

Mandatory Accident Plan Summary

Applicant: New Hanover County Schools
Mailing Address: C/O Julie Moore
6410 Carolina Beach Road
Wilmington, NC 28412

Primary Insurer: United States Fire Insurance Company – AM Best “A” Rated

Policy Period: 07/01/21 - 07/01/22

Eligibility: All registered Middle and High School Students in grades 6-12

Description of Hazards: Subject to all other provisions of this Policy, coverage is provided for a Covered Person while he is:

- (1) Taking part in:
 - (a) A regularly scheduled athletic game or competition; or
 - (b) A practice session for an athletic team or club;
- (2) Traveling to or from such a game, competition or practice session provided he is:
 - (a) Traveling with the athletic team or club; and
 - (b) Under the direct and immediate supervision of:
 - (i) The athletic team or club; or
 - (ii) An adult authorized by the athletic team or club; or
- (3) Traveling directly, without interruption:
 - (a) Between his home and a scheduled game, competition or practice session;
 - (b) In a vehicle which is
 - (i) Designated or furnished by the athletic team or club;
 - (ii) Operated by a properly licensed, adult driver; or
 - (iii) Under the direct supervision of the athletic team or club; or
 - (c) In a vehicle other than that described in (3)(b) when:
 - (i) Operated by a properly licensed driver; and
 - (ii) Travel time does not exceed 1 hour each way.

Travel time includes the time:

- i. To or from home, a scheduled game, competition or practice session;
- ii. Before required attendance time;
- iii. After the Covered Person is dismissed.

Injuries which result over a period of time (such as blisters, tennis elbow, etc.), and which are a normal, foreseeable result of the sport, are not covered.

Unless otherwise stated, we will pay benefits for a covered loss, only once, even if coverage was provided under more than one Description of Hazards.

Benefit - Mandatory Accident Medical Insurance

PLAN DESIGN:	Full Excess Benefits Co-Insurance 100% of Usual, Reasonable & Customary (URC) Charges
BENEFIT PERIOD:	52 Weeks
INCURRAL PERIOD 1ST EXPENSE:	90 Days
ACCIDENT MEDICAL MAXIMUM BENEFIT AMOUNT:	\$25,000
CORRIDOR DEDUCTIBLE PER INJURY:	\$0

FULL EXCESS MEDICAL EXPENSE BENEFITS:

Full Excess Accident Medical Expense Benefits are payable to the applicable maximum for covered medically necessary accident medical service expenses that are not recoverable from another Plan Providing Accident Medical Expense Benefits. If the insured is not covered by another Plan Providing Accident Medical Expense Benefits, the excess provision shall not apply.

Hospital Room & Board Daily Maximum Benefit Amount:	\$750 Maximum
Intensive Care Room & Board Daily Maximum Benefit Amount:	\$750 Maximum
Hospital Miscellaneous Maximum Benefit Amount:	\$2,500 Maximum
Outpatient Pre-Admission Testing Maximum Benefit Amount:	\$200 Maximum
Outpatient Hospital Emergency Room Treatment Maximum Benefit Amount:	\$750 Maximum
Surgical Benefits: Primary Surgeon, Assistant Surgeon, Anesthesia, Surgical Facility per Operating Session Maximum Benefit Amount:	\$750 Maximum
Doctor's Visits: In-Hospital Maximum Benefit Amount:	\$130 Maximum
Doctor's Visits: Office Visit Maximum Benefit Amount:	\$130 Maximum
X-ray and Laboratory Maximum Benefit Amount:	\$200 Maximum
Nursing Maximum Benefit Amount:	75% URC
Physiotherapy Maximum Benefit Amount:	\$110 Maximum
Ambulance Maximum Benefit Amount:	\$200 Maximum
Medical Equipment Rental Charges Maximum Benefit Amount:	\$75 Maximum
Medical Services and Supplies (Blood, Blood Transfusions, Oxygen) Maximum Benefit Amount:	\$75 Maximum
Dental for injury only Maximum Benefit Amount:	\$500 Maximum
Outpatient Prescription Drug Maximum Benefit Amount:	\$50 Maximum
Replacement of Eyeglass, Contacts and Hearing Aids Maximum Benefit Amount:	100% URC

Benefit - Accidental Death & Dismemberment

Accidental Death and Dismemberment Benefits:	Accidental Death, Dismemberment, or Loss of Sight
Accidental Death and Dismemberment Benefit Limit:	\$10,000
Accidental Death and Dismemberment Aggregate Limit:	\$500,000
Loss Period:	365 Days



This document is a summary of benefits. Please refer to Policy for Details, Limitations and Exclusions.

Included Benefits

RE-AGGRAVATION OF PRIOR SPORTS INJURY: During play or practice of intercollegiate sports, benefits are payable for re-aggravation of a sports Injury suffered prior to the Effective Date of a covered person's coverage under the Policy. For the purposes of this Re-aggravation of Prior Sports Injury benefit only, such re-aggravation will be considered an "Injury" if the re-injury occurs under circumstances which would have otherwise been covered under the Policy.

HMO/PPO PROVISION: In the event that Covered Expenses are denied under a Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), or other group medical plan you have in force, and such denial is because care or treatment was received outside of the network's geographic area, benefits will be payable under this coverage, provided the expense is a Covered Expense.

HEART AND CIRCULATORY BENEFIT: Benefits will be payable on the same basis as any other Injury for treatment of an acute onset of conditions relating to the heart and/or circulatory system that result from Injury during play, practice or conditioning of Intercollegiate Sports. These conditions are heart attack, stroke, brain circulatory malfunctions and heat exhaustion.