Accident Insurance Plan

January 1, 2017

QBE Insurance Corporation

Policy #IHH000348
INTRODUCTION
This brochure is a brief description of the Student Accident Insurance Plan for students at Mercy College. The exact provisions governing this insurance are contained in Policy IHH000348-901, issued to Mercy College. The Master Policy shall control in the event of any conflict between the Policy and this brochure.

We suggest that you retain this brochure so you will have a ready reference to the benefits of the Plan. Any provision of the Policy or the brochure, which is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of such state statutes.

POLICY TERM
Coverage begins at 12:01 AM January 1, 2017 and continues until 12:01 AM on August 1, 2017.
ELIGIBILITY

Mercy College purchased the mandatory Student Accident Insurance Plan described in this brochure for all full-time undergraduate and graduate students enrolled for a full or partial school year. Coverage is in effect 24-hours a day on and off campus. There are two classes of individuals covered under this plan.

Class 1: All full-time undergraduate and graduate students enrolled for a full or partial school year.

Class 2: All enrolled student-athletes, student managers and student trainers who are participants in the intercollegiate sports described below.

COVERED ACTIVITIES

Class 1: 24 Hour Condition of Coverage

Class 2: Sports Condition of Coverage

Policyholder Supervised and Sponsored intercollegiate sports as follows: Men’s Baseball, Men’s and Women’s Basketball, Women’s Field Hockey, Men’s and Women’s Lacrosse, Men’s and Women’s Soccer, Women’s Softball and Women’s Volleyball.

ACCIDENT MEDICAL EXPENSE BENEFITS

This plan will pay up to $5,000 in Accident Medical Expense benefits for Covered Expenses Incurred by a Covered Person, subject to all applicable conditions and exclusions, for treatment of an injury that resulted directly and independently of all other causes from a Covered Accident. Appropriate Treatment of injuries sustained in a Covered Accident will include all medically necessary benefits mandated by New York Insurance Law.
**Full Excess:** Accident Medical Expense benefits are payable on a Full Excess basis. Covered Expenses will be paid only when they are in excess of amounts payable by any Other Health Care Plan whether or not claim has been made for benefits it provides.

**Benefit Period:** Two years from the date of the Accident.

**Deductible:** $0

**COVERED EXPENSE**

<table>
<thead>
<tr>
<th>Covered Expense</th>
<th>Benefit %</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Patient Hospital Services</td>
<td></td>
</tr>
<tr>
<td>Daily ICU or CCU Benefit</td>
<td>100%</td>
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<tr>
<td>Daily In-Hospital Benefit</td>
<td>100%</td>
</tr>
<tr>
<td>Miscellaneous Services</td>
<td>100%</td>
</tr>
<tr>
<td>Ambulatory Medical Center</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Room Treatment</td>
<td>100%</td>
</tr>
<tr>
<td>Physician Services</td>
<td>100%</td>
</tr>
<tr>
<td>Surgery Benefit</td>
<td>100%</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>100%</td>
</tr>
<tr>
<td>Physician’s Surgical Facilities</td>
<td>100%</td>
</tr>
<tr>
<td>Second Opinion or Consultation</td>
<td>100%</td>
</tr>
<tr>
<td>Physician’s Assistant</td>
<td>100%</td>
</tr>
<tr>
<td>Anesthesia Benefit</td>
<td>100%</td>
</tr>
<tr>
<td>Inpatient Visits</td>
<td>100%</td>
</tr>
<tr>
<td>Office Visits</td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient X-Ray, CT Scan, MRI and Laboratory Tests</td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient Physiotherapy</td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient Nursing Services</td>
<td>100%</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>100%</td>
</tr>
</tbody>
</table>
Medical Equipment Rental 100%

Medical Services and Supplies 100%

Covered Services include:
(a) initial artificial limbs, eyes and larynx, including fitting; and
(b) replacement or repair of damaged eyeglasses, contact lenses or hearing aids.

Dental Services 100%

Prescription Drug Benefit 100%

Home Health Care Benefit 100%

HMO/PPO Denial Benefit 100%

Expanded Medical Benefit for Covered Sports Conditions 100%
Covered Sports Conditions: bursitis, sprains, hernia, muscle tears, tendonitis and repetitive motion injuries

Covered Heart and Circulatory Conditions 100%
Covered Heart and Circulatory Conditions: heat exhaustion, heart attack, stroke, burst aneurysm

HMO/PPO Denial Benefit 100%
This plan will pay Covered Expenses Incurred, up to the maximum Accident Medical Expense benefit, when benefits are denied or reduced by an HMO or PPO plan because services provided to treat an Injury were:
1. rendered by a Non-Preferred Provider; or
2. received outside of the network’s service area.
If benefits are reduced rather than denied by an HMO or PPO for the reasons described above, this plan will pay an amount equal to the Covered Expense Incurred less the amount paid by the HMO or PPO.

Expanded Medical Benefit for Sports Conditions
This plan will pay Covered Expenses Incurred for treatment of existing Sports Conditions shown above if they are aggravated by the Covered Persons’ participation in a Covered Activity, but only if his Physician has released him to participate in the Covered Activity during which the re-aggravation occurred.
Covered Heart and Circulatory Conditions
This plan will pay Covered Expenses Incurred for treatment of heart and circulatory conditions if:
1. they occur and are manifested during or within 24 hours of a Covered Activity; and
2. the Covered Person has not attained age 60 on the date he participates in the Covered Activity; and
3. the Covered Person has neither received nor been advised to have any medical treatment for the condition.

The Accidental Death benefit will be paid if the Covered Person dies as a result of a heart and circulatory condition that meets all the requirements described above, within 90 days of taking part in a Covered Activity.

GENERAL DEFINITIONS
Please note that certain words used in the Policy have specific meanings. The words defined below and capitalized within the text of this brochure have the meanings set forth below.

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 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 the plan pays that are Incurred by the Covered Person after he satisfies any applicable Deductible. Benefit Percentages are shown above.
**Covered Activity** means any recurring activity that is shown in the Policy’s *Schedule of Benefits* and:

1. takes place under one of the Conditions of Coverage specified in the Policy’s *Schedule of Benefits*; and
2. is sponsored, organized, scheduled or otherwise provided by the Policyholder.

**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 the Policy.

**Covered Expenses** means the lesser of the Usual and Customary Charge and the maximum benefit shown, for services or supplies listed, in the Policy’s *Schedule of Benefits* and described in the Accident 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 Policy’s *Schedule of Benefits*, for whom the required premium has been paid when due and for whom coverage under the Policy remains in force.

**Health Care Plan** means any arrangement, whether individually purchased or incidental to employment or membership in an association or other group, which provides benefits or services for health care, dental care, disability benefits or repatriation of remains. A Health Care Plan includes group, blanket, franchise, family or individual:

1. insurance policies;
2. subscriber contracts;
3. uninsured agreements or arrangements;
4. coverage provided through Health Maintenance Organizations, Preferred Provider Organizations and other prepayment, group practice an individual practice plans;
5. medical benefits provided under automobile “fault” and no-fault” – type contracts;
6. medical benefits provided by any governmental plan or coverage or other benefit law, except:
   a. a state-sponsored Medicaid plan; or
   b. a plan or law providing benefits only in excess of any private or non-governmental plan;
7. other valid and collectible medical or health care benefits or services.

**Home Health Care** means the care and treatment of a Covered Person who is under the care of a Physician but only if hospitalization or confinement in a nursing facility as defined in subchapter XVIII of the Federal Social Security Act, 42 U.S.C. §§ 1395 et seq., would have otherwise been required if home health care was not provided, and the plan covering the home health service is established and approved in writing by such Physician.

**Hospital** means an institution that meets all of the following:
1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.
The term Hospital does not include a clinic, facility, or unit of a Hospital for:
1. rehabilitation, convalescent, custodial, or educational or nursing care;
2. the aged, drug addicts or alcoholics; or
3. a Veteran’s Administration Hospital or Federal Government Hospitals unless the Covered Person Incurs an expense.

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

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS – Applicable to Class 1 & Class 2

Principal Sum $10,000

Loss must occur within 365 days of the Covered Accident

Schedule of Covered Losses

<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>% of Principal Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Life</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of Two or More Hands or Feet</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of Sight of Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of One Hand or Foot and Sight in One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of One Hand or Foot</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of Sight in One Eye</td>
<td>50%</td>
</tr>
</tbody>
</table>

Aggregate Limit of Indemnity $500,000

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death and Dismemberment Benefit as
the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person’s loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint. Loss of Sight means the total, permanent loss of all vision in one eye which is irrecoverable by natural, surgical or artificial means. Severance means the complete and permanent separation and dismemberment of the part from the body.

EXCLUSIONS

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Policy’s Description of Benefits Section:

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
   a. as a fare-paying passenger on a commercial airline on a regularly scheduled route;
   b. as a fare-paying passenger on a charter flight operated by a scheduled airline; or
   c. 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:
a. employed or retained by the Policyholder; or
b. a parent, sibling, spouse or child of the Covered Person.

Excluded Accident Medical Expenses are as follows:

1. Rest care or rehabilitative care and treatment, custodial care and transportation.
2. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
   a. Cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
   b. Reconstruction is incidental to or following surgery resulting from a Covered Accident.
3. Any elective or routine treatment, surgery, health treatment or examinations that are not related to the treatment of a Covered Accident.
4. Routine eye examinations or the fitting of eyeglasses or contact lenses.
5. Hearing examinations or the fitting of hearing aids.
6. Dental examinations or dental case unless resulting from a Covered Accident.
CLAIM PROCEDURE

In the event of an Injury, the Covered person should:

1. Complete a claim form and mail it to A-G Administrators within 30 days of the date of the Injury or as soon thereafter as possible. Mail or fax the claim form to:
   A-G Administrators, Inc.
   P.O. Box 979
   Valley Forge, PA 19482
   Fax: 610-933-4122

2. Claim forms are available online at www.cirstudenthealth.com/mercy or by calling 1-800-752-2008. If the providers have given you bills, attach them to the claim form.

3. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to A-G Administrators at 1-800-752-2008.

4. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills received after the initial claim form has been submitted should be mailed promptly to A-G Administrators. No additional claim forms are needed as long as the Covered Person’s name and is included on the bill.
IMPORTANT NUMBERS

CLAIMS ADMINISTRATOR:

A-G Administrators
P.O. Box 979
Valley Forge, PA  19482

Phone:  610-933-0800
www.agadministrators.com

PLAN BROKER:

USI

Phone: 800-322-9901
www.cirstudenthealth.com/mercy

PLEASE DETACH AND KEEP IN YOUR WALLET

MERCY COLLEGE
Student Accident Insurance ID Card

POLICY # IHH000348
Effective Dates of Coverage:
1/1/17--- 8/1/17
Underwritten by QBE INSURANCE CORPORATION