

UMass Chan Medical School



Student Accident Insurance Plan • MCB 4152885

The following is a brief description of the Student Accident Insurance Plan. The benefits described are subject to certain limitations and exclusions as described in the policy. For specific definitions of terms used below as well as further details and information about this Plan, please see the policy.

Eligibility

Class I: All Registered Lab Students, Medical Students, and Graduate School of Nursing Students of the policyholder for whom the premium has been paid.

Covered Activities

Class I: While participating in sponsored, scheduled and supervised class studies, lab studies, preclinical studies, clinical studies and clinical rounds of the policyholder. Coverage includes while traveling directly and uninterruptedly to and from such activities.

Benefit Amount

Accidental Death Benefit: \$100,000

Accidental Dismemberment Benefit: \$100,000

Covered Loss of:	Benefit Amount
Both hands or both feet.....	100% of benefit amount
One hand and one foot	100% of benefit amount
One hand and one foot plus sight of one eye	100% of benefit amount
Sight of both eyes.....	100% of benefit amount
Speech and Hearing.....	100% of benefit amount

Covered Loss of:	Benefit Amount
Speech or Hearing	50% of benefit amount
One hand, one foot, or sight of one eye	50% of benefit amount
Thumb and index finger of the same hand	25% of benefit amount
Hearing in one ear	25% of benefit amount

Exposure and Disappearance Benefit: \$100,000

Accidental Excess Integrated Medical Expense Benefit: \$100,000 maximum benefit
\$0 deductible per insured per covered accident
100% our share of usual and customary expenses
per insured per covered accident

Benefit sublimits for the following Covered Medical Services:

1. Inpatient and Outpatient PhysiotherapyLimit 60 visits per Insured per Covered Accident
\$0 deductible per insured per covered accident
100% our share of usual and customary expenses per insured per covered accident
2. Accident Dental..... \$2,500 per Insured per Covered Accident
\$0 deductible per insured per covered accident
100% our share of usual and customary expenses per insured per covered accident

Cardiac Injury Extension:Applies to the Accidental Death, Accidental Dismemberment and Accident Medical Expense Benefits for a cardiac injury (heart or circulatory malfunction)

Accident Weekly Indemnity Benefit: \$250 per week, not to exceed 26 weeks. Must occur within 30 days of injury.

Critical Burn Benefit: \$25,000 – 2nd degree or higher burns over at least 80% of your body within 365 days of the accident

HIV Benefit: \$25,000 paid in 10 equal monthly payments – while participating in a covered activity which causes you to test HIV Positive or acquire AIDS or AIDS Related Complex (ARC) within 365 days of the covered activity.

Occupational or Voluntary Activity Hepatitis Benefit: \$2,100 payable monthly for 12 consecutive months or until death or recovery.
If you test positive for Hepatitis within 365 days of an Occupational Incident or Voluntary Activity.

Therapeutic Counseling Benefit: \$1,000 maximum – within 60 days of a covered accident – payable under the Accidental Death, Accidental Dismemberment, Accident Medical Expense with Sublimits, Critical Burn, HIV Occupational or Occupational or Voluntary Activity Benefits.

Accidental Needlestick and Splatter Exposure Benefit: Screening Text Benefit - \$1,000 per Incident
Indemnity Benefit - \$2,500 per Incident
You sustain a Needlestick and/or Splatter Exposure during a covered Activity.

Aggregate Limit of Liability

The **Aggregate Limit of Liability** per covered accident is \$1,000,000.

To File a Claim

Contact Administrative Concepts, Inc. for a claim form:

Administrative Concepts, Inc.	Toll free number: 888.585.9033
P.O. Box 4000	Fax: 610.293-9299
Collegeville, PA 19426	e-mail: aciclaims@acitpa.com
	Web Site: www.acitpa.com

Complete the form and send it to the Claims Department, Administrative Concepts, Inc., within 90 days of the loss. Refer to Plan Number MCB 4152885.

Beneficiary Designation

Benefits for your loss of life will be payable to the beneficiary or beneficiaries designated in writing by you and on file with the policyholder; otherwise the beneficiary or beneficiaries designated under the Group Life insurance policy issued to the policyholder, otherwise, we will pay the benefit to your survivors in the following order: 1) your legally married spouse or domestic partner; 2) your children; 3) your parents; 4) your brothers or sisters; 5) your estate.

All other indemnities shall be payable to you.

Important

This is a brief description of the coverage provided through the Student Accident plan. If any conflict should arise between the contents of this handout and the master policy or if any point is not covered herein, the terms of the master policy shall govern in all cases.

Zurich

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The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern.

Insurance coverages underwritten by member companies of Zurich in North America, including Zurich American Insurance Company. Certain coverages not available in all states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.

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