

2011-2012

**COMMUNITY AND TECHNICAL
COLLEGES**



STUDENT ACCIDENT INSURANCE

MARKETING AGENT:

**The Young Group, Inc.
256 W. Millbrook Road
Raleigh, NC 27609
(919) 846-9798 or (800)326-3284
doug@theyounggroupinc.com**

WHO IS INSURED

Based on the Plan Selected, coverage is provided to the college for all registered students for the term or terms stated in the Policy. The Policy covers the Insured Person only for an Injury sustained while:

- ◆ Participating in or attending any regularly scheduled activity of the college. The activity must be supervised by a person authorized by the college.
- ◆ Traveling directly (uninterruptedly) to and from a regularly scheduled activity with other members as a group. The travel must be supervised by a person authorized by the college.
- ◆ Traveling directly (uninterruptedly) to and from the Insured's residence and the meeting place for the purpose of participating in the regularly scheduled activity.

PLAN OPTIONS

(Selected and paid for by the Policyholder.)

STUDENT ONLY (Full Excess Coverage) – no coverage available for intercollegiate sports or extramural sports. Includes coverage for intramural sports carried on within the boundaries of the college.

STUDENT ONLY (Primary Coverage) – no coverage available for intercollegiate sports, extramural sports or intramural sports.

STUDENTS & ATHLETES (Full Excess Coverage) – coverage available for select intercollegiate sports and extramural sports. Sports could include: baseball, basketball, bowling, cheerleading, cross country, dance, golf, rifle, softball, tennis, track and volleyball. Coverage not available for tackle football or any other sports (intercollegiate, extramural or intramural) unless approved by the Company.

CE (CONTINUING EDUCATION) STUDENTS ONLY (Full Excess Coverage) - no coverage available for intercollegiate sports, extramural sports or intramural sports.

COVERED MEDICAL EXPENSE BENEFITS

If an Injury requires a Physicians or Hospital treatment within 60 days after the date of Injury, the Company will pay the Usual and Customary Charges in excess of the Deductible which are a Medical Necessity within one year from the date of Injury. Benefits will be paid up to a maximum of **\$15,000** for any one Injury.

Refer to the Policy (form COL-03) for Coverage and Limitations:

- a) For hospital room and board, benefits will not exceed the Usual and Customary Charges up to the semi-private room rate;
- b) For Physician's outpatient treatment in connection with Physiotherapy, benefits will not exceed the Usual and Customary Charges.
- c) For dental treatment, benefits will not exceed the Usual and Customary Charges for the treatment, repair or replacement of injured Sound, Natural Teeth. Treatment must be received within 60 days of Injury.
- d) For replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered Injury, benefits will not exceed the Usual and Customary Charges.

Covered Medical Expense Benefits and Limitations under the above referenced policy will include the following:

Needle Sticks - If a covered Insured Person accidentally sticks his or herself with a needle in the course of training that is under the direct supervision of the college, it will be considered an accidental Injury and will be covered under the Policy. Sickness, except for a bacterial infection that results in death, as a consequence of the needle stick, is not covered under the Policy.

HOW BENEFITS ARE PAID

(Full Excess Coverage or Primary Coverage)

Full Excess Coverage: If an Injury to the Insured Person results in incurring Covered Medical Expenses for any of the services specified in the Schedule of Benefits, the Company will pay the Covered Medical Expenses incurred subject to the Deductible Amount and Coinsurance Percentage (if any), that are in excess of Covered Medical Expenses payable by any other valid and collectible insurance.

Primary Coverage: If an Injury to the Insured Person results in incurring Covered Medical Expenses for any of the services specified in the Schedule of Benefits, the Company will pay an initial amount as stated in the Policy, subject to the Deductible Amount and Coinsurance Percentage (if any).

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured Person for failing to comply with policy provisions or requirements.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If such Injury shall independently of all other causes and within 365 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below in addition to payment under the "Medical Expense Benefits" (and under Major Medical, if coverage is afforded under Major Medical) provision.

| <u>LOSS</u> | <u>BENEFIT AMOUNT</u> |
|--|-----------------------|
| Loss of Life | \$10,000.00 |
| Loss of Both Hands, Both Feet or Sight of Both Eyes | \$10,000.00 |
| Loss of Either One Hand or One Foot and Sight of One Eye | \$10,000.00 |
| Loss of One Hand or One Foot or Sight of One Eye | \$ 5,000.00 |
| Loss of Entire Thumb and Index Finger of Either Hand | \$ 5,000.00 |

Loss shall mean with regards to hands and feet, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

DEFINITIONS

Hospital means a licensed or properly accredited general hospital which: 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis on the premises; and 6) is not primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating Mental and Nervous Disorder.

Injury means bodily injury which is: 1) a sudden, unexpected and unforeseen, identifiable event producing objective symptoms of an accident; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 60 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity.

Insured Person means: 1) the Named Insured. The term "Insured" also means Insured Person.

Medical Necessity means those services or supplies provided or prescribed by a Hospital or Physician which are: 1) Essential for the symptoms and diagnosis or treatment of the Injury; 2) Provided for the diagnosis, or the direct care and treatment of the Injury; 3) In accordance with the standards of good medical practice; 4) Not primarily for the convenience of the Insured, or the Insured's Physician; and, 5) The most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being Hospital Confined means that: 1) the Insured requires acute care as a bed patient; and, 2) the Insured cannot receive safe and adequate care as an outpatient.

This policy only provides payment for services, procedures and supplies which are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Hospital Confinement.

Name Insured means an eligible, registered student of the Policyholder, if: 1) the student is properly enrolled in the program; and 2) the appropriate premium for coverage has been paid.

Physician means a legally qualified licensed practitioner of the healing arts who provides care within the scope of his/her license, other than a member of the Insured Person's immediate family. The term "member of the immediate family" means any person related to an Insured Person within the third degree by the laws of consanguinity or affinity.

Physiotherapy means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a Physician.

Usual and Customary Charges means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality where service is rendered. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

EXCLUSIONS

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to: 1) Dental treatment, except for accidental Injury to Sound, Natural Teeth as specifically provided in the Schedule of Benefits; 2) Elective Surgery or Elective Treatment; 3) Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet; 4) Injury caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician; 5) Injury for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation; 6) Motor vehicle Injury in excess of \$10,000; 7) Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting; 8) Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury; except as specifically provided in the policy; 9) Sickness or disease in any form; over-exertion; fainting; or hernia, regardless of how caused; 10) Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, temporomandibular joint dysfunction; 11) Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline; or chartered aircraft only while participating in a school sponsored activity; 12) Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury; 13) Supplies, except as specifically provided in the policy; 14) Travel in or upon, sitting in or upon, alighting to or from, or working on or around any recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; or snowmobile, scuba diving, surfing, riding in a rodeo, according to the policy provisions; 15) Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and 16) War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).

NOTICE OF CLAIM

Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company, with information sufficient to identify the Named Insured shall be deemed notice to the Company. Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss.

In the event of an Accident, students should:

1. Secure treatment at the nearest medical facility of their choice. (Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with its policy provisions or requirements.)
2. Obtain a receipt (if payment of any bills were made) and itemized copy of charges from the provider of medical services and send copies of their itemized bills and the **original** completed and **signed** student accident claim form to the claims office – mail all correspondence to Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802.
3. **Call 1-888-293-9229** with any Claims questions.



National Representative

Special Markets Insurance Consultants, Inc.
Stevens Point, WI 54481

Underwritten by
Gerber Life Insurance Company
White Plains, New York 10605

IMPORTANT NOTICE – THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

This brochure has been designed to illustrate the highlights of this insurance. All information in this brochure is subject to the provisions of Policy Form COL-03, underwritten by Gerber Life Insurance Company. If there is any conflict between this brochure and the Policy, the Policy will prevail.

Note: Please see the Master Policy for individual state details.