2026-27 Student Blanket Accident Insurance Plan

Please keep this summary of coverage for future reference.

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

Policy Number: US2230800

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans 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 the group policy number above 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.

Please keep this summary as a brief description 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 coverage are set forth in the Plan. For a detailed plan description, exclusions, and limitations please request a copy of your plan by contacting EIIA at 888.255.4029. The Policy contains a complete description of all of the terms, conditions and exclusions of the insurance plan as underwritten by United States Fire Insurance Company. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

www.eiia.org

26-27 Lyon College – 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 Blanket Accident Insurance Policy issued to:

Institution: Lyon College
Policy Number: US2230800

This card is not a guarantee of payment **or coverage**.

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 physician 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

SCOPE OF COVERAGE

This brochure is a brief description of the benefits provided through Lyon College for full-time enrolled undergraduate 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**. The **accident** must occur while the person is a **covered person** under the Policy and be within the scope of the covered hazards and benefits.

PRIMARY EXCESS MEDICAL EXPENSE

If an injury to the **covered person** results in his incurring **eligible expenses** for any of the services on the Schedule of Benefits, we will pay the first one hundred dollars ($100) of the **eligible expenses** incurred, subject to the **deductible** amount (if any).

Additional Expenses will be paid only when they are in excess of amounts payable by any other Health Care Plan.

The **covered person** must be under the care of a Physician when the **eligible expenses** are incurred. The **eligible expense** must be incurred solely for the treatment of a covered injury.

1. While the person is insured under this Policy; or
2. During the Benefit Period stated on the Schedule of Benefits.

The first **eligible expense** must be incurred within the time frame stated on the Schedule of Benefits.

The total of all medical benefits payable under this Policy is shown on the Schedule of Benefits and is subject to the specific maximums shown on the Schedule of Benefits.

SUBROGATION

If we have paid benefits to a **covered person** for **injuries** received in a covered **accident**, and in our opinion a third party may be liable, we will be subrogated to the extent of such payment and to all of the rights of the Covered Person regarding the recovery of benefits paid or to any settlement or judgment which results from the exercise of these rights. The Covered Person agrees to sign papers and do whatever else is necessary to transfer his rights to us. We will exercise such rights on his behalf. He further agrees to furnish us with all relevant information and documents.

DEFINITIONS

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

Covered Person means a person eligible for coverage as identified in the Application for whom proper premium payment has been made, and who is therefore insured under the Policy.

Durable Medical Equipment means medical equipment that:

1) Is prescribed by the **Physician** who documents the necessity for the item including the expected duration of its use;
2) Can withstand long-term repeated use without replacement;
3) Is not useful in the absence of the **covered injury** and
4) Can be used in the home without medical supervision; and
5) The purpose of the equipment is not to help the **covered person** participate in sports activity.

Physician means a person who is a qualified practitioner of medicine. A such, He or She must be acting within the scope of his/her license and 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, a Covered Person's Spouse, son, daughter, father, mother, brother, or sister or other relative.

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**. **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 **physicians**;
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.
7) Is a duly licensed Rehabilitation Facility.

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
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 **covered** 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 a treatment, service or supply that;

1) Required to treat an **injury**; and
2) Prescribed or ordered by a **physician** or furnished by a **hospital**;
3) Performed in the least costly setting required by the condition;
4) Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered **medically necessary.**

The fact that a **physician** may prescribe, authorize, or direct a service does not of itself make it **medically necessary** or covered by this plan.

A service or supply may not be **medically necessary** if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of alternative to be the **covered expense**.

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**
Intercollegiate Sports Accident Limit:	**$1,000**
Deductible:	**$0**

MEDICAL EXPENSE BENEFITS

HOSPITAL ROOM & BOARD:	*Semi-Private Rate*
HOSPITAL MISCELLANEOUS:	*UR&C*
PRE-ADMISSION TESTING:	*UR&C*
HOSPITAL EMERGENCY ROOM BENEFIT:	*UR&C*
SURGEON'S FEE:	*UR&C*

Two or more surgical procedures through the same incision will be considered as one procedure. If an **injury** requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of **covered expenses** for the additional surgeries.

ASSISTANT SURGEON:	*30% of surgeon's allowable fee*
ANESTHESIOLOGIST:	***UR&C***
SURGICAL FACILITY:	***UR&C***
PHYSICIAN'S VISITS:	***UR&C***
X-RAY & LABORATORY:	***UR&C***
OUTPATIENT PRESCRIPTION DRUGS:	***UR&C***
AMBULANCE BENEFIT AMOUNT:	***UR&C***
PHYSIOTHERAPY BENEFIT:	***UR&C***
DURABLE MEDICAL EQUIPMENT:	***UR&C***
DENTAL TREATMENTS FOR INJURY TO NATURAL TEETH:	***UR&C***
ACCIDENTAL DEATH & DISMEMBERMENT PRINCIPAL SUM:	*$1,500*

Any expense not specifically listed in the preceding sections is not covered.

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

Claim forms 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 the 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. Mental or nervous disorders.
9. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
10. 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.
11. Intoxication or being under the influence of any drug or narcotic unless administered on the advice of a Physician.

12. 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.
13. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
14. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
15. 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.
16. Conditions that are not caused by a Covered Accident.
17. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
18. Any treatment, service or supply not specifically covered by this Policy.
19. Loss resulting from participation in any activity not specifically covered by this Policy.
20. Charges which Are in excess of Usual, Reasonable and Customary charges.
21. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
22. Regular health checkups.
23. Services or treatment rendered by a Physician, Nurse, or any other person who is employed or retained by the Policyholder.
24. Services or treatment rendered by an Immediate Family member of the Covered Person;
25. 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.
26. That part of the medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited).
27. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
28. Travel or activity outside the United States.
29. Participation in any motorized race or speed contest.
30. 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.
31. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma, unless the Heart Or Circulatory Malfunction Benefit is included.
32. Treatment of a hernia whether or not caused by a Covered Accident.
33. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
34. Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in the Policy.
35. 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 the Policy.
36. 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 the Policy, and rendered within 6 months of the Accident.
37. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
38. 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.
39. 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.
40. 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 bungee-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.
41. 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]
42. Practice or play in any amateur, intercollegiate, interscholastic, school activity or or professional sports contest or competition.
43. The repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
44. Rest cures or custodial care.
45. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.

46. 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.

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!

- Claim 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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