

# BLANKET ACCIDENT INSURANCE

**Saginaw Valley State University**

("the Policyholder")

**National Union Fire Insurance Company of Pittsburgh, Pa.**

("the Company")

Policy #: SRG 0009157746



## Who Is Eligible?

Class	Description of Class
I	All registered Full Time international students and scholars of the Policyholder, under the age of 65, with a current passport and an F-1 or J-1 visa, whose name is on file and for whom premium has been paid and: <ul style="list-style-type: none"> <li>Who are temporarily residing outside their home country as a nonresident alien</li> <li>Is engaged in educational activities of the Member; and</li> <li>Has not obtained permanent residency status in the United States; and</li> <li>Is not a U.S. Citizen</li> </ul>
II	Legal Spouse of the of a Class 1 Insured Person, under the age of 65, whose name is on file and for whom premium has been paid and: <ul style="list-style-type: none"> <li>Who are outside their Home Country and residing with the Class 1 Insured Person; and</li> <li>Has not obtained permanent residency status in the United States; and</li> <li>Is not a U.S. Citizen</li> </ul>
III	Dependent child of the of a Class 1 Insured Person, under the age of 27, whose name is on file and for whom premium has been paid and: <ul style="list-style-type: none"> <li>Who are outside their Home Country and residing with the Class 1 Insured Person; and</li> <li>Has not obtained permanent residency status in the United States; and</li> <li>Is not a U.S. Citizen</li> </ul>

## What Activities Are Covered (“Covered Activity”)?

24 hours while in the U.S. and participating in education or educational activities or research related activities of the Policyholder. Coverage expires the earlier of the day the education trip ends or the expiration of the policy. Enrollment in coverage cannot exceed 52 weeks.

Coverage excludes: intercollegiate sports.

## Benefit Schedule

Loss of	Maximum Amount
Accidental Death	\$10,000
Heart and/or Circulatory Included	
Accidental Dismemberment	\$10,000
Accident Medical Expense: Excess	Class I: \$250,000 Class II & III: \$50,000
Emergency Room/Ambulatory Medical Center Maximum	Class I: \$50,000 Class II & III: \$5,000
Ambulance Maximum	\$500
Physical Therapy Maximum Maximum Number of Days	\$25 per day 10
Occupational Therapy Maximum Number of Days	\$25 per day 10
Prescription Drug Maximum	\$1,000
Dental Maximum per tooth	\$250 per accident
Accidental Needlestick and Splatter Exposure (Applicable to Class I Only)	
Screen Test Maximum Amount: Indemnity Benefit Maximum Amount:	\$250 Per Incident \$10,000 per Incident
Bereavement and Trauma Counseling	
Maximum Amount per Session	\$250 per accident
Maximum Number of Sessions	20 per accident
Emergency Evacuation with Family Travel Benefit -Outside a 100 mile radius from his or her current place of residence	\$250,000

Felonious Assault (Dollar Amount)	\$5,000
Psychological Therapy	
Maximum Amount per Session	\$50 per accident
Maximum Number of Sessions	10 per accident
Repatriation of Remains Outside a 100 mile radius from his or her current place of residence	\$50,000
Sickness Medical Expense: Excess	\$250,000
Emergency Room/Ambulatory Medical Center Maximum	\$5,000
Ambulance Maximum	\$500
Physical Therapy Maximum	\$25 per day
Maximum Number of Days	10
Occupational Therapy Maximum	\$25 per day
Maximum Number of Days	10
Prescription Drug Maximum	\$1,000
Dental Maximum per tooth	\$250 per Sickness
Aggregate Limit	\$250,000 per accident

## Benefits

### Accidental Death

If Injury to the Insured results in death, within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Accidental Death Maximum Amount.

### Accidental Dismemberment

If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the Percentage of the Accidental Dismemberment Maximum Amount shown below for that Loss:

Loss of	Percentage
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing in both ears	100%
One hand or one foot	50%
Sight of one eye	50%
Speech or hearing in both ears	50%
Hearing in one ear	25%
Thumb and index finger of same hand	25%

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

### Reduction Schedule

The Maximum Amount for a loss will be reduced if an Insured is age 70 or older on the date of the accident causing the loss with respect to the following benefits: Accidental Death Benefit, Accidental Dismemberment Benefit, according to the following schedule:

Age on Date of Accident	Percentage of Amount Otherwise Payable
70–74	65%
75–79	45%
80–84	30%
85 and older	15%

### Accidental Medical Expense

If the Insured suffers an Injury that requires treatment by a Physician within 90 days of the date of the accident causing the Injury, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services, up to the Accident Medical Expense Maximum Amount for all Injuries caused by the same accident. Benefits are payable for covered charges incurred within 52 weeks of the date of the accident causing the Injury.

Accident Medical Expense Benefits are provided on an excess basis. Excess coverage means that covered Accident Medical Expense benefits under the Policy are paid only after benefit payments for such expenses are exhausted under the Insured’s other valid and collectible insurance. If the

Insured has no other insurance in place, then covered Accident Medical Expense benefits are paid on a primary basis.

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

**Usual and Customary Charges** means: a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

## **Accidental Needlestick and Splatter Exposure**

If an Insured sustains a Needlestick and/or Splatter Exposure as a direct result of an Incident, the Company will pay the benefits listed below, subject to the following Conditions:

**Conditions** – In order for benefits to be payable, the Insured must provide the Company with the following:

- (1) An Incident report which documents the details of the Incident and nature of the Needlestick and/or Splatter Exposure incurred by the Insured. The Insured must file the Incident report with the Policyholder as soon as reasonably possible after the Needlestick and/or Splatter Exposure but in no event later than 72 hours following the Insured's Needlestick and/or Splatter Exposure during an Incident; and
- (2) Evidence that, within 1 days of an Incident, the Insured received a Screening Test from an authorized facility legally qualified to administer such Screening Test.

**Screening Test Benefit** - The Company will pay the Usual and Customary Charges incurred by the Insured for any Screening Tests performed due to a covered Incident, up to the Screening Test Benefit Maximum Amount. If a Usual and Customary Charge payable under the Screening Test Benefit is also payable under one or more other benefits under the Policy, such charge will be paid under only one benefit, the one with the largest benefit amount.

**Indemnity Benefit** – If an Insured is diagnosed by a Physician as having contracted a medical condition within 26 weeks of the date of the Incident which caused the Insured's Needlestick and/or Splatter Exposure, and such condition is determined by a Physician to have resulted from the Insured's Needlestick and/or Splatter Exposure, the Company will pay the Indemnity Benefit Maximum Amount.

If more than one Needlestick and/or Splatter Exposure results from one Incident, the Indemnity Benefit will be paid for only one Needlestick and/or Splatter Exposure per Incident.

**Incidents** means: a Needlestick and/or Splatter Exposure: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the Insured's coverage under this benefit is in force; (2) which occurs while the Insured is participating in a Covered Activity; and (3) which directly causes a covered loss.

**Needlestick and/or Splatter Exposure** means: (a) being accidentally pricked by a medical syringe or other sharp medical instrument, resulting in abrasion, cut or penetration of skin; (b) having blood accidentally splashed in the eyes, nose, other mucous membrane or open wound; or (c) other contact with blood or bodily fluids and is limited to (1) cutaneous through abraded skin; or (2) percutaneous exposure.

**Screening Test(s)** means: a medically appropriate screening test recommended and authorized by a Physician as a result of a Needlestick and/or Splatter Exposure.

**Usual and Customary Charge(s)** means: a charge which: (1) is made for a Screening Test(s); (2) does not exceed the usual level of charges for similar supplies or medical services in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

## **Bereavement and Trauma Counseling**

If an Insured suffers an accidental death or an accidental dismemberment for which an Accidental Death or Accidental Dismemberment benefit is payable under the Policy, or if he or she goes into a coma for which a Coma benefit is payable under the Policy, the Company will pay Covered Bereavement and Trauma Counseling Expenses that are due to his or her death or dismemberment up to the Maximum Amount per Session, subject to the Maximum Number of Sessions, for the Insured and all of his or her Immediate Family Members combined with respect to all such losses caused by the same accident. The Covered Bereavement and Trauma Counseling Expenses must be incurred within one year after the date of the accident causing such loss(es).

**Covered Bereavement and Trauma Counseling Expenses(s)** means: an expense that: (1) is charged for a Medically Necessary Bereavement or Trauma Counseling Session for the Insured and/or one or more of his or her Immediate Family Member(s) provided under the care, supervision or order of a Physician; (2) does not exceed the usual level of charges for similar counseling sessions in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

**Medically Necessary Covered Bereavement and Trauma Counseling Session (Session)** means: any individual, joint or family mental health counseling session that: (1) is essential to assist the Insured and/or one or more Immediate Family Members in coping with the loss for which it is provided; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician.

## **Emergency Evacuation with Family Travel**

If an Insured suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while he or she is outside a 100 mile radius from his or her place of primary residence, the Company will pay for Covered Emergency

Evacuation Expenses reasonably incurred up to the Maximum Amount per Insured for all Emergency Evacuations due to all Injuries from the same accident or all Emergency Sickesses from the same or related causes.

**Covered Emergency Evacuation Expense(s)** means: an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

**Family Travel Benefit** – Following an Emergency Evacuation for which an Emergency Evacuation benefit is payable, the Company will pay for expenses reasonably incurred: (1) to return to their place of primary residence, with an attendant if necessary, any of the Insured's Children who were accompanying the Insured when the Injury or Emergency Sickness occurred; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person; (2) to bring one person chosen by the Insured to and from the hospital or other medical facility where the Insured is confined if the Insured is alone and if the place of confinement is outside a 100 mile radius from the Insured's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket. Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance for any Emergency Evacuation and Family Travel benefits to be payable. Sickness Exclusions shall not apply to this Benefit.

### **Felonious Assault (Dollar Amount)**

If an Insured suffers one or more losses for which benefits are payable under the Accidental Death Benefit, Accidental Dismemberment Benefit, provided by the Policy as a result of a Felonious Assault:

1. that is not a moving violation as defined under the applicable state motor vehicle laws; and
2. that is not an act of an Immediate Family Member, another Insured or an individual who resides with the Insured on a permanent basis;

the Company will pay 100% of the Maximum Amount.

Only one benefit is payable for all losses as a result of the same Felonious Assault.

**Felonious Assault** means: any willful or unlawful use of force upon the Insured: (1) with the intent to cause bodily injury to the Insured; and (2) that results in bodily harm to the Insured; and (3) that is a felony or a misdemeanor in the jurisdiction in which it occurs.

### **Heart and/or Circulatory**

If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a Covered Activity, the Company will pay the Accidental Death Benefit provided that: (1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 48 hours after such participation.

### **Psychological Therapy**

If Injury to an Insured results in an accidental dismemberment for which an Accidental Dismemberment benefit is payable under the Policy, the Company will pay Covered Psychological Therapy Expenses that are incurred as a direct result of the Injury causing the accidental dismemberment. The Covered Psychological Therapy Expenses must be incurred within one year after the date of the accident causing that Injury. The benefit will be paid up to the Maximum Amount per Session, subject to the Maximum Number of Sessions. If a covered expense payable under this Benefit is also payable under one or more other Benefits under the Policy, the covered expense will be paid under only one Benefit, the one with the largest benefit amount.

**Covered Psychological Therapy Expenses(s)** means: an expense that: (1) is charged for a Medically Necessary Psychological Therapy Session for the Insured provided under the care or supervision of a Physician; (2) does not exceed the usual level of charges for similar therapy sessions in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

**Medically Necessary Psychological Therapy Session (Session)** means: any individual, joint or family mental health counseling session that: (1) is essential to assist the Insured in coping with the accidental dismemberment; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician.

### **Repatriation of Remains**

If an Insured suffers loss of life due to Injury or Emergency Sickness while outside a 100 mile radius from his or her current place of primary residence, the Company will pay for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence, but not exceeding the Maximum Amount per Insured.

Covered expenses include, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance for this benefit to be payable. Sickness Exclusions shall not apply to this Benefit.

### **Sickness Medical Expense**

If the Insured suffers a Sickness and requires treatment by a Physician within 7 days of the date of the onset of the Sickness, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Sickness Medical Services received due to that Sickness up to the Sickness Medical Expense Maximum Amount. The benefit is payable only for such charges incurred and within 52 weeks from the date of the onset of the Sickness.

Sickness Medical Expense Benefits are provided on an excess basis. Excess coverage means that covered Sickness Medical Expense benefits under the Policy are paid only after benefit payments for such expenses are exhausted under the Insured's other valid and collectible insurance.

If the Insured has no other insurance in place, then covered Sickness Medical Expense benefits are paid on a primary basis

**Covered Sickness Medical Service(s)** means: (a) hospital's most common charge for semi-private room and board (or room and board in an intensive care unit); hospital ancillary services (including, but not limited to, use of the operating room or emergency room); (b) use of an ambulatory medical center; hospital emergency room or ambulatory medical center up to the Emergency Room/Ambulatory Medical Center Maximum in the Benefit Schedule; (c) ambulance service to or from a hospital up to the Ambulance Maximum in the Benefit Schedule; (d) services of a Physician; private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN); (e) laboratory tests; radiological procedures; anesthetics and the administration of anesthetics; blood, blood products and artificial blood products, and the transfusion thereof; (f) physical therapy except that an office visit connected with any such service is payable up to the per Day, Maximum in the Benefit Schedule; (g) occupational therapy except that an office visit connected with any such service is payable up to the per Day Maximum in the Benefit Schedule; (h) rental of durable medical equipment; (i) artificial limbs, artificial eyes or other prosthetic appliances; (j) medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription up to the Prescription Drug Maximum in the Benefit Schedule.

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

**Sickness** means: an illness or disease which is diagnosed or treated by a Physician after the Insured's effective date of coverage under the Policy. The term Sickness also includes complications of pregnancy. The illness or disease must manifest itself during a Covered Activity.

**Usual and Customary Charges** means: (1) a charge that: is made for a Covered Sickness Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.



## Limitation on Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit.

## Aggregate Limit

The Aggregate Limit means the maximum amount payable under the Policy may be reduced if more than one Insured suffers a loss as a result of the same accident, and if amounts are payable for those losses under one or more of the following Benefits: Accidental Death Benefit, Accidental Dismemberment Benefit. The maximum amount payable for all such losses for all Insureds under all those Benefits combined will not exceed the amount shown as the Aggregate Limit. If the combined maximum amount otherwise payable for all Insureds must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured for all such losses under all those Benefits combined.

## General Exclusions

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury.

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism.
2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
3. the Insured's commission of or attempt to commit a crime.
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy.
6. participation in any team sport or any other athletic activity, except participation in a Covered Activity.
7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
  - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
  - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
  - c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer
9. the Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance in violation of Michigan vehicle code MCL 257.625, or similar law in a jurisdiction outside of this state.
10. any condition for which the Insured is entitled to benefits under any Workers' compensation Act or similar law.
11. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
12. any loss incurred while outside the United States, its Territories or Canada.

## Accident Medical Expense Benefit Exclusions

In addition to the General Exclusions, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum shown in the Benefit Schedule
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight ; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight;
4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing;
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);
6. any charge for medical care for which the Insured is not legally obligated to pay;
7. care, treatment or services provided by an Insured or by an Immediate Family Member;
8. routine physical exam and related medical services;
9. personal comfort or convenience items, such as but not limited to, Hospital telephone charges, television rental, or guest meals while confined in a Hospital or for items taken away or home from the Hospital, except Durable Medical Equipment
10. an Emergency Evacuation for which any benefits are payable under the Policy's Emergency Evacuation Benefit;
11. elective treatment or surgery;
12. Experimental or Investigative treatment or procedures;
13. treatment for temporomandibular dysfunction;
14. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;
15. educational or vocational testing or training;
16. treatment of Osgood-Schlatter's disease;
17. detached retina unless due to an Injury;
18. plastic or cosmetic surgery, except for reconstructive surgery on an injured part of the body
19. charges that are payable under motor vehicle medical benefits;
20. hernia , except as a result of participation in a Covered Activity

## Accidental Needlestick and Splatter Exposure Benefit Exclusions

In addition to the General Exclusions, Accidental Needlestick and Splatter Exposure benefits will, in no event, be provided for or as a result of a Needlestick and/or Splatter Exposure during an Incident or any medical conditions arising therefrom, under any provision of the Policy, except as specifically provided under this benefit.

Any exclusion under General Exclusions pertaining to sickness or disease are hereby waived with respect to an Insured to whom this benefit applies, but only with respect to a loss incurred by such person under the circumstances described in the benefit and solely with respect to the benefits provided under the Accidental Needlestick and Splatter Exposure benefit . All other exclusions under General Exclusions apply with respect to this benefit.

## Bereavement and Trauma Counseling Benefit Exclusions

In addition to the General Exclusions, Covered Bereavement and Trauma Counseling Expenses do not include any expenses for or resulting from any condition for which the Insured is entitled to benefits under: 1) any Workers' Compensation Act or similar law; or 2) the Accident Medical Expense Benefit.

## Psychological Therapy Benefit Exclusions

In addition to the General Exclusions, Covered Psychological Therapy Expenses do not include any expenses for or resulting from any condition for which the Insured is entitled to benefits paid or payable by any Workers' Compensation Act or similar law.

## Sickness Medical Expense Benefit Exclusions

In addition to the General Exclusions, Sickness Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Sickness Medical Services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment, unless for the purpose of modifying the item because a Sickness has caused further impairment in the underlying bodily condition;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of a Sickness up to the Dental Maximum shown in the Benefit Schedule;
3. new eyeglasses or contact lenses, or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses unless for the purpose of modifying the item because a Sickness has caused further impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because a Sickness has caused further impairment of sight;
4. new hearing aids or hearing examinations unless a Sickness has caused impairment of hearing ; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because a Sickness has caused impairment of hearing;
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (if, in the Company's sole judgment, Sickness Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Sickness Medical Expense in lieu of such rental expense);
6. Injury of any kind;
7. any charge for medical care for which the Insured is not legally obligated to pay;
8. care, treatment or services provided by an Insured or by an Immediate Family Member;
9. routine physical examination and related medical services;
10. personal comfort or convenience items such as, but not limited to Hospital telephone charges, television rental or guest meals while confined in a Hospital or for items taken away or home from the Hospital, except Durable Medical Equipment
11. an Emergency Evacuation for which any benefits are payable under the Policy's Emergency Evacuation Benefit
12. elective treatment or surgery;

13. Experimental or Investigative treatment or procedures;
14. treatment for temporomandibular joint dysfunction;
15. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;
16. Educational or vocational testing or training;
17. treatment of Osgood-Schlatter's disease;
18. detached retina;
19. plastic or cosmetic surgery;
20. Alcohol and Substance Abuse;
21. hernia, except as a result of participation in a Covered Activity

The Sickness exclusions under General Exclusions shall not apply with respect to benefits payable under the Sickness Medical Expense Benefit.

## Definitions

Immediate Family Member means: a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-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).

Injury means: bodily injury (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity, or any other cause) causes a covered loss.

Insured means: a person (1) who is a member of an eligible class of persons as described in the Who is Eligible section of this Summary of Coverage; (2) for whom premium has been paid; and (3) while covered under the Policy.

Physician means: a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

## Claims Procedure

Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company with information sufficient to identify the Insured Person, is deemed notice to the Company.

Mail the Claims form, along with any other applicable correspondence to:

**AIG Accident & Health Claims Department**  
**P.O. Box 25987**  
**Shawnee Mission, KS 66225**  
**800-551-0824**

“major medical insurance”). It therefore does not satisfy the ‘minimum essential coverage’ requirements of the Patient Protection and Affordable Care Act.

This is only a brief description of the insurance coverage(s) included in the Policy under Policy Series SRG 0009157746. The Policy contains reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern in all cases.

Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business in New York, NY. It is currently authorized to conduct insurance business in all states and the District of Columbia. NAIC No. 19445.

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August 17, 2020R12/

