



Read the brochure.

DOMESTIC STUDENT

# Blanket Injury & Sickness Insurance Plan Highlights

CUSHING ACADEMY

**Academic Dates:**  
08/15/2026 to 06/14/2027

**Policy #** US1393604

## Eligibility

- **Who is Eligible:** Any student, who was born in the United States, and whose primary residence is in the United States, and who is affiliated with a private secondary school is eligible to purchase and participate in the plan.
- **To Be Eligible, the Student Must Be:** Enrolled in credit courses, a school sponsored camp or program of the participating institution or have been or will be enrolled in the school offered plan within 45 days.
- The Company maintains its right to investigate student status to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is a refund of premium.

**Where can I get more information about the benefits available?** The policy documents provide more detail of the coverage including benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Please refer to Policy for exact limitations and/or benefits.

**Plan is Underwritten by:** United States Fire Insurance Company. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. This is a brief summary of coverage and is subject to the terms, conditions, limitations and exclusions of the Policy. Please see the Policy on file with the school for complete details of your coverage. 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.

**HIGHLIGHTS OF THE COVERAGE**

*This list is not all inclusive. Please read the Policy for complete listing of benefits and any individual benefit maximums, exclusions, or limitations*

**Benefit Coverage**

Medical Expense Maximum Benefit	Unlimited
Plan Deductible	\$0
<b>Coinsurance</b> <i>All benefits are subject to specific benefit limitations, maximums and Copays as described in the plan brochure</i>	100% of Usual, Reasonable, and Customary (URC) charges, except as noted
Hospital Room & Board Benefit	100% of semi-private daily room rate
Hospital Miscellaneous Expense Benefit	100% of URC
Physician Visit Benefit	100% of URC
Physiotherapy Expense Benefit (Outpatient) <i>60 visit maximum per Policy Year</i>	100% of URC
Mental or Nervous Conditions Expense Benefit	100% of URC
<b>Wellness Medical Expense Benefit</b> <i>Wellness includes, but not limited to, annual physicals, GYN exams, screenings and immunizations (see the Policy on file with the school for complete details)</i>	100% of URC
Outpatient Prescription Drug Expense Benefit	\$0 copay per prescription limited to a 30-day supply (when utilizing a CVS-Caremark Pharmacy) <i>100% of Charges at a non-CVS Caremark Pharmacy, limited at 30-day supply</i>
Emergency Medical Evacuation/Return of Mortal Remains	100% of Actual Expense
The following benefits are also included: <i>This list is not all-inclusive. Please read the Policy for complete listing of benefits and any individual benefit maximums, exclusions, or limitations</i>	<ul style="list-style-type: none"> <li>▶ Interscholastic Sports Benefit</li> <li>▶ Urgent Care</li> <li>▶ Emergency Room</li> <li>▶ Diabetes Treatment</li> <li>▶ Inpatient/Outpatient Surgery</li> <li>▶ Emergency Dental – Injury to Natural Teeth only</li> <li>▶ Laboratory and X-Ray</li> <li>▶ Durable Medical Equipment</li> </ul>
Accidental Death and Dismemberment	Principal Sum: \$10,000; Time Period for Loss: 365 Days

**Mandated Benefits include: Emergency Room Benefit, Emergency Services Programs Benefit, Hypodermic Needles/Syringes Benefit, Diabetes Treatment Expense Benefit, Maternity and Pre-Natal Care Expense Benefit, Home Health Care Benefit, Hospice Care Benefit, Cytologic Screening (pap smear) and Mammographic Examination Benefit, Early Intervention Services Benefit, Hearing Aids Benefit, Speech, Hearing and Language Disorders Benefit, Pediatric Specialty Care, Autism Spectrum Disorder Benefit, Cleft Lip and Cleft Palate Benefit, Non-Prescriptions Enteral Formulas and Low Protein Food Formulas Benefit, Prosthetics Benefit, Scalp Hair Prosthetics Benefit, Qualified Clinical Trials Benefit, Bone Marrow Transplant Benefit, Cardiac Rehabilitation Benefit, Human Leukocyte Testing Benefit, Lipodystrophy Syndrome Benefit, Long-term Antibiotic Therapy Benefit, Off-Label Drug Use Benefit, Telemedicine Benefit, Mental Health Wellness Benefit, Elective/Therapeutic Termination of Pregnancy Benefit, Infertility Benefit, and Fertility Preservation Services Benefit. All mandated benefits applying to this product, whether appearing here or not, will be provided per the laws of the state of Massachusetts.**

THIS IS LIMITED BENEFIT COVERAGE. READ THE POLICY CAREFULLY.

THIS LIMITED HEALTH BENEFITS PLAN DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE. IT IS A BASIC OR LIMITED BENEFITS POLICY AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS. IT CONTAINS SPECIFIC DOLLAR LIMITS THAT WILL BE PAID FOR MEDICAL SERVICES WHICH MAY NOT BE EXCEEDED. IF THE COST OF SERVICES EXCEEDS THOSE LIMITS, THE BENEFICIARY AND NOT THE INSURER IS RESPONSIBLE FOR PAYMENT OF THE EXCESS AMOUNTS. THE SPECIFIC DOLLAR LIMITS ARE SHOWN IN THE SCHEDULE OF BENEFITS.

**Cost-sharing will not be imposed for Medically Necessary coronavirus testing and treatment in accordance with DPH (Department of Public Health) and CDC (Centers for Disease Control and Prevention) guidelines.**



**This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance.**

**Physician profiling information may be available from the Board of Registration in Medicine for physicians licensed to practice in Massachusetts.**

This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and in some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the Policy meets any obligations you may have under PPACA.

## EXCLUSIONS

The Policy does not cover any loss resulting from any of the following, unless otherwise covered under the Policy by Additional Benefits:

1. War or any act of war, declared or undeclared;
2. Charges which are in excess of Usual, Reasonable and Customary charges;
3. Charges that are not Medically Necessary;
4. Charges provided at no cost to the Covered Person;
5. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
6. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered Cosmetic Surgery unless it results from a covered Injury or Sickness);
7. 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, operating, 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. Except as a fare paying passenger on a regularly scheduled commercial airline.
8. 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;
9. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person;

10. Any Covered Loss paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Policyholder;
11. Eyeglasses, contact lenses, or examinations for prescriptions;
12. Rest cures or Custodial Care;
13. Dental care or treatment other than care of sound, Natural Teeth and gums required on account of Injury resulting from an Accident;
14. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal act;
15. Voluntary, active participation in a riot or insurrection;
16. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance.

## DEFINITIONS

The following definitions apply to the Plan. This is only a summary, for a complete listing of definitions, please see the Policy on file with the school.

**Accident** means an unforeseeable and unexpected event which causes Injury to one or more Covered Persons.

**Physician** means a:

- |   |                                      |
|---|--------------------------------------|
| 1) Doctor of Medicine (M.D.); or              | 4) Doctor of Chiropractic (D.C.); or |
| 2) Doctor of Osteopathy (D.O.); or            | 5) Doctor of Optometry (O.D.); or    |
| 3) Doctor of Dentistry (D.M.D. or D.D.S.); or | 6) Doctor of Podiatry (D.P.M.)       |

who is a qualified practitioner of medicine. As such, he or she must be acting within the scope of his/her license 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, or a Covered Person's Immediate Family.

Physician will also mean any licensed practitioner who We are required by law to recognize as a Physician. This includes a certified nurse practitioner, a certified nurse-midwife, a Physician's assistant, social worker or psychiatric nurse to the same extent that their services would be covered if performed by a Physician. Physician will also mean a licensed mental health professional, which may include a psychologist, independent clinical social worker, mental health counselor, nurse mental health clinical specialist, licensed alcohol and drug counselor or a family therapist within the lawful scope of practice for such therapist.

**Sickness** means illness or disease which requires treatment by a Physician while covered by the Policy. The Sickness would occur after the effective date of a Covered Person's coverage under the Policy and while the Policy is in force. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**Usual, Reasonable and Customary** 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 Geographic Area 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.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Usual, Reasonable and Customary charges, Fees or Expenses as used in the Policy to describe expense will be considered to mean the percentile of the payment system in effect at Policy issue as shown on the Schedule of Benefits.



Contact TSS Assist at  
US 1 (800) 730-2417

E-mail for emergencies  
to [assist@tssassist.com](mailto:assist@tssassist.com)

### **Non-Insurance Assistance Services**

Non-insurance Assistance services are provided by TSS Assist and not affiliated with United States Fire Insurance Company. An outline of the assistance services appears below.

### **Medical Emergency Services**

- Worldwide, 24-hour medical location service
- Medical case monitoring, arrange communication between patient, family, physicians, employer, consulate, etc.
- Medical transportation arrangements – Emergency Evacuation / Return of Mortal Remains
- Emergency message service for medical situations

### **Legal Assistance**

- Worldwide, 24-hour contact for non-criminal legal emergencies
- Legal referral to help you locate a consular official or attorney

### **Travel Assistance**

- Help with lost passports, tickets, and documents



## **Frequently Asked Questions**

### **Where can I use this insurance coverage?**

If you are traveling outside the U.S., you may be required to pay out of pocket, and you can file a claim form with receipts to TSS for reimbursement.

### **When does my claim have to be submitted?**

File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

### **Questions? Need Help?**

**If you have questions or concerns,  
please contact the plan administrator:**

**Clifford Allen Associates  
PO Box 23615  
Hilton Head Island, SC 29925**

**(888) 342-2224  
(843) 342-3150**

**[info@shipsignup.com](mailto:info@shipsignup.com)**

**Disclosures:** (1) Health care services and any other benefits to which a Covered Person is entitled are provided on a nondiscriminatory basis, including benefits mandated by state and federal law.