

Blanket Accident and Sickness Plan

Designed for the Students of:

GARDNER-WEBB UNIVERSITY

Boiling Springs, NC

2024-2025

Policy #: AHP 1200037-241

Notice: Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance.

Dear Students, Parents and Guardians:

Gardner-Webb University is making available a limited Blanket Accident and Sickness Policy for its students. Please take a few minutes to review the following information.

All Gardner-Webb University students taking 6 or more credit hours are eligible to enroll in the Accident and Sickness plan. **If enrolling in the Fall Term enrollment will not be accepted after 9/1/24; or after 1/16/25 if enrolling in the Spring Term.**

The cost for students entering the Fall Term is \$559 for 10 months coverage, for the Spring Term \$374 for 5 months coverage.

If your personal insurance is an HMO, we urge you to consider enrolling in the school-sponsored plan. Many HMO's will only pay for treatment outside their network area when it is an emergency and will not pay for treatment from doctors out of their area without prior permission, sometimes not even then. This Policy protects insured students on and off campus, at home or while traveling. This Policy is primary to any other insurance the student may carry. For additional details, please contact the administrator.

ELIGIBILITY

All full-time students and part-time students enrolled for a minimum of 6 credit hours may purchase this insurance plan.

REFUND PROVISION

The Company retains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

TERM OF COVERAGE

The Coverage term for the school year becomes effective on 8/1/24 (for Spring Term enrollees 1/1/25) at 12:01 a.m. or later if enrolling after 8/1/24 or 1/1/25, and terminates on 6/1/25 at 12:01 a.m.

Insurance for a Covered Person will end on the earliest of:

- (1) the date He is no longer an Eligible Person;
- (2) full time active duty in any Armed Forces. (Send Us proof of service. We will refund any premium paid for this time.) This does not include Reserve or National Guard duty for training unless it extends beyond 31 days;
- (3) the end of the period for which the last premium contribution is paid; or
- (4) the date the Policy is terminated.

Termination will not effect a claim for a covered loss due to an Accident or Sickness which occurred while coverage was in effect.

Coverage remains in effect during holiday and vacation periods. Should an Insured Person graduate or withdraw from the university, the insurance shall remain in effect until the end of the period for which premium has been paid.

PURCHASING COVERAGE

To enroll in the plan and purchase coverage, please go to: www.1stagency.com and search Gardner-Webb University (Domestic Plan). Payment shall be by credit card and no checks will be accepted. An ID card will be sent following enrollment and payment of premium.

DEFINITIONS

The terms shown below shall have the meaning given in this section whenever they appear in the Policy. Additional terms may be defined within the provision to which they apply.

"Aircraft" means a vehicle which:

- (1) has a valid Certificate of Airworthiness; and
- (2) is being flown by a pilot with a valid license appropriate to the Aircraft.

"Benefit Period" means the period of time from the date of Covered Injury, as shown in the Schedule of Benefits.

"Benefit Waiting Period" means the period of time for which the Covered Person must be continuously disabled before benefits become payable.

"Child (Children)" means the Covered Person's unmarried children all of whom are not yet age 26, including:

- (1) a natural Child from the moment of birth, stepchild, foster, or legally adopted Child; or
- (2) a Child in the process of adoption (including the Covered Person's adopted Child from the date the Covered Person is a party to a proceeding in which the adoption of such Child is sought); or
- (3) a Child for whom the Covered Person is required by a court order to provide medical support; and
- (4) grandchildren who are dependent on the Covered Person for federal income tax purposes at the time of application.

"Club" means any league or tournament sponsored sports, social or recreational activity being offered or sponsored by the Policyholder, or organization of students formed for the purpose of engaging in competition in a particular sport or activity. Competition between student Clubs from different colleges, nor organized by and therefore not representing the institution or their faculties, may also be called "Intercollegiate" sports or activities.

"Certificate of Airworthiness" means the standard airworthiness certificate issued by the Federal Aviation Administration of the United States or its foreign equivalent.

"Coinsurance" means the ratio by which We and the Covered Person share in the payment of Usual and Customary charge for medical treatment. The coinsurance percentage that We will pay is stated in the Schedule of Benefits.

"Common Carrier" means:

- (1) a Conveyance, including an Aircraft, licensed for hire to carry fare-paying passengers; or
- (2) a transport Aircraft operated by the Air Mobility Command of the United States of America or similar air transport service of another country.

It does not include any Aircraft or Conveyance operated for sport, recreation, and/or sightseeing activities or for travel in any Aircraft device for aerial navigation except as expressly provided herein.

"Company or We, Us. Ours" means Everest Reinsurance Company, domiciled in Delaware.

DEFINITIONS (Continued)

"Conveyance" means a motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority.

"Country of Permanent Assignment or Country of Permanent Residence" means a country, other than a(n) Covered Person's Home Country, in which the Policyholder requires a(n) Covered Person to work for a period of time that exceeds 310 continuous days.

"Country of Assignment or Country of Residence" means a country other than the Covered Person's Home Country, in which the Policyholder requires Him to temporarily reside for employment, Assigned Duties or Volunteer Duties.

"Covered Expenses" means expenses actually incurred by or on behalf of a Covered Person for the Usual and Customary charges for the Medically Necessary treatment, services and supplies covered by the Policy and which is performed or given under the direction of a Physician for treatment of a Covered Injury or Covered Sickness. Coverage under the Policy must remain continuously in force from the date of the Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service, or supply, that gave rise to the expense or the charge, was rendered or obtained. A Covered Expense for a Covered Injury cannot be in excess of the Maximum Benefit Amount payable per service as shown in the Schedule and cannot be for medical services and supplies that are excluded under the Policy.

"Covered Injury" means any bodily harm that results, directly and independently of all other causes, from a Covered Accident. All injuries to the same Covered Person sustained in one Covered Accident, including all related conditions and recurring symptoms of the injuries, will be considered one Covered Injury.

"Covered Loss" means a loss:

- (1) which is the result of a Covered Injury to a Covered Person;
- (2) for which benefits are payable under this Policy; and
- (3) which is not otherwise excluded under the terms of this Policy.

"Covered Person" means an Insured Person eligible for coverage as identified in the Schedule of Benefits, for whom proper premium payment has been made when due, and who is therefore insured under the Policy.

"Covered Sickness" means a physical or mental illness or condition of the Covered Person which causes a loss for which a Covered Person incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Covered Sickness.

"Deductible" means the amount of Covered Expenses that each Covered Person must incur, as applicable, before benefits are paid under this Policy. The Deductible may apply to each Covered Accident or each Policy Term, as shown in the Schedule of Benefits.

"Emergency Room" means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office. Emergency Room treatment includes all Hospital related services including Physician, x-ray and lab services shown in the Schedule of Benefits.

"Elimination Period" means the period of Total Disability as shown in the Schedule of Benefits that must elapse before benefits are payable.

"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.

"He, His, and Him" includes she, her and hers.

"Health Care Plan" means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

- (1) group or blanket insurance, whether on an insured or self-funded basis;
- (2) hospital or medical service organizations on a group basis;
- (3) Health Maintenance Organizations on a group basis;
- (4) group labor management plans;
- (5) employee benefit organization plan;
- (6) professional association plans on a group basis; or
- (7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended.

"Home" means the primary residence, structure, or land on which the Covered Person permanently resides.

"Home Country" means a country from which the Insured Person holds a passport. If the Insured Person holds passports from more than one country, the Home Country will be the country declared to in writing as His Home Country.

"Hospital" means an institution which:

- (1) is operated pursuant to law;
- (2) is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- (3) is under the supervision of a staff of Physicians;
- (4) provides 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
- (5) has medical, diagnostic and treatment facilities, with major surgical facilities;
 - (a) On its premises; or
 - (b) Available to it on a prearranged basis; and
- (6) charges for its services.
- (7) Is a duly licensed Rehabilitation Facility.
Hospital includes a State tax-supported institution.
Hospital does not include:
 - (1) a clinic or facility for:
 - (a) Convalescent, custodial, educational or nursing care;
 - (b) The aged, drug addicts or alcoholics;
 - (2) a military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless:
 - (a) the services are rendered on an emergency basis; and
 - (b) a legal liability exists for the charges made to the individual for the services given in the absence of insurance.

"Hospital Stay" means a Medically Necessary overnight confinement in a hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

"Hospital Confinement or Hospital Confined" means a stay of 24 or more consecutive hours as a registered resident bed-patient in a Hospital.

"Immediate Family Member" means the Covered Person's parent (includes step-parent), grandparent, Spouse, Child(ren) (includes legally adopted or step or Foster Child(ren)), brother, sister, step-Child(ren), grandchild(ren), or in-laws. A Member of the Immediate Family includes an individual who normally lives in a Covered Person's household.

DEFINITIONS (Continued)

"Hospital" means an institution which:

- (1) is operated pursuant to law;
- (2) is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- (3) is under the supervision of a staff of Doctors;
- (4) provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
- (5) has medical diagnostic and treatment facilities, with surgical facilities;
 - (a) on its premises; or
 - (b) available to it on a prearranged basis; and
- (6) charges for its services.

Hospital does not include:

- (1) a clinic or facility for:
 - (a) convalescent, custodial, educational or nursing care;
 - (b) the aged, drug addicts or alcoholics;
 - (c) rehabilitation; or
- (2) a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless:
 - (a) the services are rendered on an emergency basis; and
 - (b) a legal liability exists for the charges made to the individual for the services given in the absence of insurance.

With respect to outpatient surgery or diagnostic testing, an ambulatory surgical center or a clinic will be considered as a Hospital. Such facility must be properly accredited and, where required by law, hold a license allowing the facility to operate as such.

"Hospital" also includes a duly licensed State tax-supported institution functioning as a specialty facility for treatment of a particular type of illness. Facilities for the performance of surgery are not required.

"Hospital Stay" means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

"Injury" means bodily harm, which results, directly and independently of all other causes, from an Accident. All injuries sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

"Intoxicated" means a blood alcohol level which equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Injury occurred.

"Loss Period" means the period, as stated on the Schedule of Benefits, between the date of occurrence and the date within which the first Eligible Expense must be incurred.

"Medically Necessary" or Medical Necessity" means the services or supplies provided by a Hospital, Doctor, or other covered provider that are required to identify or treat a covered loss and which, as determined by Us, are:

- (1) consistent with the diagnosis and treatment of the covered loss;
- (2) appropriate with the standards of good medical practice;
- (3) not solely for the convenience of a Covered Person;
- (4) the most appropriate supply or level of service which

can be safely provided; and

(5) not considered experimental or investigative.

"Nurse" means a professional, licensed, graduate registered nurse (R.N.), a professional, licensed practical nurse (L.P.N.) or a Certified Registered Nurse Anesthetist (C.R.N.A.).

"Orthopedic Appliances" means braces and appliances including durable medical equipment that:

- (1) is primarily and customarily used to serve a medical purpose, can withstand repeated use; and
- (2) generally is not useful to the person in the absence of a medical condition.

"Sickness" means illness or disease which begins and for which Eligible Expense is incurred while coverage is in force under the Policy for the Covered Person. All related conditions and recurring symptoms of sickness will be considered one sickness.

"Usual and Customary" means the fee(s) for medical services or supplies which is (are):

- (1) the usual fee(s) charged by the provider for the service or supply given;
- (2) the average fee charged for the service or supply in the locality in which the service or supply is received; and
- (3) reasonable in relationship to the service or supply given and the severity of the condition.

ADDITIONAL BENEFITS

For additional information regarding benefits please refer to the Master Policy issued to Belmont Abbey College.

Rates

Premium

Fall Term Enrollment\$559
(8/1/23 to 6/1/24)

Spring Term Enrollment..... \$374
(1/1/24 to 6/1/24)

NOTE: This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

ACCIDENT BENEFIT

(All amounts are on a per Injury basis, unless otherwise stated)
Treatment of Injury must begin within 90 days of covered Accident.

| | |
|-----------------------------------------------------|--------------------------|
| Maximum Benefit Amount, per Injury | \$20,000 |
| Deductible, per Injury | \$0 |
| Insured Percentage..... | 100% of U&C* |
| Benefit Period..... | 52 weeks |
| Prescription Drug Expense, up to a Maximum of. | \$250 per Covered Injury |

Covered Services:

Treatment by a Doctor; Hospital confinement; services of licensed practical nurse or R.N.; x-ray service; use of an operating room, anesthesia, including the administration thereof; laboratory service; use of an ambulance; use of an ambulatory surgical center or ambulatory medical center; if ordered by a Doctor: prescription medications, drugs or any other therapeutic service or supplies; or home health care expense. * U&C = Usual & Customary

SICKNESS BENEFIT

(All amounts are on a per Sickness basis, unless otherwise stated)

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Maximum Benefit Amount, per Sickness** | \$3,000 |
| Deductible, per Sickness | \$0 |
| Covered Charges: | |
| - Outpatient Miscellaneous Hospital Expense, such as, but not limited to laboratory tests, X-rays and MRIs. | U&C* |
| - Outpatient Doctor's Fees, including surgeon's fees and anesthesiologist | U&C* |
| - Outpatient Hospital Emergency Care, including use of ER room and supplies and Imaging procedures and laboratory tests performed while patient is an emergency room patient..... | U&C* |
| - Prescription Drug Expense, up to a Maximum of..... | \$250 per Covered Sickness |

* U&C = Usual & Customary

**Sickness means illness or disease. Routine or preventative services are not covered under this benefit

ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT BENEFIT

If a Covered Person suffers a Loss listed below, within one year from an Accident, We will pay the Benefit Amount opposite such Loss. If the Covered Person sustains more than one such Loss as the result of one Accident, We will pay only one amount, the largest to which He is entitled. The Principal Sum is shown on the Schedule of Benefits.

| <u>LOSS</u> | <u>BENEFIT AMOUNT</u> |
|----------------------------------------------------|-----------------------|
| Loss of Life. | \$10,000 |
| Loss of Both Hands. | \$10,000 |
| Loss of Both Feet. | \$10,000 |
| Loss of Entire Sight of Both Eyes. | \$10,000 |
| Loss of One Hand and One Foot. | \$10,000 |
| Loss of One Hand and Entire Sight of One Eye. | \$10,000 |
| Loss of One Arm or One Leg. | \$5,000 |
| Loss of Entire Sight of One Eye. | \$5,000 |
| Loss of One Hand or One Foot..... | \$5,000 |
| Loss of Thumb and Index Finger of same Hand. | \$2,500 |

"Loss of a Hand" means complete Severance at or above the wrist. "Loss of Foot" means complete Severance above the ankle.

"Loss of Sight" means the total, permanent loss of sight of the eye or eyes. The Loss of Sight must be irrecoverable by natural, surgical or artificial means. "Loss of a Thumb and Index Finger of the same Hand" means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand from the same Accident).

"Severance" means the complete separation and dismemberment of the part from the body.

EXCLUSIONS

Benefits will not be paid for a loss due to:

- (1) intentionally self-inflicted Injury, suicide while sane or insane or any attempt thereat (in Missouri this applies only while sane);
- (2) voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of the Covered Person's Doctor; committing or attempting to commit a felony;
- (3) participation in a riot or insurrection;
- (4) an act of declared or undeclared war (not including terrorism);
- (5) active duty service in any Armed Forces of any country

and, in such event, the pro-rata unearned premium will be returned upon proof of service. This does not include Reserve or National Guard active duty or training unless it extends beyond 31 days;

- (6) practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in the Policy;
- (7) parachuting, except for self preservation;

- (8) bungee jumping, flight in an ultralight aircraft, hang-gliding;
- (9) services or treatment rendered by a Doctor, Nurse or any other person who is:
 - (a) employed or retained by the Policyholder; or
 - (b) is the Covered Person, His spouse, parent, child or sibling;
- (10) flight in an aircraft, except as a fare-paying passenger;
- (11) dental treatment or dental X-rays, except as otherwise provided, and only when Injury occurs to sound natural teeth;
- (12) charges for services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act;
- (13) treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
- (14) cosmetic surgery, except for reconstructive surgery due to a covered Injury;
- (15) charges which the Covered Person would not have to pay if He did not have insurance; (Does not apply to any period of confinement in a state tax-supported institution.)
- (16) eyeglasses, contact lenses, hearing aids; and
- (17) charges which are in excess of Usual and Customary charges.

CLAIM PROCEDURE

All claims for benefits under the policy must be submitted to Us no more than 90 days from the date of service or date of death.

Information to identify the student must be provided and should include: patient name, address, student ID number or social security number, and name of the school. A claim form is required. A company claim form can be obtained from the School, Servicing Agent (www.1stAgency.com), or the claims administrator below. A student may also complete the online claim form from the website.

Bills submitted later than one year after the 90-day period expires will not be considered for payment except in the case of no legal capacity. Send claims or inquiries to:

HealthSmart Benefit Solutions, Inc.
PO Box 94468
Lubbock, TX 79493
Fax: 806-473-3136
Email: akronclaims@healthsmart.com

Customer Service for claims is available for claims between 8:00 AM to 5:00 PM Eastern time, Monday – Friday.

Student may check on the status of a claim already filed by calling 800-331-1096.

IMPORTANT NOTICE ABOUT THIS PLAN: The coverage provided under this plan is short-term limited duration coverage that is not subject to the Patient Protection and Affordable Care Act (“PPACA”). The Master Policy is non-renewable. It is the Insured’s responsibility to maintain continuity of coverage. No renewal notices will be sent to the Insured.

How do I find a Network Provider?

To locate a Multiplan Network Provider, go to www.multiplan.com and click on the ‘Find a Provider’ on the top left corner.

This is a general summary of Student Accident and Sickness Insurance coverage. Keep this Brochure, as no individual policy will be issued. This summary is not a contract; however, the Master Policy is on file at the school or available by contacting First Agency.

Note: The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this Brochure and the Master Policy.

PRIVACY NOTICE

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us at (269) 381-6630.

COMPLAINTS AND CLAIMS APPEALS

In the event that you remain dissatisfied and wish to make a complaint, you can do so to the Complaints team at (269) 381-6630.

First Agency
5071 West H Avenue
Kalamazoo, MI 49009-8501
PH: (269) 381-6630 or (800) 243-6298
FAX: (269) 492-0084
www.1stAgency.com

This is a non-renewable term Policy. It is the Insured’s responsibility to maintain continuity of coverage. No renewal notices will be sent to the Insured

DATA PROTECTION

Please note that sensitive health and other information that you provide may be used by Us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to Us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records

MEMBERSHIP STATEMENT

By purchasing this insurance provided by Crum & Forster SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust.

LIMITED BENEFIT DISCLOSURE

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. 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.