Student Accident Insurance Plan 2016–2017
University of Louisiana at Lafayette
Policy Number SRG 0009151940

Insurance underwritten by:
with its principal place of business in New York, NY ("the Company")
Student Accident Insurance Plan
The following is a brief description of the University of Louisiana at Lafayette Student Accident Insurance Plan ("the Plan") for the 2016–2017 policy year. All of the provisions governing the insurance are contained in the Policy issued to and on file with University of Louisiana at Lafayette.

Eligibility
All domestic undergraduate registered students at University of Louisiana at Lafayette carrying seven (7) hours in the spring and fall and four (4) hours in the summer; and all domestic graduate students at University of Louisiana at Lafayette carrying six (6) hours in the spring and fall and three (3) hours in the summer; and all enrolled participants in the UL Lafayette Year-Round Visiting Group: Boarding Programs and Day Camps.

Covered Activities
For all Insured students, this accident coverage is in effect at home, at school (including while attending classes and/or participating in school sponsored and supervised activities except intercollegiate sports) or wherever the Insured student may be twenty four (24) hours a day, subject to certain exclusions and limitations contained in the policy.

Term of Coverage
The Policy on file at the College is effective on August 18, 2016. An Insured’s coverage under the Policy begins on the latest of: (1) the Policy Effective Date; (2) the date for which the first premium for coverage is paid; or (3) the date the Insured becomes a registered student or participant of the Policyholder.

A change in coverage under the Policy due to a change in the Insured’s eligible class, Covered Activity or election of an enrollment option becomes effective on the later of (1) the date the change in the Insured’s eligible class, Covered Activity or election of enrollment option occurs; or (2) if the change requires a change in premium, the date the first changed premium is paid; or (3) if individual enrollment for the change is required, the date the written enrollment form requesting the change is received by the Policyholder. However, a change in coverage applies only with respect to accidents that occur once the change is effective.

An Insured’s coverage will end on the earliest of: (1) the date the Policy is terminated; (2) the end of the period for which premiums have been paid; or (3) the date the Insured ceases to be a registered student or participant of the Policyholder. Termination of coverage will not affect a claim for a covered loss that occurred while coverage was in force under the Policy.
Definitions

Hospital means a facility that:
1. is operated according to law for the care and treatment of injured people;
2. has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
3. has 24-hour nursing service by registered nurses (RNs); and
4. is supervised by one or more Physicians.

A Hospital does not include:
1. a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care;
2. a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or
3. any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Injury means bodily injury:
1. which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person’s coverage under the Policy is in force;
2. which occurs while such person is participating in a Covered Activity; and
3. which directly (independent of sickness, disease, or any other cause) causes a covered loss.

Insured means a person:
1. who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application;
2. for whom premium has been paid;
3. while covered under the Policy; and
4. who has enrolled for coverage under the Policy, if required.

Medically Necessary means that a Covered Service is:
1. essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed;
2. meets generally accepted standards of medical practice; and
3. is ordered by a Physician and performed under his or her care, supervision or order.

Physician means a licensed practitioner of the healing arts acting within the scope of his or her license who is not:
1. the Insured;
2. an Immediate Family Member; or
3. retained by the Policyholder.

Usual and Customary (“U&C”) means a charge that:
1. is made for a Covered Accident Medical Service;
2. does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; and
3. does not include charges that would not have been made if no insurance existed.

Pre-existing Condition means a condition for which the Insured received any diagnosis, medical advice or treatment or had taken any prescription medicines during the 12 months immediately preceding the effective date of coverage under the Policy unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription.

Ambulatory Medical Center means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician’s office.

Durable Medical Equipment refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).
Benefits

Accident Medical Expense Benefit

If the Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires treatment by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the $15,000 Maximum Amount per Insured for all Injuries caused by the same accident. Benefits are payable for charges incurred within 52 weeks after the date of the accident causing the Injury.

No expenses paid under this Benefit will be payable under any other Rider in the Policy.

Covered Accident Medical Service(s) means any services of a Physician; private duty nursing by a registered nurse (R.N.); laboratory tests; radiological procedures; anesthetics and the administration of anesthetics; blood, blood products and artificial blood products, and the transfusion thereof; physical therapy; occupational therapy; rental of Durable Medical Equipment; artificial limbs, artificial eyes or other prosthetic appliances; medicines or drugs administered by a Physician or that can be obtained only with a Physician’s written prescription; use of an Ambulatory Medical Center; Hospital’s most common charge for semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); ambulance service to or from a Hospital.

Accidental Death and Dismemberment Benefits*

The Company will pay the maximum benefit amount to the Insured: (a) if the Insured suffers an Injury that results in death within 365 days of the date of the accident that caused the Injury (b) if the Insured suffers an Injury that results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified in the following table.

<table>
<thead>
<tr>
<th>For Loss Of</th>
<th>Maximum Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>$3,000</td>
</tr>
<tr>
<td>Both Hands or Both Feet</td>
<td>$3,000</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>$3,000</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>$3,000</td>
</tr>
<tr>
<td>One Hand and the Sight of One Eye</td>
<td>$3,000</td>
</tr>
<tr>
<td>One Foot and the Sight of One Eye</td>
<td>$3,000</td>
</tr>
<tr>
<td>One Hand or One Foot</td>
<td>$1,500</td>
</tr>
<tr>
<td>The Sight of One Eye</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

“The Maximum Amount payable for these benefits reduces for insureds aged 70 and older. Please refer to the Policy and/or Description of Coverage for complete details.

Exposure and Disappearance Benefit

If by reason of an accident occurring while coverage is in force under the Policy, the Insured is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy. If the body has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the student was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured has suffered accidental death within the meaning of the Policy.

Excess Provision

Accident Medical Expense benefits are payable only in excess of expenses payable under any other valid and collectible insurance.
Policy Exclusions and Limitations

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury;
2. sickness or disease whether the loss results directly or indirectly from either of these;
3. the Insured’s commission or attempt to commit a crime;
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition;
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy;
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
   a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
   b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
   c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the employer.
8. the Insured being under the influence of intoxicants.
9. the Insured being under the influence of narcotics unless taken under the advice of and as specified by a Physician.
10. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity.
11. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
12. any condition for which the Insured is entitled to benefits under any Workers’ compensation Act or similar law.
13. 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.

Accident Medical Expense Benefit Exclusions

In addition to the standard exclusions under the Policy and any amendment thereto, Accident Medical Expense Benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless due to a covered Injury;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Maximum shown in the Benefit Schedule
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight;
4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing;
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company’s sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);
6. any charge for medical care for which the Insured is not legally obligated to pay;
7. care, treatment or services provided by an Insured or by an Immediate Family Member;
8. routine physical exam and related medical services;
9. personal comfort or convenience items, such as but not limited to, Hospital telephone charges, television rental, or guest meals while confined in a Hospital or for items taken away or home from the Hospital, except Durable Medical Equipment;
10. Pre-existing Conditions;
11. elective treatment or surgery;
12. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;
13. Mental Illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;
14. educational or vocational testing or training;
15. detached retina unless due to an Injury;
16. plastic or cosmetic surgery;
17. hernia, except as a result of participation in a Covered Activity.
Limitation on Multiple Benefits
If the Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit.

Limitation on Multiple Covered Activities
If an Insured Person’s Injury is caused by an accident that occurs while the Insured is participating in more than one Covered Activity applicable to that Insured, and if the same Benefit applies to that Insured with respect to more than one such Covered Activity, then for Policy purposes the Maximum Amount for that Benefit for that Insured for that accident will be determined as though the accident occurred while the Insured was participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for that person.

Claim Procedures
In the event of an accident, notify AIG, Personal Accident Claims Department (800-551-0824) immediately. Secure a claim form, attach bill(s) to completed claim form and mail to the address listed below. Claims for benefits must be filed with the Company within 90 days from date of accident, or as soon as reasonably possible. The Company must be notified of a loss within 20 days of such accident.

For questions, contact:
AIG
Personal Accident Claims Department
PO Box 25987
Shawnee Mission, KS 66225-5987
800-551-0824
IMPORTANT: This program provides accident insurance only. It does not provide basic hospital, basic medical, or comprehensive/major medical coverage, and does not satisfy the “minimum essential coverage” requirements of the Patient Protection and Affordable Care Act.

Please keep this brochure as a general summary of the insurance. This is only a brief description of the accident coverage available under policy number SRG 0009151940. The issued Policy will contain reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage will be contained in the Policy. If there is any conflict between this brochure and the Policy, the Policy shall govern in all cases. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 175 Water Street, 15th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445.

Insurance and services provided by member companies of American International Group, Inc. Coverage may not be available in all jurisdictions and is subject to actual Policy language. For additional information, please visit www.aig.com.

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