

## **MSU CAMP INSURANCE**

All students enrolled into the camp insurance program will be covered for accidental injury while participating in sports/academic camps at Michigan State University. If you have questions regarding this coverage, please contact Risk Management and Insurance at 517-355-5022. To enroll, provide the following information to Risk Management & Insurance at [riskmgmt@msu.edu](mailto:riskmgmt@msu.edu):

- University Account #
- Dates of the Camp
- Title of the Camp
- Department Contact Name, Phone & E-mail Address
- List of the Campers

Once the above information is received, the campers will be enrolled and you will receive an e-mail confirming the enrollment. The fee for the insurance is \$1.40 per camper / per camp. At the end of the summer camp season (approximately 9/1), our office will prepare a Distribution of Income & Expense in EBSP charging the premium to the university account # provided. Please notify our office of any changes you have in enrollment as soon as the camp has ended. Once the distribution of income and expense has been prepared in EBSP, we ask that you do not make any changes so that the allocation process is not delayed.

### **What is the benefit period and when must the first expense be incurred?**

The student/camper has a one year benefit period. All medical services must be rendered one year from the date of accident. Treatment must begin within 60 days from the date of accident.

<b>Accidental Death</b>	<b>Maximum Limit:</b>	<b>\$12,500.00</b>
<b>Accidental Dismemberment</b>	<b>Maximum Limit:</b>	<b>\$12,500.00</b>
<b>Accident Medical/Dental Expense</b>	<b>Maximum Limit:</b>	<b>\$24,500.00</b>
	<b>Deductible Amount:</b>	<b>\$100.00</b>

Eligible covered expenses are paid in excess of any other valid and collectible insurance.

### **Exclusions:**

- Treatment, services or supplies which:
  - Are not medically necessary
  - Are not prescribed by a Doctor as necessary to treat an injury
  - Are determined to be Experimental/Investigational in nature
  - Are received without charge or legal obligation to pay
  - Are received from persons employed or retained by the school or any family member, unless otherwise specified
  - Are not specifically listed as covered charges in this policy
- Intentionally self-inflicted injury, violating or attempting to violate any duly enacted law. Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline.
- Injury covered by Worker's compensation or the Occupational Disease Law.
- Treatment of illness, disease or infections, except pyogenic infections or bacterial infections which result from the accidental ingestion or contaminated substances.
- Treatment of Osgood-Schlatter's disease; appendicitis; osteomyelitis; pathological fractures; congenital weakness; TMJ; fainting; headaches; boils; spondylolysis; osteochondritis; dissecans; detached retina unless directly caused by injury; or mental or nervous disorders whether or not caused by injury.
- Injury contributed to by the use of alcohol or drugs not prescribed by a doctor.
- Injury caused by or contributed to aggravation or re-injury of a pre-existing condition.
- Suicide or attempted suicide while sane; or self-destruction or an attempt to self-destroy while insane.
- Fighting, except as an innocent victim.
- Expense incurred for the use of orthotics unless used exclusively to promote healing.

- Heart and/or circulatory malfunction resulting from participation in a covered activity such as stroke, heat exhaustion, heart attack and brain circulatory malfunctions.
- Repetitive motion injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific injury.
- Any penalty imposed by other valid and collectible insurance or plan for failure to follow plan procedures.

### **Claim Process**

In order to file a claim for coverage, complete the accident claim form located at: <https://www.1stagency.com/forms/k-12claimform.pdf> . The MSU department that the camper is enrolled through should complete the bottom portion of the form and have the parent or legal guardian of the camper complete the top portion of the claim form. Upon completion of the form, it should be mailed to the First Agency at the address indicated on the form. The First Agency will make contact with the parent or legal guardian to facilitate the claim process.