Aetna Student Health
Accidental Death and Dismemberment
July 1, 2016 – June 30, 2017

Policyholder: Individual Schools as on file with Aetna Student Health

Eligibility: Class I / Student Only: All registered participants of the Policyholder for whom premium has been paid.

Mandatory for all students under an Aetna Student plan

Period of Coverage: Policy Period: 7/1/16 through 6/30/17 – 2016/17 School Year

Effective Date of Individual Insurance: Shall be the later of the following:
1) The Policy effective date;
2) The date the individual enrolls as a participant under the Policyholder;
3) The date premium has been paid for the participant.

Termination Date of Individual Insurance: A Covered Person's coverage will automatically terminate, and no benefits will be payable, if any on the earliest of:
1) The date your Coverage Terminates;
2) The end of the Grace Period for which the last premium was paid;
3) The date the Covered Person ceases to be an Eligible participant.

Definitions:
Accident means a sudden, unforeseeable external event which:
(1) Causes Injury to one or more Covered Persons; and
(2) Occurs while coverage is in effect for the Covered Person.

Company shall mean United States Fire Insurance Company.

Eligible Dependent means:
(1) Your lawful spouse or domestic partner; and
(2) Your married or unmarried child, or children who:
   (a) Reside in Your home for more than six (6) months a year;
   (b) Chiefly relies on You for support and maintenance; and who is under twenty-six (26) years of age.

Injury means bodily harm caused by an accident, directly and independently of Sickness or bodily infirmity, resulting in unforeseen trauma requiring immediate medical attention. The Injury must occur after the Covered Person’s Effective Date of coverage and while such person’s coverage is in force. All Injuries to the same Covered Person sustained in any one accident, including all related conditions and recurring symptoms of the Injuries, will be considered one Injury.

SCHEDULE OF COVERAGES:
All schools under Aetna:

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Principal Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death</td>
<td>$10,000 Member</td>
</tr>
<tr>
<td>Accidental Dismemberment</td>
<td></td>
</tr>
<tr>
<td>Both Hands or Both Feet, or Sight of Both Eyes</td>
<td>$10,000 Member</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>$10,000 Member</td>
</tr>
<tr>
<td>Either Hand or Foot and Sight of One Eye</td>
<td>$10,000 Member</td>
</tr>
<tr>
<td>Speech and Hearing</td>
<td>$10,000 Member</td>
</tr>
<tr>
<td>Either Hand or Foot, or Sight of One Eye</td>
<td>$5,000 Member</td>
</tr>
<tr>
<td>Speech or hearing</td>
<td>$5,000 Member</td>
</tr>
<tr>
<td>Thumb and Index Finger of the Same Hand</td>
<td>$2,500 Member</td>
</tr>
<tr>
<td>Aggregate Limit per any one accident</td>
<td>$5,000,000</td>
</tr>
</tbody>
</table>

ADDITIONAL DESCRIPTION OF COVERAGE:
ACCIDENTAL DEATH AND DISMEMBERMENT – If the Insured’s Injury results in a loss, as outlined in the Schedule of Benefits, within 90 days after the date of accident, we will pay the sum shown.

Loss of a hand or a foot means complete Severance through or above the wrist or ankle joint. Loss of Sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means the total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any means. Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

We will not pay more than the Principal Sum for all losses due to the same accident.

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

(1) Is caused by or results from the Covered Person’s own:
   a. Intentionally self-inflicted injury, suicide or any attempt thereat. (In Missouri this applies only while sane);
   b. Commission or attempt to commit a felony;

(2) Is caused by or results from:
   a. Declared or undeclared war or act of war;
   b. An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.);
   c. Aviation, except as specifically provided in this Certificate;
   d. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
   e. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
      i. The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
      ii. The Covered Person was within a 25-mile radius of the site of the release either:
          1) At the time of the release; or
          2) Within 24 hours of the start of the release.

Additional Exclusions:

Benefits will not be paid for:
1. An Injury that is caused by flight in:
   a. An aircraft, except as a fare paying passenger;
   b. A space craft or any craft designed for navigation above or beyond the earth’s atmosphere; or
   c. An ultra light, hang gliding, parachuting or bungee cord jumping;
2. Travel in or upon:
   a. A snowmobile;
   b. Any two or three wheeled motor vehicle;
   c. Any off road motorized vehicle not requiring licensing as a motor vehicle;
3. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator’s license;
4. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
5. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.

Excess Benefits: All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.
Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:
Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCOordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).
TTY: 711

For language assistance in your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您ID卡上所列的號碼，無需付費。 (Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

Pour jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo a yo endike nan kat identifikasyon ou gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa. (Italian)

日本語で援助をご希望の方は、IDカードに記載されている番号まで無料でお電話ください。 (Japanese)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오. (Korean)

برای راهنمایی به زبان فارسی، بدون هزینه ای با شماره ای که بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie ID. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identificação. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному в вашей ID-карте удостоверения личности. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của quý vị. (Vietnamese)