

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:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism.
2. sickness, or disease whether the loss results directly or indirectly from either of these.
3. the Insured's commission of or attempt to commit a crime.
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. participation in any team sport or any other athletic activity, except participation in a Covered Activity.
7. 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 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).
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft. c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer.
9. the Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
10. the Insured being under the influence of any narcotics unless administered on the advice of and as specified by a physician.
11. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
12. any loss incurred while outside the United States, its Territories or Canada.*
13. 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 Injury has caused further impairment in the underlying bodily condition.*
14. 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 Injury up to the Dental Maximum shown in the Benefit Schedule.*
15. 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 Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight.*

EXCLUSIONS AND LIMITATIONS

(Continued)

16. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing.*
17. 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, accident medical expense 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 accident medical expense in lieu of such rental expense).*
18. any charge for medical care for which the Insured is not legally obligated to pay.*
19. care, treatment or services provided by an Insured or by an immediate family member.*
20. routine physical exam and related medical services.*
21. personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, or guest meals while confined in a hospital or for items taken away or home from the hospital, except durable medical equipment.*
22. plastic or cosmetic surgery, except for reconstructive surgery on an injured part of the body.*
22. hernia.*

*Applicable to Accident Medical Expense Benefit only.

CLAIMS PROCEDURE

In the event of an accident, notify the school immediately. Secure a claim form from the District/School, attach bill(s) to completed claim form and mail to the address indicated on the claim form. Claims for benefits must be filed with the Company within 90 days from date of loss, or as soon as reasonably possible. The Company must be notified of a loss within 20 days of occurrence or commencement of such loss or as soon as reasonably possible.

AIG
Personal Accident Claims Department
PO Box 25987
Shawnee Mission, KS 66225

For questions contact:

Student Insurance Agency
(License Number 0386216)
10801 National Blvd., Suite #603
Los Angeles, CA 90064
PH: 310-826-5688 or 800-367-5830
FAX: 310-826-1601

Group Benefits

STUDENT ATHLETIC/ACCIDENT INSURANCE PLAN

SOUTHEASTERN CALIFORNIA CONFERENCE SEVENTH-DAY ADVENTIST SCHOOLS

(the "Policyholder")

IMPORTANT NOTE: The Plan provides ACCIDENT insurance only. It does not provide comprehensive/major medical coverage and does not satisfy the 'minimum essential coverage' requirements of the Patient Protection and Affordable Care Act.

Automatically covered by virtue of their class.

Insurance Underwritten By: National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY ("the Company") NAIC No. 19445

Local Representative:

Student Insurance Agency
(License Number 0386216)
10801 National Blvd., Suite #603 Los Angeles, CA 90064
PH: 310-826-5688 or 800-367-5830
FAX: 310-826-1601

Please keep this description of coverage as a general summary of the insurance. 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. This is only a brief description of the accident coverage available under policy series C11695DBG-CA. The Policy contains reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage are contained in the Policy on file with the District/School. If there is any conflict between the contents of this description of coverage and the Policy, the Policy shall govern in all cases. 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 our website at www.aig.com.

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STUDENT/ATHLETIC ACCIDENT INSURANCE ELIGIBILITY

All members of the Policyholder for whom premium has been made.

COVERAGE

(Effective August 22, 2016 - August 22, 2017)

Compulsory School Time Accident Coverage for all Students:

While enrolled as a student with the Policyholder during the hours and on the days the Policyholder is in session, or during the hours and on the days the Policyholder is not in session, while participating in Policyholder sponsored and supervised activity (excluding interscholastic football). This includes coverage while traveling directly and uninterruptedly to or from the above in a vehicle designated by the Policyholder.

EXCESS

Benefits are payable up to the applicable maximum for Covered Accident Medical Service(s) expenses that are not recoverable from another plan providing Accident Medical Expense Benefits. If the Insured is not covered by another plan providing Accident Medical Expense Benefits, the excess provision shall not apply, and benefits are payable to the limits described in this description of coverage.

DEFINITIONS

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 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 in the Policy on file with the District/School; (2) for whom premium has been paid; and (3) while covered under the Policy.

Medically Necessary means a Covered Accident Medical Service that: (1) is 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.

Usual and Customary Charge(s) (U&C) means a charge that: (1) is made for a Covered Accident Medical 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.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Accidental Death Benefit Maximum Amount: \$15,000

— If Injury to the Insured results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Accidental Death Maximum Amount.

Accidental Dismemberment Benefit Maximum Amount: \$30,000

— If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss.

For Loss Of: Percentage of Accidental Dismemberment Maximum Amount

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%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

ACCIDENT MEDICAL EXPENSE INSURANCE COVERAGE

If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a Physician, the Company will pay the percentage of the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury up to an overall maximum of up to \$1,000,000. Benefits are payable for charges incurred within 52 weeks after the date of the accident causing the Injury. Benefits for dental treatment are limited to a maximum of \$250 per tooth per accident and are subjected to the Accident Medical Expense maximum amount.

BENEFIT SCHEDULE

ACCIDENT MEDICAL EXPENSE BENEFITS	PLAN AAA
Covered Accident Medical Service(s) means any of the following services:	
INPATIENT HOSPITAL SERVICES	
Hospital's most common charge for semi-private room and board (or room and board in an intensive care unit)	100% of U&C
Hospital ancillary services (including, but not limited to, use of the operating room)	100% of U&C
OUTPATIENT HOSPITAL SERVICES	
Hospital emergency room or ambulatory medical center	100% of U&C
Laboratory tests	100% of U&C
Radiological procedures	100% of U&C
PHYSICIAN SERVICES (INPATIENT OR OUTPATIENT)	
Services of a Physician (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	100% of U&C
Anesthetics and the administration of anesthetics	100% of U&C
Physical therapy	100% of U&C
Occupational therapy	100% of U&C
ADDITIONAL SERVICES	
Private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN)	100% of U&C
Ambulance service to or from a hospital	100% of U&C
Blood, blood products and artificial blood products and the transfusion thereof	100% of U&C
Rental of durable medical equipment	100% of U&C
Artificial eyes, artificial limbs, or other prosthetic appliances	100% of U&C
Medicines or drugs administered by a physician or that can be obtained only with a physician's written prescription	100% of U&C