IT IS **MANDATORY** THAT ALL BECKER COLLEGE STUDENT-ATHLETES BE COVERED BY SOME TYPE OF INDIVIDUAL HEALTH INSURANCE **BEFORE** PARTICIPATING IN ANY ATHLETIC WORKOUTS, PRACTICES, OR COMPETITIONS.

It is **required** that every student-athlete have their own insurance card with them at school. A copy of the front and back of the insurance card must be kept on file at the college. Without this copy, your insurance will be considered invalid and you must enroll in the college insurance plan.

**Primary Health Insurance:**

We strongly recommend that you research and understand your primary health insurance benefits prior to your arrival on campus. If your insurance plan benefits are insufficient or non-existent (i.e. HMO, Medicaid, etc), it is recommended that you call your insurance company to ask about alternatives or considering purchasing the college’s insurance policy, especially important for student-athletes that subscribe to out-of-state health insurance plans.

If your current insurance plan is an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization) you must follow the proper procedures required by your plan. It is especially important to verify if your plan requires a referral or pre-authorization for the student-athlete’s medical treatment if the injury occurs outside of your personal family plan's service area. Essential medical treatment can be significantly delayed without understanding the proper information.

A student-athlete’s primary health insurance plan MUST cover athletic related injuries or illnesses in the State of Massachusetts. The student-athlete’s primary insurance plan should offer coverage for emergency room visits, orthopedic physician office visits, school physician office visits, diagnostic testing and prescriptions.

Becker College provides the option to enroll in the school’s primary health insurance policy, Blue Cross Blue Shield of Massachusetts (PPO), through the University Health Plans. Every student, at the start of every academic year at Becker College, is automatically enrolled into University Health Plan for $2,108.00/year, **unless the fee is waived online by September 8th, 2017**. You can enroll or waive at [http://www.universityhealthplans.com/](http://www.universityhealthplans.com/). The policy year for the 2017-2018 academic year, begins August 9th, 2017 through August 8th, 2018. The fee can be waived only if the student-athlete provides valid proof of primary insurance coverage **annually**.

**Please take note; the insurance plan coverage has changed from previous years. Refer to the University Health Plans website for more information:**

PLEASE NOTE: You must notify the Sports Medicine Department any changes that occur with your health insurance coverage within 30 days from notice. If the Sports Medicine Department is not notified of the changes in insurance, medical bills and expenses will become the responsibility of the student-athlete and/or parent or guardian and the student-athlete will not be allowed to participate at the varsity level.

Secondary/Excessive Health Insurance:

Becker College provides secondary health insurance policy through QBE Insurance Corporation. This policy is SECONDARY to the student-athlete’s personal primary health insurance. Therefore, the policy only covers injuries, illnesses, and accidents resulting from the direct participation in supervised intercollegiate athletics at Becker College. All claims resulting from injury or illness must be processed through primary insurance and denied BEFORE the secondary/excessive insurance processes claim. It is essential the primary insurance is up-to-date at ALL times for the secondary/excessive insurance to process claims. Secondary health insurance will NOT cover medical costs if the student-athlete does not have sufficient primary health insurance policy.

“Accident” means an unexpected, sudden, and definable event, which is the direct cause of bodily injury, independent of any illness, prior injury or congenital predisposition.

“Injury” means bodily injury to an insured person, which results from an Accident occurring while this policy is in force. Injury will also include a re-injury or aggravation of an injury sustained prior to the effective date of the Policy. The Insured Person must have received medical clearance to participate in the appropriate athletic activity prior to the re-injury or aggravation. The medical clearance must be provided by a physician. A re-injury or aggravation of a prior injury must occur in a covered event.

Below you will find some specifics of this coverage for the 2017-2018 Academic year:

- **Intercollegiate Sports:** (M) Baseball, Basketball, Football, Golf, Ice Hockey, Lacrosse, Soccer and Tennis. (W) Basketball, Equestrian, Field Hockey, Ice Hockey, Lacrosse, Soccer, Softball, Tennis and Volleyball.
- **Policy Year:** August 9, 2017 – August 8, 2018
- **Benefit Period:** 104 weeks from the date of the Covered Accident
- **Treatment Window:** Medical Care and/or treatment must occur within 90 days of a covered Accident.
- **Deductible:** $250
- **Percentage Payable:** 100% of Usual and Customary Charges.
- **Maximum:** $90,000
- **Coordination of Benefits:** Excess (secondary plan)
- **When to file a claim:** Within 31 days after a covered injury occurs or begins or a soon as reasonably possible by filling out the appropriate claim form
- **Where to file a claim:** Claims must be processed through the Sports Medicine Department only. These claims will be filed electronically through A-G Administrators claim system (EGBAR).
Exclusions and Limitations (not covered by policy):

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss 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.

These exclusions include:
1. intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth’s surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
8. participation in any motorized race or contest of speed;
9. an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator’s license; except while participating in Driver’s Education Program;
10. 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;
11. travel or activity outside the United States or Canada;
12. the Covered Person’s intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
13. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
14. injuries compensable under Workers’ Compensation law or any similar law;
We will not pay benefits for:
15. services or treatment rendered by a Physician, Nurse or any other person who is:
   a. employed or retained by the Policyholder;
   b. living in the Covered Person’s household;
   c. who is a parent, sibling, spouse or child of the Covered Person;
16. any Hospital Stay or days of a Hospital Stay that are not Appropriate Treatment for the condition and locality.
17. A Covered Person’s Covered Loss if:
   a. he was driving a private passenger automobile at the time of the Covered
Accident that resulted in the Covered Loss; and
b. he was intoxicated, as that term is defined by the law of the jurisdiction in which
the Covered Accident occurred.

NOTE: If any athlete sustains an injury during a regularly scheduled and approved
practice session or game, you must report the injury to the Sports Medicine staff and
complete an Athletic Injury Claim Form.

How to File an Athletic Injury Claim:

1. The student-athlete, as well as, the athletic trainer must **digitally** sign the claim form and
   submit.
2. Complete **ALL** the information of the claim form.
3. Send the signed completed claim form, **within 20 from the date of injury or as soon as reasonably possible to A-G Administrators.**
4. Treatment for your injury must begin within 90 days (or as specifically stated in the policy) from the date of injury. If you receive care for your injury, try to obtain a copy of your itemized medical or dental bill(s) from your provider. **KEEP A COPY OF THE ITEMIZED BILL FOR YOUR RECORD.** The bill(s) must include:
   - Provider’s name and address
   - Provider’s Tax ID number
   - Diagnosis
   - Date of service
   - Type of service or procedure
   - Provider charges for each procedure
5. A-G Administrators sports coverage pays for covered expenses if they are **in excess** of other valid and collectible insurance. If you are covered under other insurance, **YOU MUST FIRST SUBMIT YOUR MEDICAL OR DENTAL BILLS TO YOUR PRIMARY INSURANCE COMPANY FOR PAYMENT** before A-G can determine payment.
6. Once your primary insurance has paid or rejected your claim, you will receive an Explanation of Benefits (EOB) statement with the coverage determination. **KEEP A COPY OF THE EOB FOR YOUR RECORDS.**
7. Send a copy of the itemized bill and EOB to A-G. This can be done electronically through the A-G claim system (EGBAR).
8. Please do not submit the balance due, balance forward or past due statements for payment. Sending in these types of statement will only delay payment. Only an **itemized bill** from you or your provider will be acceptable for payment. It is your responsibility to provide all the necessary information so that your claim can be quickly processed.

Compliance with Insurance Company Requests:

It is the student-athlete’s and his/her parent(s) / guardian(s) responsibility to understand the conditions that apply to their policy and comply with any requests for information, etc. from the primary insurance company. Any delinquent bills resulting in bad credit due to non-compliance with insurance company requests may be the responsibility of the student-athlete and/or his/her parent(s) / guardian(s).
In the event that a student-athlete and/or his/her parent(s) / guardian(s) receives payment / reimbursement directly from their insurance company for athletic related injury / illness claims, the full account balance becomes the responsibility of the student-athlete and/or his/her parent(s) / guardian(s), until payment is turned over to the provider.

**Physician Referrals:**

All student-athletes must be evaluated by a member of the Becker College Sports Medicine staff before a referral to a physician is determined. A staff member of the Becker College Sports Medicine Department must authorize and refer the student-athlete to a physician. If a student-athlete decides to see a physician/medical consultant **WITHOUT** prior authorization or referral from a Sports Medicine staff at Becker College, the student-athlete and/or parent(s)/guardian(s) will be financially responsible for any and all medical bills incurred.

Please print a copy of the insurance policy for your records