

**Cheverus High School
Student Accident Insurance Benefit Summary
2015-2016**

Accident Medical Expense Maximum Benefit: \$5,000,000 for All Students for All School Sponsored and Supervised Activities including Interscholastic and Football Sports Accidents

Benefit Period: When an Insured receives medical treatment within 30 days of the occurrence of a Covered Injury, eligible benefits will be provided for a continuous period of 10 years beginning from the date of occurrence of such Injury. The Benefit Period terminates at the end of 10 years from the date of the Covered injury.

Excess Integrated Insurance: The benefit amount for this benefit is payable in excess of any **In Force Policy** and its applicable deductible. 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** and its applicable deductible. This **Policy** shall only pay pursuant to the terms and conditions of this **Policy** and no other policy.

We will pay 50% of the **Usual and Customary (U&C)** amount, reduced by the payment by 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 the Accident Medical Expense Benefit. If no **In Force Policy** exists, this **Policy** will pay benefits on a primary basis and a deductible of \$500 will apply to such benefit.

Deductible: \$500.00

ZURICH AMERICAN INSURANCE COMPANY PLAN COVERAGE SUMMARY

Covered Medical Benefits	2015-2016
Hospital Room / Boarding	50% U&C
Registered Nurse	50% U&C
Ancillary or Miscellaneous Inpatient Hospital	50% U&C
Medical Emergency Care	50% U&C
Outpatient Surgical Room (Includes Ambulatory Surgical Facility)	50% U&C
Outpatient Diagnostic X-Rays and Laboratory Test	50% U&C
Physician's non-surgical treatment	50% U&C
Physician's Surgical Procedures	50% U&C
Anesthesiologist	50% U&C
Physiotherapy	50% U&C
Non-Emergency Inpatient/Outpatient X-Rays	50% U&C
Diagnostic Imaging	50% U&C
Ambulance Expenses	50% U&C
Rehabilitative Limb Braces, Wheelchairs and other Medical Equipment/Appliances	50% U&C
Eyeglasses, Contacts or Hearing Aids	50% U&C
Prescription Drugs	50% U&C
Accident Dental	50% U&C

Accidental Death Benefit	\$5,000
Accidental Dismemberment Benefit	\$20,000
Exposure and Disappearance Benefit	\$5,000

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GENERAL EXCLUSIONS

A loss will not be a **Covered Loss** if it is caused by, contributed to, or results from:

1. Suicide or any attempt at 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.
4. Illness or disease; 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. The commission or attempt to commit of a felony.
6. Parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity.
7. Injury incurred or disease contracted while the **Insured** is intoxicated or under the influence of narcotics or hallucinogenic drugs unless administered on the advice of a physician.
8. Travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
9. A cardiovascular event or stroke caused by exertion prior to or at the same time as an **Accident**.
10. Participation in any team sport or any other athletic activity unless mentioned in the **Covered Activities**.
11. Any condition for which the **Insured** is entitled to benefits under any Workers' Compensation Act, No Fault Auto Coverage or similar law.
12. 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.
13. Any loss incurred while outside the United States, its territories or Canada.

ACCIDENT MEDICAL EXCLUSIONS

In addition to the General Exclusions stated in the **Policy**, We will not cover expenses under this additional benefit for:

1. Fighting or brawling except in self-defense.
2. Any expense for which benefits are payable under Catastrophic Accident Insurance Program of the State High School Interscholastic Activities Association, or any state equivalent.
3. Reinjury of the same body part within 6 months of the **Covered Accident** unless previously cleared by a **Physician** to practice or play
4. Cosmetic, plastic or restorative surgery unless **Medically Necessary** for the treatment of the **Covered Injury**.
5. Any medical expenses related to pregnancy unless **Medically Necessary** for the treatment of the **Covered Injury**.
6. Any expenses for a **Pre-existing Condition**.
7. **Covered Injury** for which the **Insured** is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or any statutory mandated coverage.
8. Personal comfort or convenience items, such as but not limited to **Hospital** telephone charges, television rental, or guest meals.
9. Treatment by any immediate family member or member of the **Insured's** household.
10. Expenses incurred for dental care, treatment, repair or replacement of sound natural teeth unless **Medically Necessary** for the treatment of the **Covered Injury**.
11. Expenses incurred for eye examinations, eye glasses, contact lenses or hearing aids or the fitting, repair or replacement of these items unless **Medically Necessary** for the treatment of the **Covered Injury**.
12. A hernia.
13. Routine physical examinations and related medical services, or elective treatment or surgery or experimental or investigative treatments or procedures.
14. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders.
15. Expenses which the **Insured** is not legally obligated to pay.
16. Expenses for **Custodial Services** or services provided by a private duty nurse unless such expenses are incurred as a result of a **Covered Injury**.
17. 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.
18. Treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not a result of a **Covered Injury**.
19. Treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including but not limited to Osgood-Schlatter Disease.

The Master Policy contains all of the provisions, limitations, exclusions and qualifications of the insurance benefits. If any discrepancy exists between this summary and the Master Policy, the Master Policy will govern and control the payment of claims.