

CADET ACCIDENT INSURANCE PLAN



Designed Especially for
the Cadets of

NEW MEXICO
MILITARY INSTITUTE
Roswell, New Mexico 88201

2004-2005

DISCLAIMER

This brochure is a brief description of the coverage provided under Policy AH27259, underwritten by TIG Premier Insurance Company. This is not an insurance contract. The Coverage Document is on file for review at New Mexico Military Institute.

3040-0249 (04)

CLAIM PROCEDURE

In the event of injury, the Cadet should:

1. Report at once to the Infirmary, or when not in Roswell, to the nearest doctor or hospital.
2. Obtain a claim form from the Business Office or the Infirmary at your school.
 - a. Properly answer all questions on the front of the form.
 - b. Submit the claim form and itemized bills to the Infirmary or Business Office as soon as possible.
-- DO NOT WAIT FOR ALL OF THE BILLS --
 - c. After filing the claim form, submit any additional itemized bills to the Infirmary or Business Office.

**THE COMPANY MUST BE NOTIFIED WITHIN
90 DAYS FROM DATE OF INJURY.**

ADMINISTERED BY:



www.heritage-ins.com

Fairmont | Specialty Group
a FAIRFAX company

UNDERWRITTEN BY:

TIG Premier Insurance Company
a Fairmont Specialty Group Company

EXCLUSIONS AND LIMITATIONS

Unless otherwise provided within the Schedule of Benefits, no benefits will be paid for loss or expense caused by or resulting from:

1. Sickness, disease, bodily or mental infirmity or medical or surgical treatment or viral infection regardless of how contracted. This does not include infection that is the natural and foreseeable result of an accidental bodily injury or accidental food poisoning.
2. Services and supplies provided normally without charge by the infirmary;
3. Expenses incurred in excess of the usual, reasonable, and customary charge for the service, supply or treatment;
4. Services which are not Medically Necessary for an Injury;
5. Prescription drugs, unless dispensed or purchased during a hospital confinement or at the student health center;
6. Normal health checkups, preventive testing or treatment; screening exams or testing eye examinations; prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems; hearing examinations or hearing aids or other treatment for hearing defects and problems; dental treatment (except for accidental injury to sound, natural teeth); elective surgery and elective treatment unless payable as a covered expense associated with a covered injury;
7. War or act of war, declared or undeclared, or while in the armed forces of any country;
8. Participation in a riot or civil disorder; fighting (except self-defense); commission of , or attempt to, commit a felony;
9. Suicide or attempted suicide, or intentionally self-inflicted injury;
10. Injury sustained while participating in: (a) any interscholastic, professional or organized sports contest or competition; traveling to or from such sport, contest, or competition as a participant; while participating in any practice or conditioning program for such sport, contest or competition; or (b) skydiving, parachuting, bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft except while as a fare paying passenger on a regularly scheduled flight;
11. Injury sustained while traveling in or upon: (a) a snowmobile, any two-or-three-wheeled motor vehicle, or any off-road motorized vehicle not licensed as a motor vehicle; or (b) while operating a motor vehicle without a current valid motor vehicle license;
12. Treatment in a government hospital unless the covered person is legally obligated to pay;
13. Injury caused by, contributed to, or resulting from the use of alcohol, illegal drugs, or any drugs or medicines that are not taken as prescribed by a physician;
14. Injury for which benefits are paid or payable by any workers Compensation or Occupational Disease Law or Act or similar legislation;
15. Treatment for mental or nervous disorders;
16. Hernia of any kind;
17. Injury of the primary insured covered under any other student accident insurance policy underwritten by TIG Premier Insurance Company;
18. 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;
19. That part of medical expense payable by any automobile insurance policy without regard to fault;
20. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and;
a. The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and b. The covered person is within a 25-mile radius of the site of the release either at the time of the release or within 24 hours of the start of the release;
21. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
22. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood;
23. Rest cures or custodial care;
24. Personal services such as television and telephone or transportation.
25. Services covered or provided by the student health fee;
26. Psychotherapy;
27. Physiotherapy, except as specifically provided for in the Schedule;
28. Braces and appliances, except as specifically provided for in the Schedule;
29. Replacement braces and appliances;
30. Assistant Surgeon services;
31. Expense incurred within your home country or country of regular domicile.

ELIGIBILITY

All cadets attending New Mexico Military Institute are required to participate in this program during the nine month school year. Summer coverage is available on a voluntary basis.

COVERAGE

All cadets are afforded accident only coverage twenty-four hours a day including all vacation periods during the school year.

The policy becomes effective at 12:00 noon on August 1, 2004 and terminates at 12:00 noon on May 15, 2005. The voluntary Summer coverage becomes effective at 12:00 noon on May 15, 2005 and terminates at 12:00 noon on August 1, 2005. However, the coverage terminates if the cadet enters military service and a pro-rata refund will be made from the date written request is received.

Application forms for summer coverage are available at the Business Office.

CONTINUOUS COVERAGE

If a covered person is continuously covered under the policy offered through New Mexico Military Institute, he/she will be covered for any injury sustained while so covered. If a covered person is enrolled for coverage offered through New Mexico Military Institute within 30 days of the end of any preceding company's policy, he/she will be considered to have maintained continuous coverage, except for expenses that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 30 days occurs.

MEDICAL EXPENSE BENEFITS SCHEDULE INJURY BENEFITS

Benefits, as described below, are payable for the usual, reasonable and customary (URC) charges incurred while the Insured Person's coverage is in force for treatment by a licensed doctor for injury when first treatment commences within 60 days of the date of injury, not to exceed in the aggregate a maximum of \$25,000.00 per injury.

INPATIENT COVERED EXPENSES

Room and Board Expense: daily semi-private room rate for a hospital stay and general nursing care provided and charged by the hospital, to a maximum of \$150.00.

Miscellaneous Expenses: during a hospital stay or as a precondition for a hospital stay. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; supplies; and pre-admission testing, 80% of usual, reasonable and customary charges. X-ray examinations are payable at 100% of usual, reasonable and customary charges.

Surgeon: doctor's fees for a surgical procedure, 80% of usual, reasonable and customary charges.

Anesthetist Services: in conjunction with a surgical procedure, 80% of usual, reasonable and customary charges.

Nurse: during a hospital stay, ordered by a doctor, and medically necessary, Covered under Miscellaneous Expenses. General nursing care provided by the hospital is not covered under this benefit.

Doctor's Visits: during a hospital stay. Benefits are limited to one visit per day, 100% of usual, reasonable and customary charges. Benefits do not apply when related to surgery.

OUTPATIENT COVERED EXPENSES

Surgeon: doctor's fees for a surgical procedure, 80% of usual, reasonable and customary charges.

Miscellaneous for Day Surgery: benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; anesthesia; drugs or medicines; therapeutic services; and supplies, 80% of usual, reasonable and customary charges. X-ray examinations are payable at 100% of usual, reasonable and customary charges.

Anesthetist Services: in conjunction with a surgical procedure, 80% of usual, reasonable and customary charges.

Doctor's Visits: Benefits are limited to one visit per day, 100% of usual, reasonable and customary charges. Benefits do not apply when related to surgery.

Physiotherapy: when prescribed by the attending doctor, limited to one visit per day, \$50.00 per visit, to a maximum of \$500.00.

Medical Emergency: as defined herein. Benefits will be paid at 100% of usual, reasonable and customary charges.

Diagnostic X-rays Services: when prescribed by the doctor, to a maximum of \$250.00.

Laboratory Procedures: when prescribed by the attending doctor, 50% of usual, reasonable and customary charges, to a maximum of \$200.00.

Prescription Drugs: charges by the Infirmary, to a maximum of \$25.00.

OTHER SERVICES

Ambulance Service: ground transportation to or from a hospital, 100% of usual, reasonable and customary charges.

Consulting Physician: when requested and approved by the attending doctor, 80% of usual, reasonable and customary charges. Covered expenses will be paid under this benefit or under the Doctor's Visits benefit, but not both on the same day.

Dental Treatment: performed by a doctor and made necessary by injury to sound, natural teeth, to a maximum of \$150.00 Per Tooth.

Infirmary Charges: for ace bandages, shots or injections, arm slings, casts, supplies and braces that cannot be reused when required in the treatment of an injury.

Intercollegiate Sports Coverage

Injuries sustained while participating, playing or traveling to or from an intercollegiate sports event as a member of a sports team or tryout squad, covered as any other Injury.

Surgical and nonsurgical treatment of temporomandibular joint disorders and craniomandibular disorders which are the result of injury. Services include orthodontic appliances and/or treatment, crowns, bridges and dentures when the disorder is caused by an injury.

EXCESS INSURANCE

When total covered medical expenses exceed \$200.00 per injury, benefits are payable for covered expenses not otherwise covered and payable by any other plan providing medical expense benefits.

EXTENSION OF BENEFITS

If a covered person is under the care and treatment of a doctor, benefits will continue to be paid for that condition for a period of up to three (3) months following the end of the term of coverage, or until the maximum benefit has been paid, whichever occurs first.

COMPANY'S RIGHT OF SUBROGATION

In the event you require medical treatment due to another person's negligence (such as an automobile accident), the Company has the right to seek recovery of any benefits it pays toward your medical expenses.

ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE

Death Benefit: The Company will pay \$2,500.00 when your death occurs as a result of accidental injury. Loss of life must result within 90 days of the date of the accident causing such loss. Your coverage under the policy must be in force on the date of the accident and when loss of life occurs.

Dismemberment Benefit: If you sustain accidental injury that results in loss of limb or sight, the Company will pay the amounts shown below. Loss must occur within 90 days of the accident causing such loss. In the event of more than one loss only one sum will be paid.

For injury resulting in the loss of:

Both hands or both feet or the sight of both eyes	\$10,000.00
One hand and one foot, one hand or one foot and the sight of one eye	\$10,000.00
One hand or one foot or the sight of one eye	\$ 1,250.00

"Loss" of hand or foot means severance at or above the wrist or ankle joint. Loss of sight must be entire and irrecoverable.

DEFINITIONS

Doctor: means a licensed practitioner of the healing arts acting within the scope of his license. Doctor does not include you; your spouse, dependent, parent, brother or sister; or a person who ordinarily resides with you.

Injury: means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered one injury.

Medical Emergency: means the occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in (a) placing ones health (for a pregnant woman this includes the health of the newborn) in serious jeopardy; (b) serious impairment to bodily functions; or (c) serious dysfunction of any body organ or part. Expenses incurred for medical emergency will be paid only for a sickness or injury fulfilling the above conditions. These expenses will not be paid for minor sicknesses or minor injuries.

Usual, Reasonable and Customary: means (a) charges and fees for the medical services or supplies that are the lesser of: the usual charge by the provider for the service or supply given; or the average charged for the service or supply in the area where service is received; and (b) treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.