Catastrophic Participant Accident Medical Insurance Coverage Guide

K – 12 STUDENTS







Protecting Your Play

Plans with $1,000,000, $5,000,000 or $7,500,000
Medical Expense Benefit Limits per Person
10 Years or Lifetime Benefit Periods

Offered Through:

HSR
ACCIDENT INSURANCE SOLUTIONS

Underwritten By:

Mutual of Omaha

Mutual of Omaha Insurance Company

105808

School sports and extracurricular activities are a fun and vital part of growing up. Through them, students receive exercise that helps them stay healthy, and they learn social skills that they'll use for the rest of their lives. But sometimes, during the course of these activities, injuries happen. Are you and your students protected if the unexpected occurs? Accident and Special Events insurance products, coupled with essential administrative support services, are the foundation of an organization's financial protection, and offer critical assistance should a student ever need help.

At *Health Special Risk, Inc., (HSR)* we specialize in providing some of the industry's highest quality, and most competitively priced accident insurance products.

For more than 35 years, *HSR* has been a leader in the development and administration of Special Risk and Accident Insurance products. We maintain underwriting, binding and claims administration authority with the most financially sound insurance companies in the nation, and we have General Agency agreements with many others. *HSR* continues to be one of America's leading Managing General Agents/Underwriters (MGU) and Third Party Administrators (TPA) for Accident Insurance.

HSR is proud to team up with Mutual of Omaha Insurance Company (Mutual of Omaha), one of the leading insurance providers in the Participant Accident and Special Events industry. Mutual of Omaha's solid reputation and trusted name help provide security and some peace of mind when your clients need it most. Since 1909, Mutual of Omaha has helped provide security to customers nationwide; they are an ideal Participant Accident Carrier because they:

- Are a mutual company owned by their policyholders
- Have a strong capital position and solid liquidity
- Are highly rated by third party rating agencies
- Have a strong brand people know and trust

You and your students can be confident that we are dedicated to providing the absolute highest level of personal service.

We invite you to see what makes *Health Special Risk, Inc.* the best value in Special Risk and Accident Insurance products. **Contact us today, and let us protect their play.**



Brandon Schall
President, Health Special Risk

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Health Special Risk, Inc. (HSR) is an independent licensed agency and is authorized to sell participant accident medical insurance, and is a licensed Third Party Claims Administrator (TPA) authorized to adjudicate accident claims on behalf of Mutual of Omaha Insurance Company. License number for CA: 0B26407. License number for AR: 236572.

BENEFIT SUMMARY

This Catastrophic Medical Insurance Policy is designed to cover K-12 student related catastrophic injury costs which exceed the limits of other insurance plans or workers' compensation.

ELIGIBILITY

CLASS 1

All students including coverage for interscholastic and intramural sports activities/events. Student Coaches, Student Managers and Student Trainers are also eligible.

CLASS 2

All interscholastic athletes, cheerleaders, band members, majorettes, student coaches, student managers and student trainers.

CLASS 3

All interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants, student coaches, student managers, student trainers and student participants of school sponsored non-sport extracurricular activities.

CLASS 4

All students excluding coverage for interscholastic sports activities/events.

COVERAGE

CLASS 1

Coverage is provided: (a) while on school premises during the hours and days when school is in session; (b) while participating in interscholastic sports practice and games or while conditioning on school premises for interscholastic sports; (c) while acting as a student coach, student manager or student trainer during an interscholastic sports practice or game; (d) while participating in cheerleading practice for an interscholastic sport or while cheerleading at an interscholastic game; (e) while participating in band or majorette practice and while performing as a band member or majorette at a school sponsored event; (f) while participating in a school sponsored intramural sports game; or (g) while participating in a school sponsored non-sport extracurricular activity on or off school premises such as Drama Club, Chess Club, and Day Field Trips.

CLASS 2

Coverage is provided: (a) while participating in interscholastic sports practice and games or while conditioning on school premises for interscholastic sports; (b) while acting as a student coach, student manager or student trainer during an interscholastic sports practice or game; (c) while participating in cheerleading practice for an interscholastic sport or while cheerleading at an interscholastic game; (d) while participating in band or majorette practice or while performing as a band member or majorette at a school sponsored event.

CLASS 3

Coverage is provided: (a) while participating in interscholastic sports practice and games or while conditioning on school premises for interscholastic sports; (b) while acting as a student coach, student manager or student trainer during an interscholastic sports practice or game; (c) while participating in cheerleading practice for an interscholastic sport or while cheerleading at an interscholastic game; (d) while participating in band or majorette practice or while performing as a band member or majorette at a school sponsored event; (e) while participating in a school sponsored intramural sports game; or (f) while participating in any school sponsored non-sport extracurricular activity on or off school premises such as Drama Club, Chess Club, and Day Field Trips.

CLASS 4

Coverage is provided: (a) while on school premises during the hours and days when school is in session and (b) while participating in any school sponsored non-sport extracurricular activity on or off school premises such as Drama Club, Chess Club, and Day Field Trips and (c) while participating in a school sponsored intramural sports game.

BENEFITS

Accidental Death, Dismemberment, or Loss of Sight, Speech or Hearing

We will pay the benefit amounts shown for Accidental Death, Dismemberment or Loss of Sight, Speech or Hearing which results solely from an injury to the Insured which occurs during a covered event, and from no other contributory cause, and is sustained within the Loss Establishment Period of 365 days (not applicable in PA) after the date of the injury.

If an Insured sustains more than one such loss as the result of one Accident, we will pay only one amount, the largest to which he or she is entitled. This amount will not exceed the Principal Sum that applies for the Insured.

Loss	Benefit Amount
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 Speech and Hearing (Both Ears)	$10,000
Loss of Speech or Hearing (Both Ears)	$5,000
Loss of One Hand	$5,000
Loss of One Foot	$5,000
Loss of Entire Sight of One Eye	$5,000
Loss of Thumb and Index Finger of the Same Hand	$2,500

Loss of a hand or 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 a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). Loss of speech or hearing means their total and irrecoverable loss. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrecoverable loss.

LOSS OF LIFE DUE TO HEART OR CIRCULATORY MALFUNCTIONS BENEFIT

If an Insured Person suffers loss of life within 90 days of the date of the accident that is the result of Heart or Circulatory Malfunction relative to the first diagnosis, we will pay the Maximum Benefit Amount shown in the Plan of Insurance.

ACCIDENT MEDICAL EXPENSE

We will pay benefits for Medical Expenses incurred by an Insured within 24 months following a Covered Accident that are in excess of the Covered Accident Deductible. Benefits will not exceed the Maximum Benefit Limit shown in the Schedule of Benefits. Medical Expense means the Reasonable and Customary charges: (a) of a professional ambulance service for Medically Necessary transportation to and from a Hospital; (b) of a Doctor for Medically Necessary care and treatment; (c) of a Hospital for Medically Necessary inpatient services, including room and board (not exceeding the semi-private room rate for each day of confinement unless a private room is Medically Necessary); (d) for Medically Necessary inpatient services and supplies, including intensive care services, and daily Hospital charges for personal Hospital services (including television, radio, telephone, barber, and beauty services); (e) for Medically Necessary outpatient and emergency room care and treatment; (f) for confinement in an Extended Care Facility; (g) for Home Health Care; (h) for medical or surgical services, prescription drugs, and other medical supplies commonly used for therapeutic or diagnostic services, which are Medically Necessary and prescribed by a Doctor operating within the scope of his or her license; (i) for care and treatment of mental and nervous disorders by a Doctor; (j) for treatment of subluxation or dislocation of the spine or treatment for the general purpose of correction of nerve interference and its effects, by manual or mechanical means when interference results from or is related to distortion or misalignment of or in the vertebral column; (k) physical therapy and (l) prosthetic devices.

CATASTROPHIC CASH BENEFIT

If an Insured Person suffers a loss from a Covered Accident, we will pay benefits up to the Maximum Benefit Amount for Traumatic Brain Deficit or paralysis as stated in the Plan of Insurance. If the Insured Person sustains more than one such loss as the result of one Covered Accident, we will pay only one amount, the largest to which he or she is entitled. If, as the result of a Covered Accident, an Insured Person sustains a loss under this benefit provision and sustains a loss under the Accidental Death, Dismemberment or Loss of Sight, Speech and Hearing provision, only one amount, the greater of the two, will be payable.

OTHER INSURANCE/EXCESS NATURE OF POLICY

This insurance is excess over any other valid and collectible insurance or similar benefit program available to the Insured Person for a Covered Loss. If an Insured Person receives or is entitled to receive benefits or services from any source described in the policy for any benefit category of a Covered Loss for which he or she is entitled, such benefit will be in excess of the amount of such Other Insurance.

EXCLUSIONS

In all states the following general exclusions will apply:
(a) Illness or disease or medical or surgical treatment thereof, including diagnosis, except as may be specifically provided for in the policy; as may result from an Injury sustained in a Covered Accident; a cardiovascular accident, stroke or other similar traumatic event caused by exertion while participating in a Covered Event; (b) bacterial infection, except infection of and through a wound accidentally sustained infection, except bacterial infection which results from the accidental ingestion of a contaminated substance or pyogenic infection which results from an accidental bodily Injury; (c) suicide or intentionally self-inflicted Injury while sane; (d) an act of declared or undeclared war; (e) participation in a riot or engagement in or attempt to commit a felony or being engaged in an illegal activity; (f) travel or flight in or descent from any aircraft, unless the Insured Person is a passenger for authorized group or team travel on a regularly scheduled flight on a commercial airline; or is a passenger on an aircraft chartered solely for the purpose of travel which has a valid airworthiness certificate from the jurisdiction in which operated and which is being operated by a duly licensed pilot; (g) charges which exceed the Reasonable and Customary charges or Allowable Expense; (h) charges Incurred for dental work unless the Insured Person sustains a Disablement which results in damage to his or her natural teeth; (i) charges Incurred for television, telephone, water pitcher, and other personal convenience items, or expenses for other persons, except as may be specifically provided for elsewhere; (j) charges Incurred for services or supplies not specifically provided for in the policy; (k) charges which would not have been made in the absence of insurance or which the Insured Person is not legally obligated to pay; (l) charges Incurred for cosmetic procedures, unless made necessary by a Disablement; (m) charges Incurred for eyeglasses, contact lenses or hearing aids or for any examination or fitting related to these devices unless made necessary by a Disablement; (n) charges Incurred for care, treatment or service, which is not Medically Necessary to the diagnosis or treatment of a Disablement; (o) charges Incurred for the professional services of a person who either resides with or is an Immediate Family member; (p) charges Incurred for experimental or investigational treatment or procedures; (q) charges Incurred for articles of clothing which are intended for use more than once; (r) treatment of a Disablement sustained as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advice of a Doctor; (s) the use by the Insured of drugs or narcotics unless used as prescribed by a Doctor for a condition other than drug addiction;

(t) routine medical examination and related medical services; (u) charges which are paid from any other insurance policy, service contract, workers' compensation or other arrangements of insured or self-insured group coverage; (v) elective treatment or surgery, health treatment or examination where no Injury or Sickness is involved; (w) drugs that promote fertility, treat infertility, enable sexual performance or provide sexual enhancement.

NONDUPLICATION OF BENEFITS

If any item of expense is payable under more than one provision of this policy, payment will be made only under the provision providing the greater benefit.

DEFINITIONS

Covered Accident, with respect to all benefits under this policy, except death benefits, means an accident which directly results in bodily Injury (not excluded from coverage by the policy Exclusions and Limitations) to the Insured Person as a result of which the Insured Person incurs a Covered Loss in excess of the Covered Accident Deductible, and which occurs to an Insured Person while this policy is in effect and between the Policy Dates and while he or she is participating in a Covered Event or performing directly assigned duties in connection with the Covered Event; and (a) which occurs during Covered Travel to and from the location of a Covered Event; (b) which occurs during a temporary stay at the location of a Covered Event held away from the location of the Insured Person's Participating School while the Insured Person is engaged in an activity or travel authorized by the Insured Person's Participating School; or (c) which occurs by a cardiovascular accident or stroke or other similar traumatic event caused by exertion while participating in a Covered Event.

With respect only to death benefits (not excluded from coverage by the policy Exclusions and Limitations), Covered Accident means an accident which occurs to an Insured Person while this policy is in effect and between the Policy Dates and while he or she is participating in a Covered Event or during Covered Travel.

Covered Event means those activities and events specified in the Schedule of Benefits.

Covered Loss means Reasonable and Customary: (a) Medical Expense; (b) Dental Expense; (c) Rehabilitation Expense; (d) Custodial Care Expense; (e) Loss of Life Due To Heart or Circulatory Malfunction Benefit.

An expense will be a Covered Loss under this policy only to the extent that it is for Medically Necessary services, and not excluded under Exclusions and Limitations.

Heart or Circulatory Malfunction means a disease or illness of the heart or circulatory system which: (a) is first diagnosed and treated while the Insured Person's coverage under the policy is in force and occurs in a Covered Event, within 24 hours after participation; and (b) the Insured Person has not before such participation been medically advised of/or has received any medical treatment for such Heart or Circulatory Malfunction.

Hospital means an institution which meets all of the following requirements: (a) It is licensed (if required) as a Hospital by applicable licensing authorities; (b) It is open at all times; (c) It is operated mainly to diagnose and treat Illnesses and Injuries on an inpatient basis; (d) It has a staff of one (1) or more Doctors on call at all times; (e) It has twenty-four (24) hour nursing services by registered nurses on duty or call; (f) It is not mainly a skilled nursing facility, clinic, nursing home, rest home, convalescent home, or like place; and (g) It has organized facilities for surgery or provides for such facilities for its patients through formal written agreement with other Hospitals.

Injury or **Injuries** means bodily Injury which results directly from an accident and which is independent from disease, sickness or other bodily functions.

This brochure illustrates the highlights of this insurance. All information herein is subject to the provisions of Policy Form SB20CC and SB21CC, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between the brochure and the policy, policy provisions will prevail.

This coverage is not available in Connecticut, Delaware, Kentucky, Maryland, New Hampshire or New York.



Underwritten by:
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