

2020-2021 STUDENT ACCIDENT INSURANCE COVERAGE SOUTH TEXAS COLLEGE

Policy GA-2200Ed.11-16(TX)

SUMMARY OF COVERAGE

All registered students are eligible to enroll in this plan. Students must be participating in a workforce training program which is sponsored and supervised by the College and under the direct supervision of the College or an employee of the College. Coverage includes traveling to and from such activity in a vehicle provided by the College and under the direct supervision of the College or an employee of the College. Students must be attending the workforce program for at least the first 31 days after the student's effective date of coverage. Coverage does not include the practice or play of intercollegiate, intramural or club sports, including the travel to and from such practice or play.

The Plan Administrator reserves the right to determine if the student has met the eligibility requirements. If the Plan Administrator later determines the eligibility requirements have not been met, its only obligation is to refund premium.

The Medical Benefits and Exclusions below apply to the Summary of Coverage options above.

MEDICAL BENEFITS

When injury covered by the Policy results in treatment by a licensed physician within 180 days from the date of injury, the Company will pay the usual and customary expenses (U&C) incurred for covered services as listed below, for expenses actually incurred within one year from the date of injury up to a Maximum Medical Benefit of **\$25,000 per covered injury**.

This insurance plan is secondary to all other valid coverage. A claim must be filed with other valid coverage first. Unless otherwise stated, all amounts below are per injury.

1. INPATIENT BENEFITS

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|---|-----------------------------------|
| a. Hospital Room and Board..... | U&C, up to Semi-private Room rate |
| b. Intensive Care (in lieu of Hospital Room and Board)..... | U&C |
| c. Hospital Miscellaneous Services (includes all other hospital charges except Room & Board)..... | U&C |
| d. Physician's Non-Surgical Visits (1 visit per day, not paid same day as surgery)..... | U&C |
| e. Physiotherapy (1 visit per day, includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits)..... | U&C |
| f. X-ray and Radiology Services..... | U&C |
| g. Registered Nurse (private duty nurse, when order by a physician)..... | U&C |

2. OUTPATIENT SURGERY BENEFITS

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| a. Day Surgery (facility charge, includes room supplies and all other expenses for outpatient surgery)..... | U&C |
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3. OTHER OUTPATIENT BENEFITS

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|--|-----------------|
| a. Hospital Emergency Room Charges (include urgent care)..... | U&C |
| b. X-ray Services..... | U&C |
| c. Diagnostic Imaging (includes CT scans, MRI and bone scans)..... | U&C |
| d. Physician's Non-Surgical Visits (1 visit per day, not paid same day as surgery)..... | U&C |
| e. Physiotherapy (1 visit per day, includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits, and chiropractic care)..... | U&C |
| f. Orthopedic Appliances..... | U&C |
| g. Durable Medical Equipment..... | U&C |
| h. Prescription Drugs..... | U&C, up to \$50 |
| i. Ambulance Service (ground)..... | U&C |
| j. Laboratory Services..... | U&C |
| k. Shots and Injections (outpatient, when administered in physician's office)..... | U&C |

4. OTHER PHYSICIAN SERVICES

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|---|-------------------------|
| a. Dental Treatment (in lieu of all other medical benefits, including x-rays of sound and natural teeth)..... | U&C, up to \$250 |
| b. Physician's Surgical Care (inpatient or outpatient)..... | U&C |
| c. Assistant Surgeon Services (inpatient or outpatient)..... | 25% Surgeon's Allowance |
| d. Anesthesia Services (inpatient or outpatient)..... | 25% Surgeon's Allowance |
| e. Consultant Physician (1 visit per day, when referred by attending physician)..... | U&C |

5. MISCELLANEOUS SERVICES

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| a. Motor Vehicle Injury..... | Same as any Injury |
| b. Rehabilitation Services (1 visit per day, includes home healthcare and inpatient skilled nursing care)..... | U&C |

EFFECTIVE DATES AND ENROLLMENT EFFECTIVE DATE – is the Master Policy effective date 08-26-2020.

TO FILE A CLAIM – notify the College officials immediately if the accident has occurred at the College. Obtain a claim form from the College. Submit the completed claim form with the student's itemized bills to Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082.

EXPIRATION DATE – is the Master Policy expiration date 08-25-2021.

TO ENROLL – All students are automatically enrolled for this accident-only coverage purchased by the College.

Underwritten by:



Administered by:



EXCLUSIONS

The Policy does not provide benefits for:

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics, injuries involving bone cysts or dental implants.
2. Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
3. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder.
4. Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.
5. Intentionally self-inflicted Injuries; Injuries sustained while fighting or brawling, or violating or attempting to violate any existing city, state, or federal law.
6. Treatment received from any person employed or retained by the Policyholder.
7. Replacement of eyeglasses, contact lenses, hearing aids or prescription or examinations thereof.
8. The practice or play of interscholastic or intercollegiate sports including travel to or from such practice or play.

IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the Effective Date of the policy.

DEFINITIONS

Accident means an unexpected, external and sudden event that is independent of any other cause.

Covered Services - Supplies means the services and supplies which are: (1) Medically Necessary, (2) prescribed or performed by a Physician or Hospital, (3) not excluded by the Policy, and (4) listed or named in the Policy's Medical Benefits Schedule.

Company means Ameritas Life Insurance Corp.

Durable Medical Equipment means medical equipment or device which can be rented, leased or purchased and which 1) is prescribed by a Physician; 2) is primarily and customarily used to serve a medical purpose; 3) can withstand repeated use; 4) generally is not useful to a person in the absence of Injury; and 5) is used exclusively by the Insured. Replacement equipment and devices are not covered. No benefits will be paid for rental charges in excess of purchase price. Durable Medical Equipment does not include non-prescription therapy devices or medical supplies; comfort and convenience items; corrective shoes; exercise and sports equipment. A written prescription must accompany the claim when submitted.

Injury means an accidental bodily injury or injuries directly caused by specific accidental contact with another body or object while the Insured is covered under the Policy. It is unrelated to any pathological, functional, or structural disorder. The Accident must result in an Injury which begins while the Insured is covered under the Policy.

Medically Necessary means a Covered Service – Supply which is: 1) consistent with symptoms and diagnosis or treatment of an Injury; 2) in accordance with standards of generally accepted medical practice; 3) not primarily for the convenience of the patient or Physician; and 4) most appropriate supply or level of service which can be safely provided.

Physician means a doctor of medicine or osteopathy, or any other licensed health care provider that state law requires to be recognized as a Physician, other than an Insured or an Insured's relative by blood or marriage, who is acting within the scope of such license.

Sponsored and Supervised Activity means any activity which is exclusively sponsored by the Policyholder and which is under the direct and immediate supervision of an employee of the Policyholder.

Usual and Customary Charges (U&C) means charges for medical services or supplies for which the Insured is legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received. Usual and Customary Charges for Covered Services are determined by referencing the 80th percentile of the most current survey published by FAIR Health, Inc. for such Covered Service.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GA-2200Ed.11-16 (and any state specific) and any applicable endorsements. This policy is considered term accident insurance and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the School. A copy of the Privacy Notice may be obtained on the website www.sas-mn.com.