OPT1-100-100-FE

**STUDENT ACCIDENT INSURANCE FOR COMMUNITY AND TECHNICAL COLLEGES**

**2016-2017**

**WHO IS INSURED**

Coverage is provided for all registered students for the term or terms stated in the policy, for whom premium is paid by the Policyholder. The policy covers the insured for covered accidents that result in an injury sustained while:

* Participating in or attending any supervised and sponsored activity of the Policyholder, including Intramural Sports. The activity must be supervised by a person authorized by the college. Includes coverage for students participating in Motorcycle Classes, while attending classes and participating in riding exercises.
* Traveling directly and uninterruptedly to and from a supervised and sponsored activity with other insureds as a group. The travel must be authorized by the Policyholder.
* Traveling directly and uninterruptedly to and from the insured's residence and the meeting place for the purpose of participating in a supervised and sponsored activity.

An Accident means a sudden, unexpected and unforeseen, identifiable event that results, directly and independently of all other causes, in an injury. The Accident must occur while the insured is covered under the policy.

Benefits are subject to all provisions of the policy, including all policy condition, limitations, maximums and exclusions.

**Coverage is not provided for participation in Intercollegiate Sports or Extramural Sports.**

**ACCIDENT MEDICAL EXPENSE BENEFIT MAXIMUM: $100,000**

If a covered accident results in an injury that requires medical attention within 60 days after the date of the accident, the Company will pay up to 100% of the usual and customary expenses for treatment received within one year from the date of the accident up to the Accident Medical Expense Benefit Maximum, for any one accidental injury.

Covered expenses include services and supplies prescribed by a physician, including:

* Hospital Bills, including room and board
* Emergency room and outpatient treatment
* Medical or surgical treatment by a licensed doctor
* Prescription drugs and medicines
* Dental care for injury to sound and natural teeth
* Ambulance expenses form the site of the covered accident to the hospital

**HOW BENEFITS ARE PAID – FULL EXCESS COVERAGE**

Benefits are paid for covered expenses that are in excess of benefits paid by any other health care plan the insured has. This accident insurance is secondary to all other insurance policies. If no other insurance exists, benefits will be payable like primary coverage.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

When a covered injury results in any of the Losses shown below, the Company will pay the benefit stated for that Loss. The Loss must be sustained within 365 days after the date of the accident.

Loss: Maximum Benefit:

Loss of Life $10,000

Loss of Both Hands, Both Feet or Sight of Both Eyes $10,000

Loss of Either One Hand or One Foot and Sight of One Eye $10,000

Loss of Speech and Hearing $10,000

Loss of One Hand, One Foot, Sight of One Eye, Speech or Hearing $ 5,000

Loss of Entire Thumb and Index Finger of Same Hand $ 5,000

Accidental Death and Dismemberment Aggregate Limit of Liability for

any one accident $500,000

Loss of a hand or foot means the complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight in one eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearting in both ears which cannot be corrected by any means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). Severance means the complete separation and dismemberment of the part from the body.

If the insured suffers more than one of the above covered losses as a result of the same accident, the total amount the Company will pay is the maximum benefit. Benefits paid under this provision will be paid in addition to any other benefits provided by the policy.

**EXCLUSIONS & LIMITATIONS**

Coverage is not provided for any accident which is caused by or results from any of the following: 1) intentionally self-inflicted injury, suicide or any attempted threat while sane or insane; 2) commission or attempt to commit a felony or an assault; commission of or active participation in a riot or insurrection; 3) bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding, snowboarding, skateboarding, motorcycle racing or racing rocket-powered, jet propelled or nuclear-powered vehicles; 4) declared or undeclared war or act of war; 5) flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline; 6) travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle; participation in any motorized race or contest of speed; 7) an accident if the insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator’s license, unless the insured holds a valid learner’s permit and the insured is participating in a drivers’ education program; 8) sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food; 9) travel or activity outside the United States, unless advance written approval is provided by the Company; 10) the insured being legally intoxicated as determined according to the laws of the jurisdiction in which the covered accident occurred; 11) 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; 12) injuries compensable under Workers’ Compensation law or any similar law; 13) an accident which occurs while the insured is driving a private passenger automobile while intoxicated. Benefits will not be paid for: 1) any hospital stay that is not considered appropriate treatment for the condition and locality; 2) services or treatment rendered by any person who is employed or retained by the Policyholder or living in the insured’s household or provided by a parent, sibling, spouse or child of either the insured or the insured’s spouse.

Accident Medical Benefit Limitations and Excluded Expenses are as follows: 1) cosmetic surgery, except for reconstructive surgery needed as the result of a covered injury; 2) any elective or routine treatment, surgery, health treatment, or examination; 3) blood, blood plasma, or blood storage, except expenses by a hospital for processing or administration of blood; 4) examination or prescription for initial eyeglasses, contact lenses or hearing aids; 5) treatment in any Veteran’s Administration, Federal or state facility, unless there is a legal obligation to pay; 6) services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay; 7) rest cures or custodial care; 8) repair or replacement of existing dentures, partial dentures, braces or bridgework; personal services such as television and telephone or transportation; 9) expenses payable by any automobile insurance policy without regard to fault; 10) services or treatment provided by an infirmary operated by the Policyholder; 11) treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), that are a normal, foreseeable result of participation in the covered activity; 12) treatment or service provided by a private duty nurse; 13) treatment of hernia of any kind; 14) treatment of injury resulting from a condition that the insured knew existed on the date of the accident, unless he received a written medical release from his physician. Any covered expenses will be reduced by 50% if the insured has HMO or PPO coverage and elects not to use that coverage.

**FILING A CLAIM**

Written notice of claim must be given to the Company within 90 days after the date of the accident, or as soon thereafter as is reasonably possible.

In the event of an accidental injury, students should:

1. Secure treatment at the nearest medical facility of their choice.
2. Submit all claims to your primary health insurance plan.
3. If there are any expenses not covered by your primary health insurance plan, submit a fully completed and signed claim form along with copies of all itemized bills and copies of all Explanation of Benefit (EOB) forms received from your primary plan to: Health Special Risk, Inc., 4100 Medical Parkway, Carrollton, TX 75007

**Plan offered by:**

The Young Group, Inc.

256 W. Millbrook Road

Raleigh, NC 27609

(888) 574-6288 info@younggroup.biz

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

This information is a brief description of the important benefits and features of the accident insurance plan purchased by the Policyholder and underwritten by QBE Insurance Corporation. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth on policy form, BAM-03-1000.00 et al. The policy is subject to the laws of the jurisdiction in which it is issued. If there is any conflict between the information provided herein and the policy, the policy will prevail.