STUDENT ACCIDENT INSURANCE PROGRAM

Orange County Community College is pleased to provide a student accident insurance plan for the 2016-2017 year.

All full-time and part-time students are automatically covered for Accident Medical Expense Benefits and Accidental Death Benefits as described in this brochure. The annual cost of these benefits is mandatory and included in the tuition billing statement.

The plan provides coverage 24 hours a day, whether or not college is in session. The effective date of coverage for all new students enrolled for the Fall semester is August 31, 2016 and terminates on August 31, 2017.

Fall Semester:

August 31, 2016 to January 19, 2017

Spring Semester:

January 19, 2017 to August 31, 2017

**Effective date of August 25, 2016 for students' maintaining continuous coverage from the previous policy year.*

DEFINITIONS

The terms listed below have the following meanings stated.

Appropriate Treatment means care, services or supplies, provided by or at the direction of a Physician that are appropriate, according to accepted standards of medical practice, for the Covered Person's injury and are provided during the course of treatment of an injury sustained in a Covered Accident. Appropriate Treatment must be provided no less frequently than monthly unless the Covered Person's Physician specifies in writing to Us that such treatment of injuries sustained in a Covered Accident can be provided at less frequent intervals.

Benefit Percentage means the percentage of Covered Expenses We pay that are Incurred by the Covered Person after he satisfies any applicable Deductible. Benefit Percentages are shown in the *Schedule of Benefits*.

Company or We, Us, Our, means QBE Insurance Corporation domiciled in Pennsylvania.

Covered Accident means a sudden, unforeseeable event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions: 1) occurs while the Covered Person is insured under this Policy; 2) is not contributed to by disease, sickness, or mental or bodily infirmity; and 3) is not otherwise excluded under the terms of this Policy.

Covered Expense means the lesser of the Usual and Customary Charge and the maximum benefit shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Accidental Medical Expense Benefits* section of the policy. Covered Expenses must be Incurred by a Covered Person for appropriate treatment for injuries sustained in a Covered Accident.

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

Deductible: means the amount of Covered Expenses that each Covered Person must incur before benefits are paid under this Policy. The Covered Person may use Covered Expenses paid under another Health Care Plan to satisfy the Deductible under this Policy only if so indicated in the Schedule of Benefits

Physician means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not: 1)Employed or retained by the Policyholder; or 2)A parent, sibling, spouse or child of the Covered Person.

Usual and Customary Charge means the normal charge, in absence of insurance, made by the provider of any Appropriate Treatment, but not more than the prevailing charge in the area; 1) for a life service by a provider with similar training or experience; or 2) for a supply that is identical or substantially equivalent.

ACCIDENT MEDICAL EXPENSE BENEFITS

Benefits are payable for injuries which result directly and independently of all other causes, from a covered accident, while coverage is in effect, up to the plan maximum. Eligible medical expenses must be incurred within one year of the date of the accident; with the first eligible expense incurred within 180 days of the accident.

SCHEDULE OF BENEFITS:

All Students Maximum Benefit: $10,000 per Injury

Benefit Period: 52 weeks

Deductible: $10

Covered Expenses are subject to **Reasonable and Customary Charges**.

Some Covered Expenses Include: 1) Inpatient Hospital Services; 2) Ambulatory Medical Center, 3) Emergency Room Treatment, 4) Physician Services, 5) Outpatient X-ray, CT Scan, MRI and Laboratory Tests, 6) Outpatient Physiotherapy, 7) Outpatient Nursing Services, 8) Ambulance Services, 9) Medical Equipment Rental, 10) Medical Services and Supplies, 11) Dental Services, 12) Prescription Drugs, 13) Home Health Care

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Covered Loss

We will pay the benefit for Covered Losses if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident within the applicable time period.

AD&D Principal Sum: $10,000

Aggregate Limit: $500,000

(Covered Loss must occur within 365 days of the Covered Accident)

SCHEDULE OF COVERED LOSSES

Covered Loss Benefit

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 One Hand or Foot and
Sight in One Eye .....100% of the Principal Sum
Loss of Speech and Hearing: ...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

LIMITATIONS OF COVERAGE

The Policy does not cover loss contributed to or resulting from:

1. Suicide, attempted suicide or intentionally self-inflicted Injury;
2. Participation in a felony;
3. Participation in a riot or insurrection;
4. War or act of war, whether declared or undeclared;
5. Air travel except,
   - as a fare-paying passenger on a commercial airline on a regularly scheduled route;
   - as a fare-paying passenger on a charter flight operated by a scheduled airline; or
   - as a passenger for transportation only and not as a pilot or crew member;
6. treatment of a Covered Accident first manifesting itself while the Covered Person is outside the United States, its possessions or the countries of Canada and Mexico
7. services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder, or a parent, sibling, spouse or child of the Covered Person.