DESCRIPTION OF BENEFITS

When, as a result of Covered Injury incurred while insured under the Master Policy, the Student/Athlete receives covered necessary medical treatment, service or supplies, the Company will pay the eligible Usual & Customary expenses actually incurred within 52 consecutive weeks following the date of Covered Accident.

The Maximum Accident Medical Expense benefit is $50,000. There is a $100 deductible per each Football-, Soccer-, or Wrestling-related Covered Injury, and a $50 deductible per each Covered Injury related to any other sports or non-sport (student) activity.

NOTE: ALL MEDICAL EXPENSES ARE PAYABLE IN EXCESS OF ANY OTHER VALID AND COLLECTIBLE HEALTHCARE PLANS.

HOW TO REPORT AN ACCIDENT

Immediately report an accident to the instructor, coach or trainer. All accidents must be reported to a school authority within 72 hours. An Accident Report is necessary to substantiate insurance claim. Contact Student Services or Athletic Director for insurance reporting forms and information. Time is of the essence! DO NOT DELAY REPORTING.

HOW TO FILE A CLAIM

1. First medical treatment must be rendered within 90 days from the Covered Accident date in order for benefit to be considered.
2. If you have health insurance, it is your responsibility to contact your physicians and insurance at once. If you are covered under a plan requiring an authorization or use of certain facilities/providers, you must attempt to obtain authorization or to use those facilities or providers. Benefits under this plan may be reduced if the requirements of your insurance carrier are not followed.
3. Written notice of claim must be given within 90 days as soon as reasonably possible after covered loss begins. Claim forms are available from the Student Services or Athletic Director. Fully complete and sign claim form. Send to:
   Preferred Care Inc
   PO Box 21446
   Eagan MN 55121
   Customer Support: (866) 785-3578
   Fax: (215) 639-2674
4. All bills must first be submitted to any group hospital and/or medical plan for which you are eligible and that plan’s final Explanation of Benefits form. Please mail all itemized bills and any insurer’s Explanation of Benefits to the above address.

NOTE: Statements for which benefits are to be paid must be submitted within 90 days from the date treatment was provided. For information after a claim is filed, contact the Claims Administrator at (866) 785-3578.

OFAC NOTICE

Payment of claims under any insurance policy issued shall only be made in full compliance with all United States economic or trade and sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department’s Office of Foreign Assets Control (“OFAC”)

This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. Further, this insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

WELLS FARGO INSURANCE PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at studentinsurance.wellsfargo.com.

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DEATH BY ACCIDENTAL MEANS

If within one year from the date of an Accident caused by the Master Policy, Covered Injury from such Covered Accident results in Covered Loss listed below, the Company will pay the benefit listed. However, if the Insured Person suffers more than one Covered Injury, the Company will only pay one amount, the largest to which entitled.:

- **Death By Accidental Means Benefits:**
  - **Paralysis Benefit**:
    - **Lump Sum Payment** becomes payable when the Insured Person has met each of the conditions of the Covered Accident, as described below. If the Insured Person suffers more than one of these as a result of the same Covered Accident, the largest available benefit will be payable.
  - **Death Benefit Waiting Period** shown in the Schedule of Benefits and will end on the earliest of the date He:
    1. dies;
    2. is no longer Totally Disabled;
    3. fails to provide certification by a Physician that He remains Totally Disabled;
    4. is eligible to receive Death by Accidental Means and Disembarrassment Benefits for the same Covered Accident; or
    5. reaches the end of the Maximum Benefit Period shown in the Schedule of Benefits.
  - **Total Disability Benefits** are based on a 30-day month. Any Disability Benefit payable for less than a full month will be prorated.
  - Once the Insured Person is eligible to receive Disability Income Benefits, separate periods of Total Disability will be considered one continuous period of Total Disability if:
    1. they result from the same Covered Accident; and
    2. they are separated by no more than 14 consecutive days.

SCHEDULE OF BENEFITS

The Company will pay the usual and customary expenses up to the maximum Benefit subject to all applicable conditions and exclusions. If the insured Person suffers Paralysis, Coma or Brain Death, as described below. If the Insured Person suffers more than one of these as a result of the same Covered Accident, the largest available benefit will be payable.

- **Base Benefit Amount** shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, if the Insured Person suffers Paralysis, Coma or Brain Death, as described below. If the Insured Person suffers more than one of these as a result of the same Covered Accident, the largest available benefit will be payable.

EXCLUDED EXPENSES (CONTINUED)

In no event will the Company’s total payments for the Insured Person exceed the Maximum Benefit Amount for the Accident Medical Expense shown in the Schedule of Benefits.

Benefits will not be paid for:

1. Intentionally self-inflicted injury, suicide, or any willful attempt thereof;
2. Any loss to which a contributing cause was the Insured Person’s commission or attempt to commit a felony or to which a contributing cause was the Insured Person’s being engaged in an illegal occupation;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undisclosed war or act of war or act of declared or undeclared war unless specifically provided by this Policy;
5. Flight in, boarding or alighting from, an Aircraft:
   a. except as a fare-paying passenger on a regularly scheduled commercial airline.
6. Travel in any Aircraft owned, leased, operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be “controlled” by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
7. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (excluding exposure to virus, bacterial or chemical agents) except for any bacterial infection resulting from an Accident external cut or wound or Accidental ingestion of contaminated food;
8. Medical or surgical treatment, diagnostic procedure, administration of anesthetic, or medical mishap or negligence, including malpractice under circumstances where the Insured Person’s being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician;
9. Any loss sustained or contracted in consequence of the Insured Person’s being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician in addition, benefits will not be paid for services or treatment rendered by any person who is:
   1. employed or retained by the Policyholder;
   2. living in the Insured Person’s household;
   3. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person’s Spouse; or
   4. the Insured Person.

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5. Flight in, boarding or alighting from, an Aircraft:
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