

Student Accident Insurance Plan • MCB 0552836

The following is a brief description of the Student Accident Insurance Plan. The benefits described are subject to certain limitations and exclusions as described in the policy. For specific definitions of terms used below as well as further details and information about this Plan, please see the policy.

Eligibility

Class I: All Physician Assistant Students of the policyholder.

Covered Activities

Class I: While participating in the Physician Assistant Program of the policyholder.

Benefit Amount

Accidental Death Benefit:	\$1,000
Accidental Dismemberment Benefit:.....	\$1,000
Exposure and Disappearance Benefit:	\$1,000
Accidental Medical Expense Benefit:.....	\$10,000 maximum benefit
.....	\$0 deductible per insured per covered accident
Benefit Sublimits:	
Inpatient and Outpatient Physiotherapy.....	Limit 60 visits per Insured per Covered Accident
Additional Needlestick and Splatter Exposure Benefit:.....	Screening Test Benefit: \$1,000 per Incident
	Indemnity Benefit: \$5,000 per Incident

Benefits Provided

Accidental Death Benefit

If you suffer a loss of life as a result of a covered injury, we will pay the applicable amount shown in the policy schedule. Your death must occur within 365 days of your covered injury.

Accidental Dismemberment Benefit

If your covered injury results in any of the following covered losses, we will pay the percentage shown below. Your covered loss must occur within 365 days of your covered accident.

The benefit amount is based on the maximum amount shown in the policy schedule for the person suffering the Covered Loss.

Covered Loss of	Percentage of Maximum Amount
Both Hands or Both Feet.....	100%
One Hand and One Foot.....	100%
One Hand or One Foot plus the loss of Sight of One Eye	100%
Sight of Both Eyes	100%
Speech and Hearing	100%
Speech or Hearing.....	50%
One Hand; One Foot; or Sight of One Eye	50%
Thumb and Index Finger of the same Hand	25%
Hearing in One Ear	25%

For purposes of this Benefit **Covered Loss** means:

1. For a foot or hand, actual severance through or above the ankle or wrist joint;
2. For thumb and index finger, complete severance through or above the metacarpophalangeal joint of both digits;
3. Total and permanent loss of sight;
4. Total and permanent loss of speech; or
5. Total and permanent loss of hearing.

Plegia means a permanent, complete and irreversible loss of voluntary movement that affects motor function of one (1) or more limbs. Proof of total plegia may be required by us on a periodic basis. Benefits are not payable for paralysis caused by a stroke.

This benefit is payable based on the following table.

Plegia of	Percentage of Maximum Amount
Quadriplegia (total paralysis of all four limbs).....	100%
Triplegia (total paralysis of three limbs).....	75%
Paraplegia (total paralysis of both lower limbs).....	66.67%
Hemiplegia (total paralysis of upper and lower limbs on one side of the body).....	50%
Uniplegia (total paralysis of one limb).....	25%

Plegia must continue for 12 consecutive months and be determined by our competent medical authority.

Exposure and Disappearance Benefit

If you are exposed to weather because of an accident and this results in a covered loss, we will pay the applicable amount shown in the policy schedule subject to all policy terms.

If the conveyance in which you are riding disappears, is wrecked, or sinks, and you are not found within 365 days of the event, we will presume that you lost your life as a result of injury. If travel in such conveyance was covered under the terms of the policy, we will pay the applicable amount shown in the policy schedule, subject to all policy terms. We have the right to recover the benefit if we find that you survived the event.

Accident Medical Expense Benefit

We will pay our share of the usual and customary expenses for medically necessary **Covered Medical Service(s)** incurred by you resulting from a covered accident while participating in a covered activity, up to the maximum benefit shown on the policy schedule. Coverage is provided in excess of the deductible shown in the accident medical expense schedule provided that:

1. the first treatment or service occurs within three hundred sixty-five (365) days of the covered injury; and
2. the medical expenses are incurred within fifty-two (52) weeks of the covered injury.

Covered Medical Service(s) means any of the following services when Medically Necessary for a Covered Injury:

1. Hospital room and board expenses: the daily room rate when an Insured is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the expenses payable under this benefit, the date of admission will be counted but not the date of discharge.
2. Ancillary or miscellaneous inpatient Hospital expenses: services and supplies including operating room, anesthesia and medicines (excluding take home drugs) when Hospital Confined.
3. Medical Emergency care (room and supplies) expenses incurred within twenty-four (24) hours of an Accident and including the emergency room or attending Physician's charges, X-rays, laboratory procedures, use of the emergency room and supplies.

4. Outpatient surgical room and supply expenses for use of the surgical facility (including ambulatory surgical facilities).
5. Diagnostic X-rays, laboratory procedures and tests.
6. Treatment for heat stroke and heat exhaustion.
7. Physician non-surgical treatment/examination expenses (excluding medicines) including the Physician's initial visit, each necessary follow-up visit and consultation visits when referred by the attending physician.
8. Physician's surgical expenses that require singular or multiple surgical procedures during the same operative session through the same or different incision, We will pay only one benefit, the largest of the procedures performed. The Physician's surgical procedure(s) must be the result of a Covered Injury.
9. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a Physician's surgical procedure whether on an inpatient or outpatient basis. The Physician's surgical procedure(s) must be the result of a Covered Injury.
10. Assistant Physician expenses.
11. The services of a Registered Nurse (the nurse cannot be a member of the Insured's immediate family).
12. Physiotherapy expenses on an inpatient or outpatient basis. Expenses include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy and/or occupational therapy.
13. Radiological procedures including: cardiac imaging and nuclear medicine and molecular imaging related to a Covered Injury and prescribed by a Physician.
14. Diagnostic imaging expenses including Magnetic Resonance Imaging (MRI) and Computed Axial Tomography (CAT) Scan related to a Covered Injury and prescribed by a Physician.
15. Ambulance expenses for transportation from the emergency site to the Hospital.
16. Rehabilitative limb braces, wheelchairs and other medical equipment or appliances prescribed by a Physician and related to the Covered Injury. It must be durable medical equipment that:
 - a. is primarily and customarily used to serve a medical purpose;
 - b. can withstand repeated use; and
 - c. generally is not useful to a person in the absence of injury.No benefits will be paid for rental charges in excess of the purchase price.
We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs.
17. Eyeglasses, contact lenses or hearing aids damaged or destroyed as a result of a Covered Injury and prescribed by a Physician.
18. Prescription drug expenses for Covered Injuries, prescribed by a Physician and administered on an outpatient basis.
19. Expenses for blood, blood transfusions and oxygen (including delivery of tanks and equipment and its administration).
20. Dental treatment for teeth, gums or structures directly supporting the teeth performed as a result of a Covered Injury.
21. Treatment resulting from complications of pregnancy due to a Covered Injury.

Excess Integrated

Under this benefit, the first \$100 of Usual and Customary Expense is payable without regard to any other In Force Policy that may be in effect.

After the first \$100 in Usual and Customary Expense is paid, the benefit amount for this benefit is payable in excess of any In Force Policy. In the event and only in the event of the reduction or exhaustion of the limit of

insurance of the In Force Policy solely as the result of actual payment of benefits covered thereunder, this Policy shall pay excess of the reduced limit of insurance of the In Force Policy. This Policy shall only pay pursuant to the terms and conditions of this Policy and no other policy.

We will pay Our share of the Usual and Customary amount, reduced by the payment of any other insurance plan. This Policy will recognize payment by any other insurance plan as reducing or satisfying the deductible amount of this Policy. In no event will We pay more than the maximum amount stated in this rider.

If no In Force Policy exists, this Policy will pay benefits on a primary basis subject to the deductible and coinsurance amounts stated on the Schedule.

Subrogation

We have the right to recover from any third party all payments including future payments, which we have made to you or on behalf of your Spouse or Domestic Partner, child, heirs, guardians or executors or will be obligated to pay in the future to you, from any Third Party. If you recover from any third party, we will be reimbursed first from such recovery to the extent of our payments to or on behalf of you. You agree to assist us in preserving its rights against any third party, including but not limited to, signing subrogation forms supplied by us.

Accidental Needlestick and Splatter Exposure Benefit

If, as a direct result of an Incident, an Insured sustains a Needlestick and/or Splatter Exposure during a Covered Activity, We will pay the benefit shown in this rider's Schedule up to the Maximum Covered Amount.

In order to receive the Accidental Needlestick and Splatter Exposure Benefit, the Insured must provide Us:

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; and
2. evidence that, within 7 days of an Incident, the Insured received a Screening Test from an authorized facility legally qualified to administer such Screening Test.

SCREENING TEST BENEFIT

We will pay the Usual and Customary Expense incurred by the Insured for any Screening Tests performed due to an Incident, up to the Maximum Covered Amount shown in the rider Schedule. If a Usual and Customary Expense 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 you are diagnosed by a Physician as having contracted a medical condition within 52 weeks of the date of the Incident which caused your Needlestick and/or Splatter Exposure, and such condition is determined by a Physician to have resulted from your Needlestick and/or Splatter Exposure, we will pay the Indemnity Benefit shown in the rider Schedule up to the Maximum Covered 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.

For this rider only, the following definitions apply:

Incident(s) as used in this rider, 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
2. which directly causes a Covered Loss.

Needlestick and/or **Splatter Exposure** as used in this rider, means:

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

Screening Test(s) as used in this rider, means a medically appropriate screening test authorized by a Physician as a result of a Needlestick and/or Splatter Exposure.

To File a Claim

Contact Administrative Concepts, Inc. for a claim form. Complete the form and send it to:

Administrative Concepts, Inc.	Toll free number: 888.585.9033
P.O. Box 4000	Fax: 610.293-9299
Collegeville, PA 19426	e-mail: aciclaims@acitpa.com
Web Site: www.acitpa.com	

Complete the form within 90 days of the loss. Refer to Plan Number MCB 0552836.

Beneficiary Designation

Covered Losses resulting from your death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as you, we will pay the benefit to the beneficiary named by you for your Life Insurance policy. If there is no beneficiary named by you for your Life Insurance policy, or the named beneficiary predeceases or dies at the same time as you, we will pay the benefit to your estate. If any Insured is a minor or is not competent to give a valid release for the payment, the payment will be made to his or her parent, guardian, or other person actually supporting the Insured.

Payment for a Foreign National Employee

If you are a citizen of a country or other jurisdiction other than the United States of America and who is not a resident of the United States of America and are entitled to benefits for a covered loss and we are unable to make payment directly to him or her because of legal restrictions in the country or jurisdiction where you are located, we will either: (1) pay the benefits to a bank account owned by you in the United States of America; or (2) if no such bank account is established or maintained, we will pay the benefits to the policyholder on your behalf. It will then be the responsibility of the policyholder to remit the benefit to you. Payment of the benefit to the policyholder will release us from any further liability to you. If the policyholder does not remit the payment to you, the policyholder will indemnify us and hold us harmless against any and all liability incurred by us including, but not limited to, interest, penalties, and attorneys' fees in connection with, arising or resulting from such failure to remit payment. The policyholder will not be considered the beneficiary under the policy if payment is made to the policyholder in accordance with this provision.

General Exclusions

A loss shall not be a covered loss if it is caused by, contributed to, or resulted from:

1. suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. war or any act of war, whether declared or undeclared.

3. involvement in any type of active military service. For purposes of this exclusion, orders to active military service for sixty (60) days or less will not be considered involvement in active military service. This exclusion does not apply to the first sixty (60) consecutive days of active military service.
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods.
5. participation in the commission or attempted commission of a crime, any felony, an assault, insurrection or participation in a riot.
6. parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity.
7. being intoxicated while operating a motor vehicle.
 - a. An Insured will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.
 - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Insured's intoxication.
8. being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a Physician and taken in accordance with the prescribed dosage.
9. travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
10. release, whether or not Accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release.
11. a cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident.
12. alcoholism, drug addiction or the use of any drug or controlled substance except as prescribed by a licensed medical provider operating within his or her scope of authority.
13. participation in any team sport or any other athletic activity unless mentioned in the Covered Activities.
14. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act, No Fault Auto Coverage or similar law.
15. 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.
16. any loss incurred while outside the United States, its territories or Canada.

General Limitations

Benefits are payable only for covered losses incurred as a result of participation in covered activities.

Limitation on Multiple Covered Losses: If you suffer more than one covered loss as a result of the same accident, we will pay only one benefit, the largest benefit.

Limitation on Multiple Covered Activities: If you suffer a covered loss while participating in more than one covered activity, we will pay only one benefit, the largest benefit unless there is a specific written exception in this policy.

Limitation of Multiple Benefits: If you can recover benefits under more than one of the Benefits stated in the Schedule, as a result of the same accident, we will pay only one benefit, the largest benefit.

Limitation on Multiple Covered Policies: If you can recover benefits under more than one accident policy written by Zurich American Insurance Company, we will pay under only one policy, the policy which offers you the largest benefit.

Additional Exclusions for the Accident Medical Expense Benefit

In addition to the General Exclusions stated in the policy, we will not cover expenses under this additional benefit for:

1. Violating or attempting to violate the law; including taking part in any illegal occupation.
2. Fighting or brawling except in self-defense.
3. Any expense for which benefits are payable under Catastrophic Accident Insurance Program of the State High School Interscholastic Activities Association, or any state equivalent.
4. Bacterial infections, sickness or disease of any kind such as strep throat or tonsillitis, heat exhaustion, heat stroke, sunburn, frostbite, fainting, allergic reactions, except those that occur as a result of accidental ingestion or pus forming infections which occur through an accidental cut or wound;
5. Vegetation poisoning such as poison ivy or poison sumac, or ptomaine poisoning.
6. Treatment of temporomandibular joint dysfunction and associated myofacial pain.
7. Reinjury of the same body part within 1 month - 12 months of the Covered Accident unless previously cleared by a Physician to work, practice or play.
8. Cosmetic, plastic or restorative surgery unless Medically Necessary for the treatment of the Covered Injury.
9. Any medical expenses related to pregnancy unless Medically Necessary for the treatment of the Covered Injury.
10. Any expenses for a Pre-existing Condition.
11. Covered Injury for which the Insured is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or any statutorily mandated coverage.
12. Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, guest meals, or internet charges.
13. Treatment by any immediate family member or member of the Insured's household.
14. Expenses incurred for dental care, treatment, repair or replacement of sound natural teeth unless Medically Necessary for the treatment of the Covered Injury.
15. Expenses incurred for eye examinations, contact lenses or the fitting, repair or replacement of these items unless Medically Necessary for the treatment of the Covered Injury.
16. A hernia of any kind unless the direct result of a Covered Injury.
17. Routine physical examinations and related medical services, elective treatment or surgery or experimental or investigative treatments or procedures.
18. A Medical Repatriation.
19. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders.
20. Expenses which the Insured is not legally obligated to pay.
21. Expenses for Custodial Services or services provided by a private duty nurse unless such expenses are incurred as a result of a Covered Injury, as prescribed by a Physician.
22. Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the Covered Injury has caused further impairment of the underlying bodily condition.

23. Treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not as a direct result of a Covered Injury.
24. Treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including but not limited to Osgood-Schlatter Disease.

Important

This is a brief description of the coverage provided through the participant accident plan. If any conflict should arise between the contents of this handout and the master policy or if any point is not covered herein, the terms of the master policy shall govern in all cases.

Sanctions Exclusion Endorsement

Notwithstanding any other terms under the policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under the policy to the extent that such coverage, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

Zurich

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The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern.

Insurance coverages underwritten by member companies of Zurich in North America, including Zurich American Insurance Company. Certain coverages not available in all states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.

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