

Student Accident Shield

Accident Insurance that helps protect a college and university's most valuable resource...its students!

Summary:

Congratulations! As an **enrolled full or part-time residential student** at **Liberty University** you are being provided an accident insurance product. This accident insurance product is excess of your primary insurance coverage or will serve as a primary accident plan in the event you are uninsured. This is a valuable benefit should an unforeseen accident occur – especially one that requires significant medical payments.

A summary of the coverage you have in effect is as follows:

- 🛡️ \$10,000 benefit per injury - 24-hour Accident Coverage (excluding Intercollegiate Sports Injuries)
- 🛡️ \$5,000 benefit per injury - Intercollegiate Sports Accident Coverage (only applicable to student athletes)
- 🛡️ \$10,000 maximum benefit - Accidental Death, Dismemberment (AD&D) or Loss of Sight benefit
- 🛡️ Deductible Amount - \$0
- 🛡️ Benefit Period - 104 weeks
- 🛡️ Co-insurance Percentage - 100% of Usual, Reasonable & Customary (URC) Charges
- 🛡️ Type of Coverage - Full Excess
- 🛡️ Insurance Carrier - United States Fire Insurance Company
- 🛡️ Claims Administrator - AG Administrators

Benefits of Student Accident Shield:

- 🛡️ If you do not have insurance, this plan provides you with accident insurance coverage
- 🛡️ If you do have insurance, this accident plan provides coverage to offset costs related to deductibles, co-insurance or possible denials relating to your personal insurance.
- 🛡️ This coverage is worldwide 24/7 and will protect you on and off campus (See List of Exclusions)
- 🛡️ This program will cover accidents related to participation in club and intramural sports
- 🛡️ If you are a student-athlete, you will have \$5,000 of intercollegiate sports accident coverage

We understand that many questions exist regarding a new product of this nature; to follow are some frequently asked questions and responses that should help:

QUESTIONS & ANSWERS

- Q:** I am an online student of Liberty; am I covered by this product?
A: **No** - this product is only applicable to enrolled full and part-time residential students of Liberty University.
- Q:** Will this policy cover accidents that are not related to a specific school related activity?
A: Yes. This coverage is worldwide 24/7 and will protect you on and off campus.
- Q:** Will this policy cover participation in organized activities such as club and intramural sports?
A: Yes.
- Q:** Will this policy provide coverage if a student is sick?
A: No. This is accident only coverage. Benefits are not payable for loss due to sickness.
- Q:** If I have primary health insurance what benefits will I receive from having this accident coverage?
A: This accident plan may cover various out-of-pocket expenses such as deductibles, denied benefits and co-insurance fees that you may be responsible for from your primary health insurance plan.

CLAIM PROCEDURE

Should you need to file a claim you can obtain the required claim form under the "File a Claim" tab at <http://agadministrators.com/liberty>. You will also need to attach itemized bill(s) and Explanation of Benefit statements from your primary insurance company along with the completed claim form. The above referenced webpage provides detailed directions for filing a claim. We hope you find this new accident protection to be beneficial while providing an additional peace of mind.

We hope you find this new accident protection to be beneficial while providing an additional piece of mind. Any additional questions should be provided to our claims administrator, A-G Administrators, Inc. at 800-634-8628.

Policy Highlights and Notable Exclusions

Definition – Usual Reasonable & Customary (URC)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service.

MEDICAL EXPENSE BENEFITS

Hospital Room & Board Daily Maximum Benefit Amount:	URC
Intensive Care Room & Board Daily Maximum Benefit:	URC
Hospital Miscellaneous Maximum Benefit Amount:	URC
Outpatient Pre-Admission Testing Benefit Amount:	URC
Outpatient Hospital Emergency Room Treatment Maximum Benefit Amount:	URC
Surgical Benefits:	
Primary Surgeons Maximum Benefit Amount:	URC
Assistant Surgeon, Second Surgical Opinion, Consultation Maximum Benefit:	URC
Anesthesia Maximum Benefit:	URC
Surgical Facility Maximum Benefit per Operating Session:	URC
Doctor's Visits	
In-Hospital Maximum Benefit:	URC
Office Visits Maximum Benefit:	URC
X-ray and Laboratory Maximum Benefit Amount:	URC
Nursing Maximum Benefit Amount:	URC
Physiotherapy Benefit	
Maximum Benefit Amount (Hospital Inpatient):	URC
Maximum Benefit Amount (Outpatient):	URC
Ambulance Maximum Benefit Amount:	URC
Medical Equipment Rental Charges Maximum Benefit Amount:	URC

Medical Services and Supplies Maximum Benefit Amount (Blood, Blood Transfusions, Oxygen):	URC
Dental Treatment for Injury Only Maximum Benefit Amount:	URC
Specific High Cost Outpatient Procedures: Maximum Benefit Amount:	URC
Outpatient Prescription Drug Benefit Maximum Benefit Amount:	URC

BENEFITS FOR ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT

Accidental Death, Dismemberment, or Loss of Sight Principal Sum:	\$10,000
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If, within 1-year from the date of an Accident covered by this Policy, Injury from such Accident, results in Loss listed below, we will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Covered Person sustains more than one such Loss as the result of one Accident, we will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

<u>Loss</u>	<u>Percentage of Principal Sum</u>
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

POLICY EXCLUSIONS

Benefits will not be paid for a Covered Person's loss which:

- (1) Is caused by or results from the Covered Person's own:
 - (a) Intentionally self-inflicted Injury, suicide or any attempt thereat;
 - (b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.);
 - (c) Commission or attempt to commit a felony;
 - (d) Participation in a riot or insurrection;
 - (e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or
 - (f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
- (2) Is caused by or results from:
 - (a) War or act of war, declared or undeclared, while serving in the military service or any auxiliary unit attached thereto.
 - (b) Aviation, if not traveling by aircraft as a fare-paying passenger; or
 - (c) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.

ADDITIONAL EXCLUSIONS

Benefits will not be paid for:

1. Normal health checkups;
2. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under the Policy, and rendered within 6 months of the Accident;
3. Services or treatment rendered by a doctor, nurse or any other person who is:
 - (a) Employed or retained by the Policyholder; or
 - (b) Who is the Covered Person or a member of his immediate family;
4. Charges which:
 - (a) The Covered Person would not have to pay if he did not have insurance; or
 - (b) Are in excess of Usual, Reasonable and Customary charges.
5. An Injury that is caused by flight in:
 - (a) An aircraft, except as a fare-paying passenger; or
 - (b) An ultralight, hang-gliding, parachuting or bungi-cord jumping;
6. Travel in or upon:
 - (a) A snowmobile;
 - (b) Any two or three-wheeled motor vehicle;
7. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
8. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);

9. Injury that is:
 - (a) The result of the Covered Person being intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or
 - (b) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
10. Any Sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food;
11. Blood or Blood plasma, including materials, services and equipment and blood costs;
12. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
13. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request;
14. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
15. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
16. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
17. Cosmetic surgery, except for reconstructive surgery on an injured part of the body;
18. Any loss which is covered by state or federal worker's compensation, employer's liability, occupational disease law, or similar laws;
19. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
20. Rest cures or custodial care;
21. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
22. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
23. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;
24. Services and supplies furnished by the Policyholder infirmary, its employees, or doctors who work for the Policyholder;
25. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.

NOTE - This is a general summary of benefits and exclusions. Complete provisions pertaining to this plan are contained in the master policy and subject to change based on state of issuance.