

Basic Participant Accident Medical Insurance Coverage Guide

K – 12 STUDENTS



Protecting Your Play

Offered Through:



Underwritten By:



Mutual of Omaha Insurance Company

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.

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

Health Special Risk, Inc.
8400 Belleview Drive, Suite 150 | Plano, TX 75024
Phone: (866) 409-5733, Ext. 5660 | FAX: (972) 512-5819

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.

K – 12 Student Basic Participant Accident Medical Insurance Policy

MANDATORY COVERAGES

(Not Available in Kentucky and New York)

AT SCHOOL COVERAGE except Interscholastic Athletics/Activities: Insurance coverage is provided during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises. Coverage is provided while traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from the Insured's home premises and school premises when school is in session.

INTERSCHOLASTIC ATHLETICS/ACTIVITIES: Insurance coverage can be provided during athletic tryouts, preseason play, practice, regular and post season play; during off season or UIL conditioning; participation in a covered activity and for travel to, during or after covered events/activities as a member of a group in transportation furnished and arranged by the school. Interscholastic Athletics/Activities are defined as but not limited to the following: Baseball, Basketball, Boxing, Cheerleading, Cross Country, Equestrian, Football, Golf, Gymnastics, Hockey, Lacrosse, Pep Squad, Rugby, Skating, Soccer, Softball, Student Managers, Student Trainers, Swimming, Tennis, Track & Field, Volleyball, Wrestling, Academic Contests (such as Drama or Math), Drill Team, FFA, FHA, Music (Band, Choir, Orchestra), Power Lifting, ROTC and Vocational Agriculture.

BENEFITS

ACCIDENT MEDICAL EXPENSE: When a covered injury to an Insured results in treatment by a physician or surgeon beginning within 60 days of the date of the accident; we will pay benefits as shown in the **Schedule of Benefits**, in excess of the Medical Deductible, if any. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the accident are covered. Eligible medical expenses include: (a) treatment by a legally qualified physician; (b) care or services from a Hospital or ambulatory surgical center; (c) services from a registered graduate nurse {RN or LPN} not related to the Insured by blood or marriage; (d) professional ambulance service; (e) orthopedic appliances; or (f) treatment by a physical therapist. Benefits for any one accident shall not exceed in the aggregate the maximum Medical Benefit of \$25,000.

EXCESS COVERAGE: Benefits are payable for covered expenses that are not recoverable from any other insurance policy, service contract or workers' compensation. In **Maryland** the benefits payable are for expense which is not recoverable from any other insurance policy or service contract. In **Oregon** benefits for Medical Expense will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers' compensation. In **Pennsylvania** when \$100.00 has been paid in benefits for an accident, any subsequent benefits for such accident will be payable only for such expense which is not covered under any group insurance policy or service contract.

ACCIDENTAL DEATH AND SPECIFIC LOSS: Benefits are paid for losses incurred within 180 days (no loss period applicable in Pennsylvania) from the date of Injury. The following benefits (the largest applicable amount) are paid in addition to the medical benefit:

Loss of Life	\$10,000.00
Loss of Both Hands, Both Feet, Sight in Both Eyes, Speech and Hearing	\$10,000.00
Loss of One Hand, One Foot, Sight in One Eye, Speech or Hearing	\$5,000.00
Loss of Thumb and Index Finger of the Same Hand	\$500.00

"Loss" means, with regard to hands and feet, actual severance above the wrist or ankle joint, with regard to sight, speech or hearing the total and irrevocable loss thereof. Loss means, with regard to thumb and index finger of the same hand, severance of two or more entire phalanges of both the thumb and index finger.

DEFINITIONS

"Injury" means accidental bodily Injury: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes.

"Hospital" means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare. Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

Under **"Mandatory Coverage"** all students/athletes are covered and the premium is paid by the school.

"Usual and Customary Charges" are those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

EXCLUSIONS AND LIMITATIONS

In all states the following exclusions are applicable:*

This policy does not cover: (1) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only); (2) injuries caused by an act of declared or undeclared war; (3) injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded); (4) injuries received while acting as a pilot or crew member; (5) injuries resulting from air travel, except while as a passenger for transportation only; (6) injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation; (7) injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician; (8) injuries received while Intoxicated; (9) injuries sustained while traveling except as described in the covered activities section; (10) the cost of dental treatment, except as specifically provided for injuries to sound, natural teeth; (11) injuries covered by workers' compensation or employer's liability laws; (12) injury sustained as a result of operating, sitting or riding in or upon, alighting to or from, or working on or around any motorcycle or recreational motor vehicle including but not limited to: two or three wheeled motor vehicle; four wheeled all terrain vehicle (ATV); jet ski; ski cycle; snowmobile or off-road motorized vehicle not requiring licensing as a motor vehicle; (13) injuries sustained while operating a motor vehicle without possessing a current and valid motor vehicle operator's license (except in a Driver's Education Program); (14) injuries sustained while skiing,

scuba diving, surfing, roller skating, riding in a rodeo; (15) injuries sustained while skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail-planing, bungee jumping, bob-sledding or ballooning; (16) fighting or brawling; except in self-defense; (17) re-injury or complications of a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 6-month period preceding the effective date of individual insurance; (18) injuries covered under a mandatory no-fault automobile insurance contract; or (19) expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.

Arkansas, Kansas & Texas: In addition to the exclusions above, the following exclusions apply. This policy does not cover: (20) voluntary self-administration of any drug or chemical substance not prescribed by or not taken according to the directions of the insured's physician; (21) operating a motor vehicle under the influence of a controlled substance unless administered on the advice of a physician and taking the prescribed dosage; (22) operating a motor vehicle while having a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the injury occurred; (23) participation in a riot or insurrection; (24) mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes or

other special equipment); (25) participation in professional or amateur racing; (26) sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an injury or accidental food poisoning; (27) orthodontic braces or appliances; (28) charges which the insured would not have to pay if the insured did not have insurance; (29) a charge which is in excess of the allowable expense; (30) cosmetic surgery, except reconstructive surgery due to a covered injury; (31) participation in semi-professional and professional sports, play or practice or any related travel; (32) participation in practice or play of any sports activity, including travel to and from the activity and practice, unless specified in this policy; (33) elective treatment or surgery that is not prescribed by a physician and is not medically necessary, health treatment or examination where no injury is involved; (34) human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC); (35) any heart or circulatory malfunction; (36) loss caused by or resulting from nuclear radiation or the release of nuclear energy; or (37) services or treatment incurred to the extent that they are paid or payable under any other insurance plan.

***Exclusions 3, 4 & 6 are not applicable to coverage in the state of Florida.**

***This brochure illustrates the highlights of this insurance. All information herein is subject to the provisions of Policy Form SR2014, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between the brochure and the policy, policy provisions will prevail.**

Offered Through:

Health Special Risk, Inc.
8400 Belview Drive, Suite 150
Plano, TX 75024

Phone: (866) 409-5733, Ext. 5660
FAX: (972) 512-5819

Underwritten By:

Mutual of Omaha Insurance Company
3300 Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com/specialrisk

Policy Form SR2014,
OR Policy Form SR2014OR,
TX Policy form SR2014TX
Policy Form T5MP Series 6440S

Riders: 868MS-EZ, 6785M, 0CX5M, 867MS-EZ, 6773M,
1359MS-EZ, 6653M, 850MS-EZ, 851MS-EZ, 6425M Rev 04-10,
0LJ8MS, 9130MS, 6925M, 1364MS, 0LC7M.