WISCONSIN TECHNICAL COLLEGE SYSTEM

General Information	
Eligibility	All students enrolled in classes or a practicum program approved by the College, will be automatically enrolled in and billed for the Student Accident Insurance Plan and will be defined as a "Covered Person." Students only enrolled into contract course(s) for an academic period are not eligible.
Type of Coverage	Excess to any other valid/collectible health insurance
Insurance Company	Chubb (AM Best Rating: A++)
Website	www.gallagherstudent.com
Claims Information	Health Special Risk, Inc. (HSR) | gallagher@hsri.com
Plan Features	**Accident Benefits**
Maximum, Per Injury	$100,000
Deductible	$0
Benefit Period	52 weeks from the date of accident
Hospital Room and Board Expense	100% of semi-private room rate
Hospital Miscellaneous Expense	100% of reasonable and customary
Intensive Care	100% of reasonable and customary
Physiotherapy (In- or Out-Patient) Benefits are limited to one visit per day.	100% of reasonable and customary
Surgeon's Fees (In- or Out-Patient)	100% of reasonable and customary
Anesthetist	100% of reasonable and customary
Physician's Visits (In- or Out-Patient) Benefits are limited to one visit per day.	100% of reasonable and customary
Pre-Admission Testing	100% of reasonable and customary
Day Surgery Miscellaneous	100% of reasonable and customary
Medical Emergency Expenses	100% of reasonable and customary
Diagnostic X-Ray and Laboratory Services	100% of reasonable and customary
Tests and Procedures	100% of reasonable and customary
Injections	100% of reasonable and customary
Prescription Drugs	100% of reasonable and customary
Ambulance Services	100% of reasonable and customary
Durable Medical Equipment	100% of reasonable and customary
Consultant Physician Fees	100% of reasonable and customary
Blood Borne/Needlestick Coverage[1]	100% of reasonable and customary
Dental Injury (Sound, Natural Tooth)	100% of reasonable and customary
Accidental Death and Dismemberment (AD&D)	$25,000

[1]This benefit will apply only to possible or actual blood-borne pathogen exposure occurring as a direct result of curriculum activities due to being enrolled as a student. It will not cover exposures occurring to an employee. This

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benefit will cover the actual expense up to the policy maximum for the first 30 days after a possible blood-borne pathogen exposure (percutaneous, mucous membrane exposure, or exposure to broken skin) for the following:

A. The cost of an initial physician or nurse evaluation and treatment.
B. The cost of initial blood tests (HBsAg, HBsAb, HB cab, HCVAB, HIV), the following whole blood tests if done with an automated cell counter: white blood cell count, red blood cell count, whole blood hemoglobin, hematocrit, platelet count, differential blood count; and the following serum tests when done with an automated analyzer: glucose, blood urea nitrogen, uric acid, creatinine, sodium potassium, chloride, carbon dioxide, cholesterol, GGT, AGOT, AGPT, LDS, phosphorus, alkaline phosphatase, calcium, direct, indirect and total bilirubin, total protein, albumin, globulin, anion gap, and magnesium.
C. Up to 30 days of anti-HIV and anti-nausea medications when medically necessary.
D. Follow-up physician or nurse evaluation, if on medication, at one, two, and three weeks after anti-HIV medication is started when medically necessary.
E. Qualitative Hepatitis C RNA serum polymerase chain reaction testing at two weeks if the source patient has evidence of having been infected with hepatitis C.
F. Any needed follow-up evaluation or treatment more than 30 days after exposure are covered if complications arise as the result of this exposure. Benefits are payable for up to 52 weeks from the date of incident.

Exclusions and Limitations

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

- treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of the Covered Person's household.
- treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
- treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident.
- pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
- mental and nervous disorders (except as provided in the Policy).
- damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy).
- expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain (except as provided by the Policy).
- Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Injury or loss contributed to by the use of drugs unless administered by a Doctor.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.

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- expenses payable by any automobile insurance Policy without regard to fault. (This exclusion does not apply in any state where prohibited).
- conditions that are not caused by a Covered Accident.
- participation in any activity or hazard not specifically covered by the Policy.
- any treatment, service or supply not specifically covered by the Policy.
- intentionally self-inflicted Injury. (applicable to Accidental Death and Dismemberment
- Benefit only)
- suicide or attempted suicide. (applicable to Accidental Death and Dismemberment Benefit only)
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- 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.
- piloting or serving as a crewmember in any aircraft (except as provided by the Policy).
- commission of, or attempt to commit, a felony.
- the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
- riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- commission of or active participation in a riot or insurrection.
- Injury covered by workers' compensation, employers' liability laws, or similar occupational benefits.
- Injury or loss contributed to the use of any drug or narcotic, except as prescribed by a Doctor.

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