



STUDENT ACCIDENT INSURANCE

FOR BOWDOIN COLLEGE

Group Policy Number: SRG 0009165104



Blanket Accident Insurance

Bowdoin College

("the Policyholder")

Insurance Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa.

("the Company")

Policy #: SRG 0009165104



Who Is Eligible?

Class	Description of Class
I	All underinsured registered students, student managers, student trainers, student coaches, of the Policyholder.

What Activities Are Covered (“Covered Activity”)?

24 Hour while enrolled as a student, including participation in and attendance at Policyholder supervised and sponsored sports activities.

Benefit Schedule

Loss of	Maximum Amount
Accidental Death	\$25,000
Accidental Dismemberment	\$25,000
Accident Medical Expense: Excess	\$5,000
Paralysis	\$50,000
Aggregate Limit	\$1,000,000

Benefits

Accidental Death

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

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 Accidental Dismemberment Maximum Amount shown below for that Loss:

Loss of	Percentage
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and 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%
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 Person as a result of the same accident, only one amount, the largest, will be paid.

Accidental Medical Expense

If the Insured suffers an Injury that requires treatment by a Physician within 180 days of the date of the accident causing the Injury, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services, including any expense for or resulting from malfunctions of the heart, embolism, heat related problems including but not limited to heat exhaustion, heat prostration, and heat stroke, overuse or repetitive motion injuries/symptoms including but not limited to bursitis, tendonitis, shin splints, stress fractures, strains, and/or twists, while participating in a covered activity, up to the Accident Medical Expense Maximum Amount for all Injuries caused by the same accident. Benefits are payable for covered charges incurred within 104 weeks of the date of the accident causing the Injury.

Accident Medical Expense Benefits are provided on an excess basis. Excess coverage means that covered Accident Medical Expense benefits under the Policy are paid only after benefit payments for such expenses are exhausted under the Insured's other valid and collectible insurance. If the Insured has no other insurance in place, then covered Accident Medical Expense benefits are paid on a primary basis.

Covered Accident Medical Service(s) means: (a) hospital's most common charge for semi-private room and board (or room and board in an intensive care unit); hospital ancillary services (including, but not limited to, use of the operating room or emergency room); (b) use of an ambulatory medical center; (c) local ambulance service to or from a hospital; (d) services of a Physician; private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN); (e) laboratory tests; radiological procedures; anesthetics and the administration of anesthetics; blood, blood products and artificial blood products, and the transfusion thereof; (f) physical therapy; (g) occupational therapy; (h) rental of durable medical equipment; (i) artificial limbs, artificial eyes or other prosthetic appliances; (j) medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

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 Charges 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.

Heart and/or Circulatory

If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a Covered Activity, the Company will pay the Accidental Death Benefit provided that: (1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 72 after such participation, and (2) such Insured has not, within the last 2 years prior to the date of such participation in the Covered Activity, been diagnosed with, or received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription.

Home Health Care Expense

Home Health Care. If an Insured suffers a covered Injury that requires Covered Home Health Care Services, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Home Health Care Services listed below that are received as a result of that Injury not to exceed 90 Home Health Care visits for all Injuries caused by the same accident.

Covered Home Health Care Services – as used in this Endorsement, means the services and supplies shown in the List of Covered Home Health Care Services below to the extent that the charges are Usual and Customary and subject to the following conditions: (a) the service must be Medically Necessary; (b) the service must be furnished by, or under arrangements made by, a licensed Home Health Care Provider; (c) the service must be covered under a Home Health Care Plan. This Plan must be established pursuant to the written order of a Physician.

List of Covered Home Health Care Services (1) Nursing care furnished by: (A) a Registered Nurse (R.N.) (B) a Licensed Practical Nurse (L.P.N.) (2) Visits by a Home Health Aide; (3) Physical, occupational, speech, inhalation or dietary therapist for evaluation of, consultation with and instruction of nurses in carrying out such therapy prescribed by the attending Physician; (4) A Physician's home or office visits or both; (5) Any prescribed laboratory tests and x-ray examination using Hospital or community facilities, drugs, dressings, oxygen or medical appliances and equipment as prescribed by a Physician. But, these items are covered only to the extent they would be covered if the patient was confined to a Hospital.

Home Health Care Provider – as used in this Endorsement, means an home health care agency certified under Title XVIII of the Social Security Act of 1965 and which meets each of the following requirements: (a) It is primarily engaged in and is licensed or certified to provide skilled nursing and other therapeutic services. (b) Its standards, policies and rules are established by a professional group associated with such agency or organization, which professional group must include at least one Physician and at least one registered nurse. (c) It is available to provide the care needed in the home seven (7) days a week and has telephone answering service available 24 hours per day. (d) It has the ability to and does provide, either directly or through contract, the services of a coordinator responsible for case discovery and planning and assuring that the Insured receives the services ordered by the Physician. (e) It has under contract the services of a physician-advisor licensed by the state or a Physician. (f) It conducts periodic case conferences for the purpose of individualized patient care planning and utilization review. (g) It maintains a complete medical record on each patient. **Home Health Aide** – as used in this Endorsement, means a certified or trained professional who provides services through a Home Health Care Provider which are not required to be performed by an RN or LPN and are primarily to aid the Insured in performing the normal activities of daily living while recovering from an Injury and are described under the written Home Health Care Plan. **Home Health Care** – as used in this Endorsement, means the continued care and treatment of an Insured who is: (1) under the care of a Physician; (2) rendered in the Insured's place of residence on a part-time basis; and (3) in the alternative, hospitalization or confinement in a skilled nursing facility would have been required if Home Health Care was not provided. **Home Health Care Plan** – as used in this Endorsement, means a plan of care established and approved in writing by a Physician. **Visit** – as used in this Endorsement, means a maximum of four(4) continuous hours of Home Health Care Service.

Paralysis

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 Paralysis Maximum Amount shown below for that Loss:

Loss of	Percentage
Quadriplegia	100%
Triplegia	100%
Paraplegia	100%
Hemiplegia	100%
Uniplegia	25%

"Quadriplegia" means the complete and irreversible paralysis of both upper and lower limbs. "Triplegia" means the complete and irreversible paralysis of three limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs on the same side of the body. "Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg. If more than one loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

Limitation on Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit, Paralysis Benefit.

Aggregate Limit

The Aggregate Limit means the maximum amount payable under the Policy may be reduced if more than one Insured suffers a loss as a result of the same accident, and if amounts are payable for those losses under one or more of the following Benefits: Accidental Death Benefit, Accidental Dismemberment Benefit, Paralysis Benefit. The maximum amount payable for all such losses for all Insureds under all those Benefits combined will not exceed the amount shown as the Aggregate Limit. If the combined maximum amount otherwise payable for all Insureds must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured for all such losses under all those Benefits combined.

General Exclusions

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.
2. sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
3. the Insured's commission of or attempt to commit a felony.
4. declared or undeclared war, or any act of declared or undeclared war.
5. participation in any team sport or any other athletic activity, except participation in a Covered Activity.
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 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. 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 licensed for the transportation of passengers for hire; b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
8. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
9. the Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Physician.

Accident Medical Expense Benefit Exclusions

In addition to the General Exclusions, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following:

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 Injury has caused further impairment in the underlying bodily condition;
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 Injury up to the Maximum in the Benefit Schedule;
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 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;
4. 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;
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, 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);
6. any charge for medical care for which the Insured is not legally obligated to pay;
7. care, treatment or services provided by an Insured or by an Immediate Family Member;
8. routine physical exam and related medical services;
9. 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.
10. elective treatment or surgery;

11. experimental or investigative treatment or procedures;
12. treatment for temporomandibular joint dysfunction;
13. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;
14. mental illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;
15. educational or vocational testing or training;
16. treatment of Osgood-Schlatter's disease;
17. detached retina unless due to an Injury;
18. plastic or cosmetic surgery except for reconstructive surgery on an injured part of the body;
19. charges that are payable under motor vehicle medical benefits;
20. hernia, except as a result of participation in a Covered Activity.

Home Health Care Expense Exclusions

In addition to the Exclusions in the Exclusions section of the Policy and in any amendment thereto, Home Health Care Expense benefits are not payable for, and the Usual and Customary Charges for Covered Home Health Care Services do not include, any expense for or resulting from any of the following: (1) homemaker or housekeeping services other than performing light household tasks as required by the plan of care and performed by a trained Home Health Aide, dialysis treatment or rental of dialysis equipment, and food or home delivered meals; (2) care, treatment or services provided by an Insured's Immediate Family Member or any individual who resides in the Insured's home; (3) home health care coverage for an Insured who is eligible for Medicare.

Definitions

Immediate Family Member: means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

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, mental incapacity, bodily infirmity, 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 Who is Eligible section of this Summary of Coverage; (2) for whom premium has been paid; and (3) while covered under the Policy.

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.

Claims Procedure

Written notice of claim must be given to the Company within 30 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company with information sufficient to identify the Insured Person, is deemed notice to the Company.

Send Claims to:

A-G Specialty Insurance - Claims Department
P O Box 21013
Eagan, MN 55121

EDI Payer ID: 11370
Fax: 610.933.4122

Email Bills/Docs: claims@agadm.com
Claim Status Inquiries: customerservice@agadm.com

Travel Assistance Services

AIG Travel Protect provides a broad spectrum of flexible, global services: medical, security and travel assistance while traveling virtually anywhere in the world.

Key Highlights include:

- 24/7 365 days response service to assist travelers and their families.
- Members-only travel assistance app offers easy access to local emergency numbers, travel certificates as well as real-time risk and security alerts.
- Trained professionals working in six centers across the world provide 24/7 365 days access to emergency, medical, travel and services support.
- Global network spans approximately 90,000 active providers across 240 countries, with more than 80% comprising of medical providers, enabling broad global service and local market access.
- Direct payment to local medical providers, when available, helps eliminate travelers' out-of-pocket costs while traveling.
- Our team is comprised of experienced case managers, call handlers and a dedicated travel assistance team. The travel assistance team includes more than 30 qualified professionals with an average of 14 years' experience.
- Supporting travelers with security and travel inconveniences, such as evacuation assistance, meet and greet, lost personal items or luggage.
- Access to security awareness training: online travel safety videos and knowledge tests provide in-depth insight into travel risks along with advice and tips on how to stay safe.

To access your assistance services, visit www.aig.com/travelassistance and download the AIG Travel Protect mobile app to your Apple or Android smartphone. Register with your Policy number (using numerals only). If you do not know your Policy number, contact your relevant HR/Risk team.

Expenses incurred from third-party vendors for services not covered under the plan are the responsibility of the traveler.

Contact Information

For travel emergencies or for more information on AIG Travel Protect:

Within the U.S. (Toll-Free): 1-877-244-6871

Outside the U.S. (Collect/Reverse Charge): +1-715-346-0859

IMPORTANT: The Policy provides accident insurance only. It does not constitute comprehensive health insurance coverage (a/k/a "major medical insurance"). It therefore does not satisfy the 'minimum essential coverage' requirements of the Patient Protection and Affordable Care Act.

This is only a brief description of the coverage(s) available under policy series C11695DBG-ME (Rev. 04/18). The Policy will contain reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between the contents of this document and the Policy, the Policy will govern in all cases. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 1271 Ave of the Americas FL 37, New York, NY 10020-1304. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all states and product features may vary by state. Travel assistance services are provided by AIG Travel Protect.

Non-insurance, travel assistance services provided by AIG Travel Protect. AIG Travel Protect provides around-the-clock global support to customers who experience travel disruptions from minor inconveniences to life threatening emergencies. Designed by International SOS, Inc., owned and operated by AIG. Learn how AIG Travel Protect uses personal information at www.aig.com/globalprivacy and <https://www.internationalsos.com/privacy-centre/member>.

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