

Ball State University

Program Details

Coverage: Accident & Health

Carrier: National Union Fire Insurance Company of Pittsburgh PA

Policy Period: 8/1/2019 to 8/1/2020

Form Number: C11860DBG-IN, C11860DBG-IN, C11911DBG, C11913DBG, C11914DBG-(Rev 7/12), C11917DBG, C11920DBG

Form Type:

COVERAGE	FORM TYPE	RETROACTIVE DATE	PENDING & PRIOR DATE
Accident & Health	Occurrence	Not Applicable	Not Applicable
B-42 Security Evacuation	Occurrence	Not Applicable	Not Applicable

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT	BASIS
Principal Sum	Limit	\$50,000	
Accidental Death		Injury must occur within 365 days of the date of covered accident	
Accidental Dismemberment & Paralysis		Injury must occur within 365 days of the date of covered accident	
Bereavement and Trauma Counseling Benefit	Limit	\$150 per session up to 10 sessions	
Carjacking Benefit (Percentage of Principal Sum Amount)	Limit	Lesser of (1) \$25,000; or (2) 10% of the largest benefit payable as a result of a Carjacking	
Coma Benefit (Revised)		Injury must occur within 90 days of the date of covered accident, 1% of Principal Sum	
Day Care Benefit	Limit	Lesser of (1) 10% of Principal Sum; or (2) \$10,000	
Emergency Evacuation with Family Travel	Limit	Injury or emergency sickness must occur while the Insured Person is outside of a 100 mile radius of place of primary residence, Up to a maximum of \$1,000,000	
Home Alteration and Vehicle Modification Benefit	Limit	Maximum \$25,000 of expenses incurred within one year from the date of accident	
Rehabilitation Benefit	Limit	Maximum \$25,000 of expenses incurred within two years from date of accident causing injury	

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Program Details (Cont.)

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT	BASIS
Repatriation of Remains Benefit Rider		If the insured suffers a loss of life due to Injury while outside a 100 mile radius of place of primary residence, up to maximum \$500,000	
Seat Belt and Air Bag (Percentage of Principal Sum) Benefit Rider (Revised) - Seat Belt	Limit	Lesser of (1) \$25,000; or (2) 10% of the Insured persons Principal Sum	
Seat Belt and Air Bag (Percentage of Principal Sum) Benefit Rider (Revised) - Air bag	Limit	Lesser of (1) \$25,000; or (2) 10% of the Insured persons Principal Sum	
Tuition Benefit	Limit	Less of (1) 10% of the Insured's Principal Sum; or (2) \$5,000	
Security Evacuation Benefit Rider	Limit	Maximum Amount: \$100,000 per occurrence	
Supplemental Out - of Country Medical Expense Benefit Rider - While traveling outside country of permanent residence	Limit	\$250,000	Limit Per Person Per Occurrence
Supplemental Out - of Country Medical Expense Benefit Rider - While traveling outside country of permanent residence		52 Week Benefit Period	
Supplemental Out - of Country Medical Expense Benefit Rider - While traveling outside country of permanent residence		365 Day Trip Duration	
Attendor Benefit - Lodging	Limit	\$100 per day up to 7 days	
Attendor Benefit - Meals	Limit	\$50 per day up to 7 days	
Bedside Visitor Benefit Rider - Elimination Period		5 days	
Bedside Visitor Benefit Rider - Lodging	Limit	\$100 per day up to 7 days	
Bedside Visitor Benefit Rider - Meals	Limit	\$50 per day up to 7 days	
Maximum Trip Duration		365 days	
Aggregate Limit of Indemnity	Limit	\$500,000	per accident
Benefit B-2 – Accidental Dismemberment Schedule: For Loss of		Percentage of Principal Sum	
- Both Hands or Both Feet		100%	
- Sight of Both Eyes		100%	
- One Hand and One Foot		100%	
- One Hand and the Sight of One Eye		100%	
- One Foot and the Sight of One Eye		100%	
- Speech and Hearing in Both Ears		100%	
- One Hand or One Foot		50%	
- Sight of One Eye		50%	
- Speech or Hearing in Both Ears		50%	

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Program Details (Cont.)

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT	BASIS
- Hearing in One Ear			25%
- Thumb and Index Finger of Same Hand			25%
- Quadriplegia			100%
- Paraplegia			75%
- Hemiplegia			50%
- Uniplegia			25%
Reduction Schedule: Age on Date of Accident		Percentage of Amount Otherwise Payable	
- 70-74			65%
- 75-79			45%
- 80-84			30%
- 85 and older			15%

Deductibles / Self Insured Retention

TYPE	COVERAGE	AMOUNT
Deductible	Supplemental Out - of Country Medical Expense Benefit Rider	\$0

Endorsements include, but are not limited to:

DESCRIPTION
B-1 Accidental Death - C11860DBG-IN
B-2 Accidental Dismemberment & Paralysis - C11860DBG-IN
B-4 Bereavement and Trauma Counseling Benefit - C11911DBG
B-6 Carjacking Benefit(Percentage of Principal Sum Amount) - C11913DBG
B-7 Coma Benefit (Revised) - C11914DBG-(Rev 7/12)
B-10 Day Care Benefit - C11917DBG
B-13 Emergency Evacuation with Family Travel - C11920DBG
B-16 Home Alteration and Vehicle Modification Benefit - C11923DBG
B-25 Rehabilitation Benefit - C11932DBG
B-26 Repatriation of Remains Benefit Rider - C11933DBG
B-28 Seat Belt and Air Bag (Percentage of Principal Sum)Benefit Rider (Revised) - C11935DBG (Rev 7/12)
B-30 Tuition Benefit - C11937DBG
B-42 Security Evacuation Benefit Rider - C36048DBG-IN
B-44 Supplemental Out - of Country Medical Expense Benefit Rider - C36159DBG (Rev 5/14)-IN
B-45 Attendor Benefit - C36161DBG
B-46 Bedside Visitor Benefit Rider - C36182DBG

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Program Details (Cont.)

Endorsements include, but are not limited to:

DESCRIPTION
24-Hour Accident Protection While on a Trip (Business Only). -C11875DBG
War Risk - C11898DBG
Modified Payment of Claims Endorsement - C11948DBG
Injury Definition and General Exclusion Amendatory Endorsement - C30081DBG
Amended Definition Endorsement - C30531DBG
Economic Sanctions Endorsement - 89644 6-13
Civil Union/State Registered Domestic Partnership Endorsement - U40016
War Risk (Amended Designated Territories to Afghanistan, Iraq, and Pakistan - C36293 (Rev 3/17) DBG

Exclusions include, but are not limited to:

DESCRIPTION
No coverage shall be provided under this 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 or any attempt at intentionally self-inflicted Injury or auto-eroticism.
2. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, whether as a Passenger, pilot, operator or crew member, unless specifically provided by this Policy.
3. declared or undeclared war, or any act of declared or undeclared war unless specifically provided by this Policy
4. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
5. 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.
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 Person is not covered due to his or her 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. the Insured Person's commission of or attempt to commit a crime.
8. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
9. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
In addition to the Exclusions in the General Exclusions section of the Policy, which are listed above, Out of Country Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Medical Services do not include, any expense for or resulting from:
1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment in the underlying bodily condition.

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Program Details (Cont.)

Exclusions include, but are not limited to:

DESCRIPTION
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 the Injury or Sickness not to exceed \$250 per tooth per accident.
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 the Injury or Sickness has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of sight.
4. new hearing aids or hearing examinations unless the Injury or Sickness has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because the Injury or Sickness 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, Out of Country Medical 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 Medical Expense in lieu of such rental expense).
6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.
7. any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

DESCRIPTION
Class 1: All Students of the Policyholder, who are participating in Policyholder sponsored, scheduled, and supervised Trips activities outside their country of permanent residence.
Hazard(s): H-12, H-39 H-12: 24-Hour Accident Protection While on a Trip (Business Only) <i>Includes up to 14 days of personal or sojourn deviation taken during the course of the trip.</i> H-39: War Risk

This summary is an outline of certain terms and conditions of the insurance provided by the insurers. It does not include all of the terms, coverages, exclusions, limitations or conditions of the actual policy contract language. Please consult your policy for the full terms and conditions.