Student Accident Insurance Plan 2016–2017
Suffolk County Community College
Policy Number SRG 0009151711

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 Suffolk County Community College 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 Suffolk County Community College.

Eligibility

All full-and part-time students enrolled in a course of a minimum of 10 weeks and/or enrolled in courses, intercession (summer/winter) programs, or are eligible to participate in activities, that present potential risks, including, but not limited to, in a physical education activity or course, an internship, cooperative education, or field placement course at Suffolk County Community College will be automatically enrolled in the plan and the cost of coverage will be included on the student’s semester bill.

Covered Activities

For all insured students, this accident insurance provides coverage 24-hours per day, including while the Insured is at school and/or while attending or participating in school sponsored and supervised activities on or off school premises.

Term of Coverage

The Policy on file at the College becomes effective on August 29, 2016. An Insured’s coverage under the Policy begins on the latest of: (1) the Policy Effective Date; (2) the date the Insured becomes eligible; (3) the date for which the first premium the coverage is paid; (4) the date the Insured enrolls if enrollment is requested.

A change in coverage under the Policy due to a change in the Insured’s eligible class or Covered Activity becomes effective on the later of (1) the date the change in the Insured’s eligible class or Covered Activity occurs; or (2) if the change requires a change in premium, the date the first changed premium is paid. 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 (unless the Company and the Policyholder agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums; (2) the premium due date if premiums are not paid when due; (3) the date the Insured ceases to be eligible; or (4) the date the student requests, in writing, that coverage be terminated. 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 short-term, acute, general hospital, which:

(1) is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
(2) has organized departments of medicine and major surgery;
(3) has a requirement that every patient must be under the care of a physician or dentist;
(4) provides 24-hour nursing service by or under the supervision of a registered professional nurse (RN);
(5) if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97;
(6) is duly licensed by the agency responsible for licensing such hospitals; and
(7) is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitory care.

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, mental incapacity, bodily infirmity 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.

Medical Necessity/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 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.
Benefits

Accident Medical Expense Benefit

If the Insured suffers an Injury that, within 180 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 $25,000 Maximum Amount per Insured for all Injuries caused by the same accident. Benefits are payable for charges incurred within 104 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.) or Licensed Practical Nurse (LPN); 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; consultation with an appropriate specialist for a second opinion for procedures relating to an Injury.

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).

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 suffer 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.
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, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
3. the Insured’s commission of or attempt to commit a felony;
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 including but not limited to diabetes;
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy;
6. service in the armed forces or units auxiliary thereto of any country or international authority. (Unearned premium for any period for which the student 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.)

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.

Coordination of Benefits

Accident Medical Expense benefits will be coordinated with any other Plan under which there is health care coverage.

Claim Procedures

Always keep a copy of all documents submitted for claims. Written proof of loss must be mailed to the Company at the address below or submitted online at www.studentinsurance.com within 90 days after the date of a loss. Failure to give such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, proof must be given as soon as reasonably possible. Please note that a signed claim form is required for all Accidents.

Claim forms may be obtained and filed online by going to www.studentinsurance.com. An Insured may also file a claim by mail and may secure a claim form by calling AIG toll free at 800-551-0824. See below for applicable address at which to mail the claims.

In the event of an Accident, the Insured should:

1. If at the College, report to the Student Health Service Center so that proper treatment can be prescribed.
2. If away from the College, consult a Doctor and follow the Doctor’s advice. Notify the Student Health Service Center within ninety (90) days after the date of the covered Accident, or as soon thereafter as is reasonably possible.
3. Submit all itemized medical and hospital bills, along with the claim form online at www.studentinsurance.com or mail to:
   AIG
   Personal Accident Claims Department
   P.O. Box 25987
   Shawnee Mission, KS 66225-5987

Remember that each injury is a separate condition and requires a separate claim form.

How to File an Appeal

Within 30 days of receipt of written notification of a claim denial or reduction in coverage, the Insured may file a written or oral appeal to the Company. Written appeal request must include the reason for the disagreement with the way the claim was processed. If applicable, the request must include any additional information to support the request for an appeal (e.g., medical records, doctor records, etc.). Please submit all written appeal requests to:

AIG
Personal Accident Claims Department
P.O. Box 25987
Shawnee Mission, KS 66225-5987

An oral appeal may be made by calling the Company at 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 0009151711. 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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