2026-27 Student Accident Insurance Plan

Please keep this summary of coverage for future reference.

A Blanket Accident Non-Renewable Term Plan
for students attending:

KENTS HILL SCHOOL

Policy Number: US2230799

CRUM & FORSTER

Plans are underwritten by United States Fire Insurance Company

This is a brief description of coverage provided under the above group policy number and is subject to the terms, conditions, limitations and exclusions of the certificate. Please see the certificate for details.

Plans are not available in all states and may vary by state.

www.eiia.org

26-27 KHS – MA 0826

Detach and Retain for Your Records

(please type in your name and ID # below)

2026-27 Identification Card

United States Fire Insurance Company

Student Name: _____

Student ID#: _____

The Student whose name appears above is insured under an Accident Insurance Policy issued to:

Institution: Kents Hill School
Policy Number: US2230799

CLAIM FILING INSTRUCTIONS

Coverage under this policy is EXCESS to all other insurance and claims must be submitted to any other insurance first. Initial medical treatment must be received by a doctor within 90 days after the date of the accident causing injury. Claims must be submitted to NAHGA Claim Services within 180 days after the date of injury. Mail all medical bills including the insured student's name, student ID number, address and name of the institution that the student attends to:

NAHGA Claim Services, PO Box 189, Bridgton, ME 04009

P: 877-497-4980 F: 207-647-4569

NOTICE TO HEALTH CARE PROVIDERS:

For information regarding plan benefits, eligibility or claim instructions please call NAHGA Claim Services at 877-497-4980. This card is not a guarantee of payment **or coverage**.

NAHGA INSURANCE

SCOPE OF COVERAGE

This brochure is a brief description of the benefits provided through **Kents Hill School** for full-time enrolled students from the first date you are required to be on campus through 07/31/27.

Benefits are provided to **covered persons** who suffer a covered loss which results directly and independently of disease or bodily infirmity from an **injury** which is suffered in an **accident**.

FULL EXCESS MEDICAL COVERAGE

If an injury to the **covered person** results in his incurring **eligible expenses** for any of the services in the Schedule of Benefits, we will pay the **eligible expenses** incurred, subject to the **deductible** amount and coinsurance percentage (if any), that are in excess of expenses payable by any other **Health Care Plan**, regardless of any Coordination of Benefits provision contained in such **Health Care Plan**.

SUBROGATION

When benefits are paid to or for a **covered person** under the terms of this plan, we shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such person against any person who might acknowledge liability or is found legally liable by a Court of competent jurisdiction for the **injury** that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by us of the benefits we have paid for such hospitalization and treatment and we shall pay fees and costs associated with such recovery.

The **covered person** agrees to transfer their rights to us. We will exercise such rights on their behalf. The **covered person** further agrees to furnish us with all relevant information and documents pertaining to the subrogation.

DEFINITIONS

Accident means a sudden, unforeseeable external event which:
1) Causes injury; and
2) Occurs while coverage is in effect for the **covered person**.

Covered Person means an eligible student.

Deductible means the amount of **eligible expenses** which must be paid by the **covered person** before benefits are payable under this plan.

Doctor means a licensed practitioner of the healing arts acting within the scope of his license. **Doctor** does not include:

1) You;
2) Your spouse, dependent, parent, brother or sister; or
3) A person who ordinarily resides with you.

Eligible Expenses means the **Usual, Reasonable and Customary** charges for services or supplies which are incurred by the **covered person** for the **medically necessary** treatment of an **injury**. The **injury** must be incurred while this plan is in force.

Health Care Plan means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:
1) Group or blanket insurance, whether on an insured or self-funded basis;
2) **Hospital** or medical service organizations on a group basis;
3) Health Maintenance Organizations on a group basis;
4) Group labor management plans;
5) Employee benefit organization plan;
6) Professional association plans on a group basis; or
7) Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended.

Hospital means an institution which:
1) Is operated pursuant to law;
2) Is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
3) Is under the supervision of a staff of **doctors**;
4) Provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.);
5) Has medical, diagnostic and treatment facilities, with major surgical facilities;
   a) On its premises; or
   b) Available to it on a pre-arranged basis; and
6) Charges for its services.

Hospital does *not* include:
1) A clinic or facility for:
   a) Convalescent, custodial, educational or nursing care;
   b) The aged, drug addicts or alcoholics; or
   c) Rehabilitation; or
2) A military or veterans **hospital** or a **hospital** contracted for or operated by a national government or its agency unless:
   a) The services are rendered on an emergency basis; and
   b) A legal liability exists for the charges made to the individual for the services given in the absence of insurance.

Injury means bodily harm which results, 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 the **injuries** will be considered one **injury**.

Medically Necessary or Medical Necessity means the service or supply is;
1) Prescribed by a **Doctor** for the treatment of the **injury**; and
2) Appropriate according to conventional medical practice for the **injury** in the locality in which the service or supply is given;

Natural Teeth means **natural teeth** or tooth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.

Physiotherapy means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat-treatment in any form; manipulation or massage administered by a **doctor**.

Usual, reasonable and customary (UR&C) means:
1) With respect to fees or charges, fees for medical services or supplies which are;

a) Usually charged by the provider for the service or supply given; and
b) The average charged for the service or supply in the locality in which the service or supply is received, or

2) With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

SCHEDULE OF BENEFITS

When your **injury** requires medical treatment, we will pay the **eligible expenses** incurred within 52 weeks after the date of this **Accident** up to the **Accident** Medical Expense Limit listed below.

Accident Medical Expense Limit: $5,000
Deductible: $0

MEDICAL EXPENSE BENEFITS

***HOSPITAL ROOM & BOARD**: Semi-Private Rate*

***HOSPITAL MISCELLANEOUS:** UR&C*

***OUTPATIENT PRE-ADMISSION TESTING**: UR&C*

***OUTPATIENT HOSPITAL EMERGENCY ROOM BENEFIT**: UR&C*

***SURGEON'S FEE:** UR&C*
When more than one surgical procedure is performed at the same time, through the same incision, the highest payment will be for the surgery which costs the most. We will pay a maximum of 50% for a second surgical procedure and 30% for the third surgical procedure.

***ASSISTANT SURGEON / ANESTHESIOLOGIST**: 30% of surgeon's allowable fee*

***SURGICAL FACILITY:** UR&C*

***DOCTOR VISITS**: UR&C*

***X-RAY & LABORATORY**: UR&C*
***PRESCRIPTION DRUGS:** UR&C*

***AMBULANCE BENEFIT AMOUNT:** UR&C*

PHYSIOTHERAPY BENEFIT:
- ***Hospital** Inpatient: UR&C*
- *Outpatient: $300 maximum without a **doctor's** prescription*

***MEDICAL SERVICES AND SUPPLIES:** UR&C*

***DENTAL TREATMENTS FOR INJURY TO NATURAL TEETH:** UR&C*

***ACCIDENTAL DEATH & DISMEMBERMENT:** $1,500*

ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF $5,000 PER ACCIDENT.

Initial medical treatment must be received from a Doctor within 90 days from the date of loss.

Proof of loss must be submitted within 6 months from the date of Injury.

EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an Accidental bodily Injury, unless otherwise covered under this Policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps:
4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro-rata premium upon request;
5. Participation in a riot or insurrection.
6. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling, assault or battery.
7. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning.
8. Disease or disorder of the body or mind.
9. Mental or nervous disorders.
10. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
11. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
12. Intoxication or being under the influence of any drug or narcotic.
13. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
14. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
15. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
16. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
17. Conditions that are not caused by a Covered Accident.
18. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
19. Any treatment, service or supply not specifically covered by this Policy.
20. Loss resulting from participation in any activity not specifically covered by this Policy.
21. Charges which Are in excess of Usual, Reasonable and Customary charges.
22. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
23. Regular health checkups.

24. Services or treatment rendered by a Physician, Nurse, or any other person who is employed or retained by the Policyholder.
25. Services or treatment rendered by an Immediate Family member of the Covered Person;
26. Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
27. That part of the medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited).
28. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
29. Travel or activity outside the United States.
30. Participation in any motorized race or speed contest.
31. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
32. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
33. Treatment of a hernia whether or not caused by a Covered Accident.
34. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
35. Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
36. Expense incurred for 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; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Policy.
37. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Policy, and rendered within 6 months of the Accident..
38. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
39. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
40. Travel in or upon:
    a. A snowmobile;
    b. A water jet ski;
    c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
    d. Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation competition.
41. 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, operation, 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; or
    f. an ultralight hang-gliding, parachuting, or bungi-cord jumping

    Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
42. Treatment for an Injury that is caused by or results from a 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 was within a 25-mile radius of the site of release either:
        i. At the time of the release; or
        ii. Within 24 hours of the start of the release]
43. Practice or play in any amateur, intercollegiate, interscholastic, school activity or or professional sports contest or competition.
44. The repair or replacement of existing artificial limbs, orthopedic braces or orthotic devises.
45. Rest cures or custodial care.
46. Prescription medicines unless specifically provided for under this Policy.
47. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
48. Massage Therapy. Physical Therapy or Acupuncture/Acupressure Services, unless otherwise specifically allowed for in the Schedule of Benefits.
49. 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.

LIMITATIONS

Benefits payable under this plan will be reduced by 50% under the following circumstances:

For surgical benefits: if the **covered person** has coverage under an HMO, PPO or similar arrangement; and the **covered person** does not use the facilities of the HMO, PPO or similar arrangement for provision of benefits.

For outpatient benefits: if the **covered person** does not attempt to obtain an out-of-network authorization or a referral from their managed care provider to obtain treatment.

The 50% reduction in benefits will not apply to emergency treatment required within 24-hours following an **Accident** which occurred outside the geographic area serviced by the HMO, PPO or similar arrangement.

CLAIM PROCEDURES

1. Report your **Accident** to Student Health Services.
2. File all charges with your primary insurance carrier first. If you are insured by an HMO/PPO, you must obtain pre-authorization for all services rendered or benefits will be reduced by 50%.
3. If your primary insurance carrier does not pay the entire bill:
   - ✓ Secure a claim form and instructions from Student Health Services or at: **www.eiia.org.** Click on "Students" in the upper right corner and search for your institution.
   - ✓ Complete the front page of the claim form.
   - ✓ Submit the itemized insurance bills along with the explanation of benefits from your primary carrier (if you have other insurance).
   - ✓ Mail them to the address on the claim form or the claims administrator below. (Please do not submit duplicate claim forms)
4. All subsequent claim information regarding your claim should be identified with your name, the institution name and the initial date of your **accident**.
5. All claim information should be submitted to:

NAHGA Claim Services
PO Box 189
Bridgton, ME 04009
Phone: 877-497-4980 I Fax: 207-647-4569
E-mail: eiia@nahga.com

NAHGA INSURANCE
WHERE STELLAR SERVICE IS NO ACCIDENT

IMPORTANT!

- Claims forms must be submitted within 6 months from the date of **injury**.
- All covered expenses must be submitted within 12 months from date of service or charges will be denied.

If you are unable to download or print this brochure please feel free to contact:

NAHGA at 877.497.4980 or EIIA at 888.255.4029

CRUM & FORSTER

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Please keep this Brochure as a brief summary of the coverage provided under group policy number BA-50000 P-USF, 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.