

## DESCRIPTION OF ACCIDENT INSURANCE BENEFITS FOR STUDENTS @ SCCC-2013-2014

**PART I**  
**ACCIDENT MEDICAL EXPENSE BENEFIT**  
**Full-Time Students Only**

If as a result of an Injury, a Covered Person incurs covered medical Expenses, We will pay the Covered Expenses incurred within 52 weeks from the date of the accident up to the Per Condition Aggregate Maximum of **\$5,000** per **Injury** and up to the maximum of **\$25,000** per **Intercollegiate Sports Injury**. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthetist; (e) inpatient and outpatient Doctor visits; (f) inpatient and outpatient consultant; (g) licensed nurse; (h) hospital outpatient department; (i) emergency room; (j) diagnostic x-ray and laboratory tests; (k) outpatient prescription drug; (l) pre-hospital medical emergency services; (m) durable medical equipment, prosthetic appliances and orthotic devices; and (n) other expenses incurred for the treatment of an Injury. The first eligible expense must be incurred within 180 days from the date of the accident.

**PART II**  
**ACCIDENT MEDICAL EXPENSE BENEFIT**  
**Part-Time Students Only**

If as a result of an Injury, a Covered Person incurs covered medical Expenses, We will pay, the Covered Expenses incurred within 52 weeks from the date of the accident up to the Per Condition Aggregate Maximum of **\$2,000** per Injury. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthetist; (e) inpatient and outpatient Doctor visits; (f) inpatient and outpatient consultant; (g) licensed nurse; (h) hospital outpatient department; (i) emergency room; (j) diagnostic x-ray and laboratory tests; (k) outpatient prescription drug; (l) pre-hospital medical emergency services; (m) durable medical equipment, prosthetic appliances and orthotic devices; and (n) other expenses incurred for the treatment of an Injury. The first eligible expense must be incurred within 180 days from the date of the accident.

**PART I or PART II**  
**ACCIDENTAL DEATH & DISMEMBERMENT**  
**BENEFIT**  
**Full-Time and Part-Time Students**

When, because of an Injury, the Covered Person suffers any of the following losses within 365 days from the date of the accident, We will pay as follows:

<b><u>For Loss of:</u></b>	<b><u>Amount</u></b>
Life	\$1,000
Both hands or both feet or sight of both eyes	\$1,000
One hand and one foot	\$1,000
One hand and sight of one eye	\$1,000
One foot and sight of one eye	\$1,000
Either hand or foot or sight of one eye	\$ 500
Thumb and index finger of the same hand	\$ 250

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Loss of thumb and index finger means the severance through or above the metacarpophalangeal. Only one of the amounts named above will be paid for Injuries resulting from any one accident. The amount so paid shall be the largest amount that applies.

This provision does not cover the loss if it in any way results from or is caused or contributed:

- 1) by physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by this Plan;
- 2) by an infection, unless it is caused solely and independently by a covered accident;
- 3) by participation in a felony; or

by the Insured Person being intoxicated or under the influence of any drug unless taken as prescribed by a physician.