

Summary of Coverage

SCHOOL TIME COVERAGE - Coverage is in force for each insured for whom the School Time Coverage premium has been paid as set forth in the Policy: (a) **while on the School premises** during the hours and on the days School is in regular session, and during the hours and on the days when School is not in session while the insured is participating in or attending any Sponsored and Supervised Activity including intramural sports;* and (b) **while away from the School premises**, other than traveling, if participating in a Sponsored and Supervised Activity including intramural sports;* and (c) **while traveling directly to or from the Insured's residence and School** for regular School sessions, or for any Sponsored and Supervised Activity including intramural sports*, in School provided transportation.

**Excludes the practice or play of interscholastic or intercollegiate sports including travel to or from such practice or play.*

FULL TIME COVERAGE (24-HOUR COVERAGE) - Coverage is in force for each insured for whom the Full Time Coverage premium has been paid as set forth in the Policy on a twenty-four (24) hour per day basis, including intramural sports. Coverage does not include the practice or play of interscholastic/intercollegiate sports to include travel to or from such practice or play. The School-Time Coverage provision will not apply.

EXTENDED DENTAL COVERAGE - Provides benefits up to a maximum of \$5,000 for any dental injury. Covers students 24 hours a day until school starts next year. Treatment must begin within 90 days from the date of injury and must be performed within one year from the date of injury. The injury must occur to a natural tooth or teeth. Excludes orthodontic treatment and the repair or replacement of existing bridges, dentures or implants.

The Medical Benefits and Exclusions below apply to the Summary of Coverage options above.

Medical Benefits

When injury covered by the Policy results in treatment by a licensed physician within 90 days from the date of injury, the Company will pay the usual and customary expenses incurred for covered services as listed below, for expenses actually incurred within one year from the date of injury up to a Maximum Medical Benefit of **\$25,000 per covered injury**. The Policy will pay benefits regardless of other valid coverage. Unless otherwise stated, all amounts below are per injury.

1. INPATIENT BENEFITS

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| a. Hospital Room and Board | Semi-private Room rate |
| b. Intensive Care (in lieu of Hospital Room and Board) | 1.5 X Semi-private Room Charges |
| c. Hospital Misc. Services (includes all other hospital charges except R&B) | Up to \$1,000 per day; maximum \$5,000 |
| d. Physician's Non-Surgical Visits (1 visit per day, not paid same day as surgery) | Up to \$50 per visit; maximum 10 visits |
| e. Physiotherapy (1 visit per day, includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits). | Included in Hospital Misc. Services |
| f. X-ray and Radiology Services | Included in Hospital Misc. Services |
| g. Registered Nurse (private duty nurse, when order by a physician) | U&C |

2. OUTPATIENT SURGERY BENEFITS

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| a. Day Surgery (facility charge - includes room supplies and expenses for outpatient surgery) | U&C, up to \$2,000 |
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3. OTHER OUTPATIENT BENEFITS

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| a. Hospital Emergency Room Charges (include urgent care) | U&C, up to \$300 |
| b. X-ray Services | U&C, up to \$300 |
| c. Diagnostic Imaging (includes CT scans, MRI and bone scans) | U&C, up to \$800 |
| d. Physician's Non-Surgical Visits (1 visit per day, not paid same day as surgery) | U&C, up to \$75 per visit, max. 10 visits |
| e. Physiotherapy (1 visit per day, includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits, and chiropractic care) | U&C, up to \$75 per visit, max. 5 visits |
| f. Orthopedic Appliances | U&C, up to \$500 |
| g. Durable Medical Equipment | U&C, up to \$250 |
| h. Prescription Drugs | U&C, up to \$250 |
| i. Ambulance Service (ground) | U&C, up to \$1,000 |
| j. Laboratory Services | U&C, up to \$250 |
| k. Shots and Injections (outpatient, when administered in physician's office) | U&C, up to \$250 |
| l. Eyeglasses (replacement when broken as a result of a covered injury) | U&C, up to \$250 |

4. OTHER PHYSICIAN SERVICES

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| a. Dental Treatment (in lieu of all other medical benefits, including x-rays of sound and natural teeth) | U&C, up to \$1,000 |
| b. Physician's Surgical Care (inpatient or outpatient) | U&C, up to \$3,000 |
| c. Assistant Surgeon Services (inpatient or outpatient) | 25% Surgeon's Allowance |
| d. Anesthesia Services (inpatient or outpatient) | 25% Surgeon's Allowance |

5. MISCELLANEOUS SERVICES

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| a. Motor Vehicle Injury | Same as any Injury, up to \$1,000 |
| b. Heat Stroke and Heat Exhaustion | Same as any other Injury |

ACCIDENTAL DEATH AND DISMEMBERMENT - When injury covered by the Policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.

Loss of Life	\$2,500	Double Dismemberment	\$10,000
Loss of an Eye	\$2,000	Single Dismemberment	\$2,000

Exclusions: The following exclusions apply to all Benefits or Coverage under this Policy. Additional exclusions may apply to specific Benefits or Coverage. Please read this entire Policy carefully. 1. suicide or attempted suicide; 2. intentionally self-inflicted injury; 3. war or any act of war, whether declared or not. War or act of war does not include acts of terrorism; 4. Illness; disease; bodily or mental infirmity; bacterial or viral infection; or medical or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food; 5. Piloting or serving as a crewmember; 6. Commission of or attempted to commit: a felony; an assault; or other illegal activity; 7. active participation in a riot or insurrection; 8. flight in; boarding; or alighting from an aircraft or any craft designed to fly above the earth's surface, except as: a. A fare-paying passenger on a regularly scheduled commercial or charter airline; b. A passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight; c. A passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent; 9. travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle; 10. an Accident if the Insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education program; 11. travel in any aircraft: owned; leased; or controlled by the Policyholder or any of its subsidiaries or affiliates. An aircraft will be deemed to be controlled by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days or more than 15 days in any year; 12. an Accident that occurs while on active duty service in the: military; naval; or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days; 13. the Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor. Intoxication is defined by the laws of the jurisdiction where such Accident occurs. If the such jurisdiction does not have a law to define intoxication, then under this Policy it will mean a blood alcohol content of .08 or greater; 14. participation in professional; club; intercollegiate sports;

IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the Effective Date of the policy.

DEFINITIONS - Accident means a sudden, unexpected and unintended events that occurs by chance at an identifiable time and place during the Policy Term and results in bodily injury to the Insured ; **Covered Accident** means an Accident that occurs while coverage is in force for an Insured an results in a loss or Injury covered by this Policy for which benefits are payable ; **Company** means Pan American Life Insurance Company.; **Injury** means accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accidents.; **Physician** means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to an Insured that is appropriate for the conditions and locality.; **Sponsored and Supervised Activity** means any activity that is supervised by a member of the faculty or staff of the school specifically assigned supervisory duties and authority for that Covered Activity by the school.; **Usual and Customary Charges (U&C)** means charges for medical services or supplies for which the Insured is legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received.

EFFECTIVE DATES AND ENROLLMENT

EFFECTIVE DATE – is the later of (1) the Policy Effective Date, provided that the policy premium has been paid; (2) the date he or she is eligible;

EXPIRATION DATE – is the earlier of (1) the policy terminates; (2) the Insured is no longer eligible; (3) the period ends for which premium is paid, subject to the grace period; (4) the insured fails to pay the required premium, if the Insured is so required;

TO ENROLL – Determine the insurance coverage you want. Complete the enrollment form and enclose your premium payment made payable to Pan American Life Insurance Co. Premium is not prorated. Mail it to: Student Insurance Plans. P.O. Box 1447, Frisco, TX 75034. Be sure to retain the brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or an ID card

TO FILE A CLAIM – notify the College officials immediately if the accident has occurred at the College. Obtain a claim form from the College. Submit the completed claim form with the student's itemized bills to Administrative Concepts Inc., PO Box 4000, Collegeville, PA. 19426.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form WYP-1176 (and any state specific) and any applicable endorsements. This policy is considered term accident insurance and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the School. A copy of the Privacy Notice may be obtained on the website www.studentinsuranceplans.com.