

STUDENT ACCIDENT INSURANCE PLAN

August 12, 2017 – August 11, 2018

Designed Especially for Students Attending:



Underwritten by:



Please keep this summary of coverage for your reference.

For questions about this plan, please use the following contact information:

Coverage, Eligibility and Premium:

Haylor, Freyer & Coon

P.O. Box 4743

231 Salina Meadows Pkwy.

Syracuse, New York 13221

Telephone: 1-866-535-0456

E-Mail: student@haylor.com

Claim Status and all other Claim Inquiries

Cambridge Administrators

1822 N 169 Plaza

Omaha, NE 68118

855-868-7554

Fax: 402-504-6447

Email: info@cambridgeadministrators.com

Mandatory Accident – **SRPO-51201-1467**

When calling the above toll-free telephone numbers, please be ready to provide the name of your school and the policy number SRPO-51201-1467.

STUDENT ACCIDENT INSURANCE PLAN

This brochure is a brief description of the Student Accident Insurance Plan for all full-time students of Clinton Community College. The exact provisions governing this insurance are contained in the Master Policy issued to Clinton Community College. The Master Policy shall control in the event of any conflict between this brochure and the Policy.

POLICY TERM

The insurance under Clinton Community College's Student Accident Insurance Plan for the Annual Policy is effective August 12, 2016. An eligible Student's coverage becomes effective on that date. The Policy terminates at the end of August 11, 2017.

ELIGIBILITY

Class 1 All full-time undergraduate students enrolled for a full or partial school year.
Class 2 All enrolled student athletes, student managers and student trainers.

CONDITIONS OF COVERAGE

The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverage.

24-Hour Coverage _____ Applicable to Class 1
Sports Coverage _____ Applicable to Class 2

Applicable to Class 2 Only
Personal Deviations covered

No

Covered School Travel Limits
Travel arranged or provided
by the Policyholder

No time limit

Any other covered travel
Immediately before or after a
Sports Supervised or Sponsored Activity

Limited to one hour each way

Covered Activities

Class 1 24-Hour Coverage: Anytime while insured under this Policy.

Class 2 Sports Coverage: Policyholder Supervised and Sponsored Sports Activities, including the following intercollegiate sports: Basketball, Soccer, Softball.

Class 2 Only Covered Sports Travel also includes travel by any Common Carrier providing transportation to a Supervised and Sponsored Sports Activity, within the contiguous United States, including Alaska and Hawaii, when the Insured Person's participation or attendance requires Him to be away from His normal residence for a stay of one or more nights. Coverage for travel to any Supervised and Sponsored Sports Activity that takes place outside the contiguous United States, including Alaska and Hawaii will be covered only if the Company has agreed to it in writing.

GENERAL DEFINITIONS

Please note that certain words used in this Policy have specific meanings. The words defined below and capitalized within the text of the Policy have the meanings set forth below.

Accident or Accidental means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.

Aircraft means a vehicle which: 1. has a valid Airworthiness Certificate; and 2. is being flown by a pilot with a valid license to operate the Aircraft.

Airworthiness Certificate means a "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States of America or its equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of registry.

Calendar Year means January 1st through December 31st of any year.

Common Carrier or Public Conveyance means: 1. a Conveyance, including Aircraft, licensed for hire to carry fare-paying passengers; or 2. a transport Aircraft operated by the Air Mobility Command of the United States of America or similar air transport service of another country.

Conveyance means a motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority.

Covered Accident means an Accident that results in a Covered Loss during the Policy Term.

Covered Activity or Covered Activities means any activity that is shown in the *Schedule of Benefits* and:

1. takes place under one of the Conditions of Coverage specified in the *Schedule of Benefits*; and
2. is sponsored, organized, scheduled or otherwise provided by the Subscriber.

Covered Expenses means expenses actually incurred by or on behalf of an Insured Person for treatment, services and supplies covered by this Policy. A Covered Expense is deemed to be incurred on the date treatment, service or supply that gave rise to the expense or the charge, was rendered or obtained.

Covered Injury means Accidental bodily injury: (1) which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which results directly and independently from all other causes from a Covered Accident; and (3) which occurs while such person is participating in a Covered Activity. The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

Covered Loss means a loss which meets the requisites of one or more benefits, and results from a Covered Accident, Covered Injury or Covered Activity.

Eligible Person means an individual as defined in the *Schedule of Benefits*.

He, His, Him refers to any individual, male or female.

Hospital means an institution that meets all of the following:

1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; and
6. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics; or
3. a Veteran's Administration Hospital or Federal Government Hospital unless the Insured Person incurs an expense.

Hospital Confined, Hospital Stay or Confined to a Hospital means a stay of 24 or more consecutive hours as a registered resident bed-patient in a Hospital. Separate Hospital Stays due to the same Covered Accident will be treated as one Hospital Stay unless separated by at least 30 days.

Immediate Family Member means a person who is related to the Insured Person in any of the following ways: Spouse, domestic partner, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Inpatient means confined overnight as a registered bed patient in a Hospital or other medical facility where at least one day's room and board is charged. The confinement must be on the advice of a Physician.

Insured Person means an Eligible Person, as defined in the *Schedule of Benefits*, for whom required premium has been paid when due and for whom coverage under this Policy remains in force.

Medically Necessary means medical services that: (1) are essential for diagnosis, treatment or care of the Covered Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) are ordered by a Physician and performed under His care, supervision or order.

Nurse means a licensed graduate Registered Nurse (R.N.) or a Licensed Practical Nurse (L.P.N.) who is not:

1. the Insured Person;
2. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse;
3. a person living in the Insured Person's household; or
4. a person employed or retained by the Subscriber.

Outpatient means an Insured Person who is a patient and is not hospitalized overnight but who visits a Hospital, clinic, or associated facility for diagnosis or treatment.

Physician means a licensed health care provider practicing within the scope of his license and rendering care and treatment to the Insured Person that is appropriate for the condition and locality, and who is not:

- 1 the Insured Person;
2. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse;
3. a person living in the Insured Person's household;
4. a person employed or retained by the Subscriber; or
5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

Policyholder means the entity, named on this Policy's face page, to which the Company issues this Policy.

Policy Term means the time period defined for the Subscriber shown on this Policy's face page.

Private Passenger Automobile means a validly registered, four wheel private passenger car, including Subscriber-owned cars, campers, motor homes, station wagons, sport utility vehicles, pick-up trucks and van-type cars that are not licensed commercially or being used for commercial purposes. Any vehicle being used as a taxi cab, bus or other Public Conveyance will not be considered a Private Passenger Automobile.

Scheduled Airlines or Aircraft means any carrier holding a certificate, license or similar authorization for civilian scheduled air transport issued by the country of the Aircraft's registry, and which, in accordance with that authorization flies, maintains and publishes schedules and tariffs for regular passenger service between named cities at regular and specified times, but only if the Aircraft is then used for any regular or chartered flight operated by such carrier.

School means the participating School where the Insured Person is enrolled. The School must be licensed or accredited, as applicable, by the jurisdiction where it is located, to provide the care, education or training for which the Insured Person is enrolled.

Spouse means the Insured Person's lawful spouse.

Subscriber means any participating organization that subscribes to the insurance plan provided by this Policy.

Usual and Customary Charge means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

We, Us, Our means AXIS Insurance Company.

PREFERRED PROVIDER NETWORK

This policy includes the voluntary utilization of MagnaCare Nationwide Preferred Provider Network. Utilizing the MagnaCare Nationwide Preferred Provider Network may decrease Your out of pocket costs under this Accident and Sickness Insurance Plan. This Provider Networks consist of hospitals, physicians and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. You are not required to utilize MagnaCare Provider.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Principal Sum (Class 1 and Class 2) **\$5,000**
 Covered Loss must occur within 365 days of the Covered Accident

| Covered Loss | Benefit Amount |
|---|---------------------------|
| 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 Speech and Hearing (in Both Ears) | 100% of the Principal Sum |
| Loss of One Hand or Foot and Sight in One Eye | 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 |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in Both Ears) | 50% of the Principal Sum |
| Loss of Thumb and Index Finger of the same Hand | 25% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of all Toes of the Same Foot | 25% of the Principal Sum |
| Exposure and Disappearance | Included |

Aggregate Limit of Indemnity \$500,000
 Applies to: Accidental Death and Dismemberment

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses, Covered Accidents and Covered Injuries suffered by all Insured Persons as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. This Aggregate Limit of Indemnity is payable only once, should more than one Condition of Coverage apply, We will pay the greater amount. If this amount does not allow all Insured Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

ACCIDENTAL MEDICAL BENEFITS

Any benefit limits and Benefit Percentages for Accident Medical Benefits apply, unless otherwise specified, on a per-Insured Person – per Covered Accident basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

Full Excess Medical Expense

| | |
|---|--|
| Other Healthcare Plan Reduction | 0% |
| Total Maximum for all Accident Medical Benefits | Class 1 - \$5,000 Class 2 - \$5,000 |
| First Covered Expenses must be incurred within | 180 days after the Covered Accident |
| Benefit Period | 52 weeks from the date of the Covered Accident |
| Deductible | Class 1 - \$0 Class 2 - \$0 |
| Deductible applies to | Each Covered Accident |

Covered Expenses

Determination of the amount of each Covered Expense, and where applicable, each Usual and Customary Charge, will be made solely by the Company.

Pre-Existing Injury Benefit

Inpatient Hospital Services

| | |
|---|-------------------------------------|
| Room and Board Expenses | 100% of Usual and Customary Charges |
| Intensive Care Unit | 100% of Usual and Customary Charges |
| Private/Semi-Private Room | 100% of Usual and Customary Charges |
| Personal Services and Supplies | 100% of Usual and Customary Charges |
| Inpatient X-ray, CT scan, MRI, Laboratory Tests | |

Miscellaneous Expenses

100% of Usual and Customary Charges

| | |
|--|-------------------------------------|
| In-Hospital Physiotherapy | 100% of Usual and Customary Charges |
| Nurse Services | 100% of Usual and Customary Charges |
| Orthopedic Appliances | 100% of Usual and Customary Charges |
| Pre-Admission Tests | 100% of Usual and Customary Charges |
| Ambulatory Medical Center | 100% of Usual and Customary Charges |
| Emergency Room Treatment | 100% of Usual and Customary Charges |
| Physician Services | 100% of Usual and Customary Charges |
| Surgery | 100% of Usual and Customary Charges |
| Assistant Surgeon | 100% of Usual and Customary Charges |
| Physician Assistant | 100% of Usual and Customary Charges |
| Use of Physician's Surgical Facilities | 100% of Usual and Customary Charges |
| Second Opinion or Consultation | 100% of Usual and Customary Charges |
| Anesthesia and its Administration | 100% of Usual and Customary Charges |
| In-Hospital Visits | 100% of Usual and Customary Charges |
| Office Visits | 100% of Usual and Customary Charges |
| Outpatient X-ray, CT Scan, MRI and Laboratory Tests | 100% of Usual and Customary Charges |
| Outpatient Physiotherapy (includes acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment) | 100% of Usual and Customary Charges |
| Outpatient Nursing Services | 100% of Usual and Customary Charges |
| Ambulance Services (Air and Ground) | 100% of Usual and Customary Charges |
| Medical Equipment Rental (Includes Orthopedic devices) | 100% of Usual and Customary Charges |
| Medical Services and Supplies | 100% of Usual and Customary Charges |
| Dental Services | 100% of Usual and Customary Charges |
| Prescription Drugs | 100% of Usual and Customary Charges |

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any 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 in the Description of Benefits Section or Conditions of Coverage Section:

1. intentionally self-inflicted injury, suicide, or any attempt 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. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;
6. travel in any Aircraft owned, leased operated or controlled by the Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Subscriber if the Aircraft may be used as the Subscriber wishes for more than 10 straight days, or more than 15 days in any year;
7. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
8. 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;
9. injuries compensable under Workers' Compensation law or any similar law;
10. operating any type of vehicle or Conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred;

11. the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
12. an Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
13. a cardiovascular, event or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician, while the Insured Person participates in a Covered Activity;
14. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury;
- or
15. benefits will not be paid for services or treatment rendered by any person who is:
 - a. employed or retained by the Subscriber;
 - b. living in the Insured Person's household;
 - c. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or
 - d. the Insured Person.

SCOPE OF COVERAGE APPLICABLE TO ACCIDENT MEDICAL BENEFITS

Primary Medical Expense.

The Company will pay the Medically Necessary Covered Expenses without regard to any Other Health Care Plan the Insured Person may have, after any applicable Deductible is satisfied.

CLAIM PROCEDURES

In the event of an Injury the Insured Person should:

1. If at Clinton Community College, report immediately to the Health Center so that proper treatment can be prescribed or approved and obtain a Claim Form;
2. If away from Clinton Community College or if the Office of Student Life is closed, consult a Doctor and follow his/her advice.
3. Notify the Claim Administrator, Cambridge Administrators within 30 days after the date of the Injury, or as soon thereafter as is reasonably possible.
4. The completed and signed Claim Form should be mailed within 90 days from the date of Injury, or as soon as reasonably possible. Retain a copy for your records and mail a copy to Cambridge Administrators, at the address on top of the claim form.
5. Itemized medical bills must be attached to the Claim Form at the time of submission. Claims cannot be processed from "Balance Due" statements. Subsequent medical bills should be mailed promptly to Cambridge Administrators. No additional Claim Forms are needed as long as the Covered Person's/Student's name and identification number are included on the bill.
6. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to Cambridge Administrators.

Cambridge Administrators
 1822 N 169 Plaza
 Omaha, NE 68118
 855-868-7554
 Fax: 402-504-6447
 Email: info@cambridgeadministrators.com

REMEMBER THAT EACH INJURY IS A SEPARATE CONDITION AND REQUIRES A SEPARATE CLAIM FORM.

Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on state laws. See the actual policy language or your Provident Agency representative for specific provision and details of availability. Policies are underwritten by AXIS Insurance Company. This coverage summary is based on Policy Form: BACC-001-0909. Policy Number: SRPO-51201-1467.