



BOB JONES UNIVERSITY ACADEMY
Student Accident Insurance Plan Summary
2025- 2026
Policy #: MP0000864671

Program & Claims Administrator
 BMI Benefits, LLC.
 Matawan, NJ 07747



Bob McCloskey Insurance
 BMI BENEFITS - FULL TPA SERVICES

Claim Procedures

Always keep a copy of all claim related documents. Written proof of loss should be submitted within 90 days from the date of such loss.

- 1) Contact Your school to obtain an accident claim form. Complete the claim form in its entirety and submit it to BMI Benefits, within 90 days from the date of the accident.
- 2) Submit all itemized bills and primary insurance E.O.Bs to BMI Benefits for processing of outstanding balances due to a Covered Accident.

SUBMIT TO:
BMI Benefits, LLC.
PO Box 511
Matawan, NJ 07747
PH: 800.445.3126
FAX: 732.583.9610
EM: tayk@bobmccloskey.com

Bob Jones University Academy is pleased to provide a student accident insurance plan for the 2025-2026 school year. Enrolled students participating in school sponsored and supervised activities are covered for Accident Medical Expense Benefits and Accidental Death and Dismemberment Benefits subject to the terms, conditions, limitations and exclusions of the Policy. It covers certain medical expenses for the treatment of injuries that are the direct and independent result of a Covered Accident during the policy period. See "Benefits," "Definitions" and "Exclusions" in the Policy for further details.

Accident Medical Expense Benefits: Benefits are payable for treatment of injuries that result from a Covered Accident, while coverage is in effect, up to the Maximum Benefit summarized below, subject to the terms, conditions, limitations and exclusions of the Policy. Eligible medical expenses must be incurred within the 104-week Benefit Period; with the first eligible expense incurred within 90 days of the Covered Accident. Benefits are payable for eligible expenses that are in excess of benefits paid by any other health care plan.

Schedule of Benefits

Accident Medical Maximum	\$25,000 per injury
Deductible	\$0 per injury
Benefit Period	104 weeks from the date of accident
Coinsurance	100% of Usual & Customary Charges
Dental Benefit	Up to 100% of Accident Medical Maximum; Sound & Natural Teeth Only
Accidental Death & Dismemberment Benefit (AD&D)	\$10,000 Principal Sum
AD&D Aggregate	\$500,000
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or Foot and Sight In One Eye	100% of the Principal Sum
Loss of Speech and Hearing	100% of the Principal Sum
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum

Covered Expenses Include

- Inpatient Hospital Services
- Intensive Care Room and Board
- Hospital Miscellaneous Treatment
- Outpatient Pre-admission Testing
- Outpatient Hospital Emergency Room
- Surgical Benefits
- Doctors' Visits
- X-Ray and Laboratory Tests
- Nursing Services
- Physiotherapy
- Ambulance
- Medical Equipment Rental Charges
- Medical Services and Supplies
- Home Health Care
- Heart and Circulatory Benefit
- Expanded Medical
- Pre-existing Conditions
- HMO/PPO Provision,
- Outpatient Prescription Drug Benefit
- Dental Services



GENERAL EXCLUSIONS In addition to any benefit-specific exclusion, benefits will not be paid for any covered injury, covered loss or covered expense 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 this certificate:

1. Any service, treatment or supply that is not considered medically necessary as defined in this certificate.
2. Expenses incurred after the end of the Benefit Period, even if incurred for continuing services or treatment of a covered injury.
3. Benefits provided by a Government plan (except Medicaid and other public assistance plans).
4. Injuries compensable under Workers' Compensation law or any similar law.
5. Declared or undeclared war or act of war.
6. Commission or attempt to commit a felony or an assault.
7. Commission of or active participation in a riot or insurrection. "Active Participation" means voluntarily taking part. "Riot" means a civil disturbance with the intent of causing personal injury and/or property damage to nonparticipants.
8. Practice or play in any sports activity, including travel to and from the activity and practice except as specifically listed in the Schedule of Benefits.
9. Flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial airline. This includes:
 - a. A passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight;
 - b. A passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
10. Travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle.
11. An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) The covered person holds a valid learner's permit and (b) The covered person is receiving instruction from a Driver's Education Instructor.
12. 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.

13. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of injuries sustained in a covered accident.

14. Travel or activity outside the United States and the territories and possessions of the United States except as provided for qualified covered activity sports team event.

15. Voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage.

16. An accident that occurs while on active-duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active-duty training is not excluded unless it extends beyond 31 days.

17. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.

18. Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses except due to a covered accident as described elsewhere in this certificate.

19. Hearing aids, or purchase, repair or replacement of, except due to a covered accident as described elsewhere in this certificate.

20. Wheelchairs, braces, appliances, orthopedic braces, or orthotic devices except due to a covered accident as described elsewhere in this certificate.

21. Operating any type of vehicle while under the influence of alcohol. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the covered accident occurred.

22. Rest cures, long-term care or custodial care.

23. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:

a. Cosmetic surgery resulting from a covered accident, if the covered person's initial treatment had begun within 12 months of the date of the covered accident

b. Reconstruction incidental to or following surgery resulting from a covered accident

c. Any unplanned and unintended adverse consequences that may result during the treatment of a covered accident.

24. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) Are deemed to be experimental or investigational; and (b) Are not recognized and generally accepted medical practice in the United States.

25. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.

26. Repair or replacement of existing dentures, partial dentures, braces or bridgework, unless damaged or destroyed in a covered accident.

27. Treatment or services provided by the covered person's immediate family.

28. Personal services, or comfort/convenience items such as television and telephone or transportation.

29. Orthopedic appliances used mainly to protect an injury

30. Expenses payable by any automobile insurance policy without regard to fault.

31. Services or treatment provided by an infirmary operated by the policyholder

32. Treatment or service provided by a private duty nurse except due to a covered accident as described elsewhere in this certificate.

33. Charges for hot or cold packs for personal use.

34. Custodial Care service and supplies.

35. Expenses that are not recommended and approved by a physician.

36. Repair or replacement of existing artificial limbs, eyes and larynx, unless damaged or destroyed in a covered accident.

37. Any expenses in excess of usual and customary charges except as provided in this certificate.

38. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.

39. Racing or speed contests, skin diving, or sky diving, mountaineering (where ropes or guides are customarily used), parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles), or other hazardous sport or hobby.

40. Non-physical, occupational, speech therapies (art, dance, etc.).

41. Modifications made to dwellings.
42. General fitness, exercise programs.
43. Hypnosis.
44. Rolfing.
45. Biofeedback.
46. Use of electric, bio-mechanical devices.

This information is a brief description of certain benefits and features of the Blanket Accident Medical Insurance underwritten by Wellfleet Insurance Company. 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. Any policy Wellfleet issues will be subject to the laws of the jurisdiction in which it is issued.

Wellfleet Insurance Company
5814 Reed Road
Fort Wayne, Indiana 46835

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