

# Summary of Coverage

Underwritten by QBE Insurance Corporation (QBEIC)

QBEIC has issued the policy identified below, to the Policyholder. The policy insures persons who qualify under its terms. Important policy provisions are summarized in this Summary of Coverage. For a complete description of the coverage, including the limitations, exclusions and terms of coverage, please refer to the policy which is on file with the Policyholder.

Policy No: **IHH000461** Policy Term: **August 26, 2021 to August 26, 2022**  
Policyholder: **Florida College System Risk Management Consortium**

**Coverage is provided to** registered students in the named education / training course(s) of the Policyholder that are on file with the underwriting company.

**Coverage is provided during** the policy period while students are participating in scheduled, sponsored and supervised on campus college courses, labs or clinical training held at Policyholder approved off-site premises, and while traveling under the supervision of the Policyholder as a group directly to or from such activities. A covered activity does not include dorm room exposures of any kind or participating in any sports activities.

### Excess Accident Medical Expense Benefit:

|  |          |
|--|----------|
| Maximum Benefit:                               | \$25,000 |
| Deductible Amount:                             | \$0      |
| Heart and Circulatory Benefit:                 | Included |
| Short-Term Emergency Sickness Benefit Maximum: | \$1,000  |

|  |             |
|--|-------------|
| <b>Accidental Death and Dismemberment Benefit Maximum:</b> | \$25,000    |
| Accidental Death and Dismemberment Aggregate Limit:        | \$2,000,000 |

### IMPORTANT DEFINITIONS

**Covered Accident** – means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the covered person is insured under the policy;
2. is not contributed to by disease, sickness, or mental or bodily infirmity; and
3. is not otherwise excluded under the terms of this policy.

**Emergency Sickness** - means an illness or disease diagnosed by a physician which:

1. causes a severe or acute symptom that, if not provided with immediate treatment, would reasonably be expected to result in deterioration of a covered person's health or place his life in jeopardy; and
2. first manifests itself suddenly and unexpectedly while a covered person is participating in a covered activity.

### EXCESS ACCIDENT AND EMERGENCY SICKNESS MEDICAL EXPENSE BENEFITS

Benefits are payable for covered medical expenses that are not payable under any other health care plan. Medical expense benefits are secondary to all other insurance policies the covered person has. If no other health insurance exists, benefits will be payable like primary coverage. This benefit will pay the usual and customary expenses incurred, for medical care if: a) the first expense for a covered injury is incurred within 26 weeks after the date of the accident; and b) the expense is incurred within 104 weeks after the accident (52 weeks for Emergency Sickness). No more than the Maximum Benefit will be paid for all medical care, treatment, services and supplies as the result of any one Covered Accident (or Emergency Sickness).

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If within one year from the date of a covered accident, a covered person suffers any of the losses specified below, this coverage will pay the following benefit amounts. If the same accident causes more than one of these losses, the largest amount that applies will be paid.

|  | Benefit Amount: |
|--|-----------------|
| Loss of Life.....  | \$25,000        |
| Loss of Two or More Hands or Feet, or Sight of Both Eyes.....                            | \$25,000        |
| Loss of One Hand or Foot and Sight in One Eye.....                                       | \$25,000        |
| Loss of One Hand or Foot or Sight in One Eye.....  | \$12,500        |
| Loss of Thumb and Index Finger of the Same Hand or<br>Four Fingers of the Same Hand..... | \$6,250         |

**Loss** means with regard to:

- a) hands and feet, actual severance through or above wrist or ankle joints;
- b) sight, total and permanent loss thereof;
- c) thumb and index finger, actual severance through or above metacarpophalangeal joints.

## EXCLUSIONS and LIMITATIONS

### The policy does not cover loss resulting from:

1. intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
8. participation in any motorized race or contest of speed;
9. an accident if the covered person 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;
10. sickness, disease, bodily or mental infirmity, bacterial 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;
11. travel or activity outside the United States or Canada;
12. the covered person's intoxication as determined according to the laws of the jurisdiction in which the covered accident occurred;
13. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
14. injuries compensable under Workers' Compensation law or any similar law;

### We will not pay benefits for:

15. services or treatment rendered by a physician, nurse or any other person who is:
  - a. employed or retained by the Policyholder;
  - b. living in the covered person's household;
  - c. who is a parent, sibling, spouse or child of the covered person;
16. any Hospital Stay or days of a Hospital Stay that are not Appropriate Treatment for the condition and locality.
17. a covered person's covered loss if:
  - a. he was driving a private passenger automobile at the time of the covered accident that resulted in the covered loss; and
  - b. he was intoxicated, as that term is defined by the law of the jurisdiction in which the covered accident occurred.

### Accident Medical Benefit limitations and excluded expenses:

1. Blood, blood plasma or blood storage except expenses by a Hospital for processing or administration of blood.
2. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
  - a. cosmetic surgery resulting from an accident, if initial treatment of the covered person is begun within 12 months of the date of the accident;
  - b. reconstruction incidental to or following surgery resulting from a covered accident.
3. Any elective or routine treatment, surgery, health treatment or examinations.
4. Examination or prescriptions for, or purchase of, eyeglasses, contact lenses or hearing aids.
5. Treatment in any Veterans' Administration, Federal or state facility unless there is a legal obligation to pay.
6. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
7. Rest cures or custodial care.
8. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
9. Personal services such as television and telephone, or transportation.
10. Expenses payable by any automobile insurance policy without regard to fault.
11. Services or treatment provided by an infirmary operated by the Policyholder.
12. Treatment of injuries that result over a period of time, such as blisters, tennis elbow, et al, that are a normal, foreseeable result of participation in the covered activity.
13. Treatment or service provided by a private duty nurse.
14. Treatment of hernia of any kind.
15. Treatment of injury resulting from a condition that a covered person knew existed on the date of a Covered Accident, unless we have received a written medical release from his Physician.

This information is a brief description of the important benefits and features of the policy. It is not a contract. Full terms and conditions of coverage are set forth in the policy.