sum: \$10,000; Time Period for Loss: 365 Days

State-Mandated Benefits include: Ambulance, Hypodermic Needles/Injections, Maternity & Pre-Natal Care, Early Intervention Services, Autism Spectrum Disorder, Long Term Antibiotic Therapy for the Treatment of Lyme Disease, Craniofacial & TMJ Disorders, Cancer Drugs, Surgical Removal of Tumors; Treatment of Leukemia, Prosthetic Devices, Mammography & Breast Ultrasound,

## Exclusions

The plan does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits.

1. War or any act of war, declared or undeclared;
2. Charges which are in excess of Usual, Reasonable and Customary charges, if applicable;
3. Charges that are not Medically Necessary;
4. Charges provided at no cost to the Covered Person;
5. Charges incurred for Surgery or treatments which are, experimental, or for research purposes; unless specifically covered by the Policy;
6. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered Cosmetic Surgery unless it results from a covered Injury or Sickness);
7. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
  - a) While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
  - b) While being used for any test or experimental purpose; or
  - c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
  - d) While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household;
  - e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere.  
Except as a fare paying passenger on a regularly scheduled commercial airline.
8. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column, unless specifically covered by the policy;
9. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person;
10. Any Covered Loss paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Policyholder;
11. Eyeglasses, contact lenses, or examinations for prescriptions;
12. Rest cures or Custodial Care;
13. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident;
14. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal act;
15. Voluntary, active Participation in a Riot or insurrection; "**Participation**" means promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but does not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including, but not limited to, police officers and firefighters. "**Riot**" means all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether or not acting with a common intent and whether or not damage to persons or property or unlawful act or acts is the intent or consequence of such disorder;
16. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance.

## Definitions

The following definitions apply to the Plan. This is only a summary, for a complete listing of definitions, please see the Policy on file with the school.

**Accident** means an unforeseeable event which causes Injury to one or more Covered Persons independent of disease or bodily infirmity or any other cause.

**Physician** means a person who is a qualified practitioner of medicine. As such, he or she must be acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, or a Covered Person's Immediate Family.

**Sickness** means illness or disease which requires treatment by a Physician while covered by the Policy. The Sickness would occur after the effective date of a Covered Person's coverage under the Policy and while the Policy is in force. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**Plan is underwritten by:** United States Fire Insurance Company. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. This is a brief summary of coverage and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the Policy on file with the school for complete details. Any terms of the policy, which conflict with the applicable statutes of the state of Connecticut, will be administered to conform to the minimum requirements of such statutes.

THIS LIMITED HEALTH BENEFITS PLAN DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE. IT IS A BASIC OR LIMITED BENEFITS POLICY AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS. IT CONTAINS SPECIFIC DOLLAR LIMITS THAT WILL BE PAID FOR MEDICAL SERVICES WHICH MAY NOT BE EXCEEDED. IF THE COST OF SERVICES EXCEEDS THOSE LIMITS, THE BENEFICIARY AND NOT THE INSURER IS RESPONSIBLE FOR PAYMENT OF THE EXCESS AMOUNTS. THE SPECIFIC DOLLAR LIMITS ARE SHOWN IN THE SCHEDULE OF BENEFITS.

**This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and in some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the Policy meets any obligations you may have under PPACA.**

**THIS IS LIMITED BENEFIT COVERAGE. READ THE POLICY CAREFULLY.**

The insurance described in this document provides limited benefits. Limited benefits are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

This is a brief description of coverage provided under form number BA-51000-CT, and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may vary or may not be available in all states. Insurance is underwritten by United States Fire Insurance Company, with its principal place of business at 5 Christopher Way, Eatontown NJ.

Please keep this as a general summary of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of the accident and sickness coverage are set forth in the plan issued to your school. For a detailed plan description, exclusions, and limitations, please view the plan on file with your school. The issued policy contains a complete description of reductions, limitations, exclusions, definitions and termination provisions. If there is any conflict between this summary and the Policy, the Policy shall govern in all cases. Insurance is underwritten by United States Fire Insurance Company with its principal place of business at 5 Christopher Way, Eatontown, NJ

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