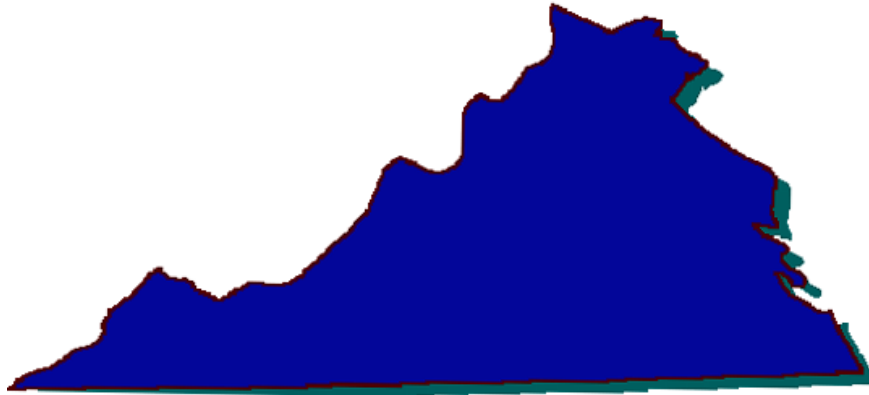


**VIRGINIA HIGH SCHOOL LEAGUE  
VOLUNTARY CATASTROPHIC ACCIDENT  
INSURANCE COVERAGE  
2011-2012**



*FOR COVERAGE OF*  
**All VHSL Middle School Athletes During Interscholastic Sports Activities  
or  
All VHSL Middle School or High School Students  
During Non-VHSL Activities**

**Locally Marketed by:**

**Mass Benefits Consultants**

P.O. Box 828  
Annandale, VA 22003-0828

Phone: 1-800-221-3083

## Eligibility

**Class I** - All middle school interscholastic student athletes, student managers, student trainers, student cheerleaders, and students participating in interscholastic competition, including school-supervised practice, tryouts, game-related activities and covered travel as defined in the policy.

**Class II** - All middle school and high school students during the regular school term, while at school (whether during classes or between class breaks). Coverage is also provided while participating in intramural or club sports; physical education classes; classroom and laboratory activities for credit; off-campus group activities assigned for credit; faculty-sponsored clubs, plays and concerts; off-campus faculty sponsored and supervised field days; and covered travel as defined in the policy.

## Benefits

The following benefit options are available for the consideration of schools with Class I and/or Class II eligible insureds. One Accident Medical Benefit maximum will cover both classes.

<u>Accident Medical Benefit Maximum</u>	<u>Premium Per Person</u>	
	<u>Class I</u>	<u>Class II</u>
\$3,000,000.00	\$3.85	\$3.35
\$2,000,000.00	\$3.60	\$2.90
\$1,000,000.00	\$2.70	\$2.15

## Accident Medical Benefit

We will pay benefits for Medical Expense incurred by an Insured in excess of the \$25,000 Covered Accident Deductible. Benefits will not exceed the Maximum Benefit Limit shown on 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 out-patient 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.

## Accidental Death and Specific Loss Benefits

When because of covered Injuries, the Insured sustains any of the following losses within 365 days of the accident; benefits will be paid as follows:

Loss of Life .....	\$10,000
Loss of Both Feet, Both Hands or 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 or One Foot and Entire Sight of One Eye .....	\$10,000
Loss of Speech and Hearing .....	\$10,000
Loss of One Hand, One Foot, or Entire Sight of One Eye .....	\$5,000
Loss of Speech or Hearing .....	\$5,000
Loss of Thumb and Index Finger of the Same Hand.....	\$2,500

Only one of the amounts shown above (the largest applicable) will be paid for covered Injuries resulting from one accident. The benefit for loss of; (a) two limbs; (b) both eyes; (c) one limb and one eye; (d) speech and hearing; or (e) thumb and index finger of the same hand is payable only when such double loss is the result of the same accident.

## 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 date that is the result of Heart or Circulatory Malfunction relative to the first diagnosis. We will pay a benefit of \$10,000.00

## ADDITIONAL ALLOCATED FEATURES

*Total Disability Benefit*  
*Partial Disability Benefit*  
*Adjustment Expense Benefit*  
*Special Expense Benefit*

*Ancillary Illness or Injury Expense Benefit*  
*College Education Benefit*  
*Catastrophic Cash Benefit*

### **Other Insurance/Excess Nature Of Policy**

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

### **Exclusions and Limitations**

No benefits are payable for:

- 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; or
- Bacterial infection, except infection of and through a wound accidentally sustained;
- Suicide or intentionally self-inflicted injury while sane;
- An act of declared or undeclared war;
- Participation in a riot or engagement in or attempt to commit a felony or being engaged in an illegal activity;
- Travel or flight in or descent from any aircraft, unless the Insured is a fare-paying passenger 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;
- Charges which exceed the Reasonable and Customary charges;
- Charges incurred for dental work unless the Insured sustains a Disablement which results in damage to his or her natural teeth;
- 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;
- Charges incurred for services or supplies not specifically provided for in the policy;
- Charges which would not have been made in the absence of insurance or which the Insured Person is not legally obligated to pay;
- Charges incurred for cosmetic procedures, unless made necessary by a Disablement;
- 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;
- Charges incurred for care, treatment, or service which is not Medically Necessary to the diagnosis or treatment of a Disablement;
- Charges incurred for the professional services of a person who either resides with or is an Immediate Family Member;
- Charges incurred for experimental or investigational treatment or procedures;
- Charges incurred for articles of clothing which are intended for use more than once;
- 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;
- The use by the Insured of drugs or narcotics unless used as prescribed by a Doctor for a condition other than drug addiction;
- Routine medical examination and related medical services; or
- Charges which are recoverable from any other insurance policy, service contract, or workers' compensation or other arrangements of insured or self-insured group coverage.
- elective treatment or surgery, health treatment, or examination where no Injury or Sickness is involved;
- drugs that promote fertility, treat infertility, enable sexual performance or provide sexual enhancement.

## DEFINITIONS

“Brain Death” means irreversible unconsciousness with total loss of brain function and complete absence of electrical activity of the brain, even though the heart is still beating.

“Coma” means a state of unconsciousness in which the Insured, is wholly and totally unresponsive and cannot be aroused.

“Doctor” means a duly licensed medical or dental practitioner who provides services or treatment within the scope of his or her license.

“Hospital” means an institution which meets all of the following requirements: a) it is licensed (if required) as a Hospital; 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 or more Doctors on call at all times; e) it provides nursing services by Registered Nurses on duty or on call 24 hours a day; f) it is not, other than incidentally, a skilled nursing facility, clinic, nursing home, rest home, convalescent home or similar institution; and g) it has organized facilities for major surgery or provides for such facilities for its patients through formal written agreement with other Hospitals.

“Injuries” means accidental bodily injuries received while insured under this policy and resulting independently of sickness and all other causes.

“Intoxicated” means a blood alcohol level, which equals or exceeds the legal limit for operating a motor vehicle in the state where the injuries occurred.

“Partial Disability” means that an Insured is engaged in an occupation but is unable, as the result of a Covered Accident to perform all of the important duties of such occupation and is earning less than \$2,500.00 per month.

"Total Disability" or "Totally Disabled" means:

- For the first 12 months:
  - The inability of the Insured Person, due to a Covered Accident, to engage in substantially the same activities as the Insured Person had engaged in immediately prior to the Covered Accident; and
  - The irrecoverable loss suffered by the Insured Person, due to a Covered Accident, of: a) Speech; (b) Hearing of both ears; (c) Sight in both eyes; (d) Use of both arms; (e) Use of both legs; (f) Use of one arm and one leg; or (g) Severely diminished mental capacity due to brain stem or other neurological Injury such that the Insured Person is unable to perform normal daily functions.
- For any period thereafter, Total Disability or Totally Disabled means:
  - The inability of the Insured Person, due to a Covered Accident, to engage in any gainful occupation or employment for compensation or profit for which he or she is or may become reasonably fitted by education, training, or experience; and
  - The irrecoverable loss suffered by the Insured Person, due to a Covered Accident, of: (a) Speech; (b) Hearing of both ears; (c) Sight in both eyes; (d) Use of both arms; (e) Use of both legs; (f) Use of one arm and one leg; or (g) Severely diminished mental capacity due to brain stem or other neurological Injury such that the Insured Person is unable to perform normal daily functions.



**Administered by:**  
**Special Markets Insurance Consultants, Inc.**  
Stevens Point, WI 54481

**Underwritten by:**  
Mutual of Omaha Insurance Company  
Home Office: Omaha, Nebraska

**This brochure has been designed to illustrate the highlights of this insurance. All information in this brochure is subject to the provisions of Policy Form SB20CC, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between this brochure and the policy, the policy will prevail.**

**VHSL - SCHEDULE OF BENEFITS**

**Covered Accident Deductible:** \$25,000  
 Eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the Covered Accident Deductible.

**Aggregate Limit of Liability:** \$1,000,000, \$2,000,000 or \$3,000,000\*  
 The maximum amount for which We are liable for an Insured Person for all benefits under this plan due to any one Accident.

**Excess Medical, Dental, Rehabilitative and Custodial Care Expense Benefits:**

Benefit Percentage	100%
Deductible Establishment Period	24 Months
Maximum Benefit Period	Lifetime from the accident date
Maximum Benefit Amount	\$1,000,000, \$2,000,000 or \$3,000,000*

Maximum for Medically Necessary Hospital Inpatient Services and Supplies Included in Medical Maximum

Maximum for Confinement in an Extended Care Facility Per Calendar Year \$365,000

Daily Room And Board Limit For:	
Private or Semi-Private Room	Average Semi-Private Rate Of Hospital In Which Confined
Intensive Care	Reasonable And Customary Charges

Combined Home Health and Custodial Care Maximum Benefit per Calendar Year \$100,000

Custodial Care Maximum Benefit per Calendar Year subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year \$100,000

Home Health Care Maximum Benefit Per Calendar Year subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year \$100,000

Treatment Of Mental Or Nervous Disorders	
Doctor Fees (Amount Per Visit / Visits Per Day / Visits Per Calendar Year)	\$ 50 / 1 / 50
Inpatient Hospital	Up To 45 Days

Chiropractic Benefit Maximum Amount Per Calendar Year \$ 1,000

Maximum Outpatient Physical Therapy Benefit Amount per Calendar Year \$50,000  
 Physical Therapy includes but is not limited to: heat treatment, diathermy, microtherm, ultrasonic, adjustment, manipulation, massage therapy and acupuncture.

Prosthetic Devices Benefit

Maximum Benefit Amount payable during the first two (2) Years after the covered accident	\$100,000
Maximum Benefit Amount payable for each consecutive ten (10) year period immediately thereafter	\$100,000
	(\$200,000.00 if amputation of the leg above the knee)
Lifetime Maximum Benefit Amount	\$500,000
	(\$750,000.00 If amputation of the leg above the knee)

**Total Disability Benefit:**

First 12 Months	\$ 1,000 Per Month
After First 12 Months	\$ 1,000 Per Month
Total or Catastrophic Disability Maximum Period Payable	Lifetime

**Partial Disability Benefit:**

Partial Disability Benefit Amount	\$ 750 Per Month
Percentage Increase After First 12 Months	4%
Partial Disability Maximum Period Payable	Lifetime
Average Gross Monthly Earnings Limit For Partial Disability	\$ 2,500 For 6 Months
After-Tax Monthly Compensation	\$500

**Adjustment Expense Benefit:**

Medically Necessary Family Counseling Within Number Of Months After the Covered Accident / For Number Of Visit / Amount Per Visit	24 / 20 / \$70
Expense For Training Of Family Member / # Of Months	\$ 2,500 / 24
Expense For Travel Per Member Within # Of Months Of Covered Accident	\$ 2,000 / 24 Months
% Of Gross Lost Earnings / Not To Exceed Amount Per Week / During The Specified # Of Weeks / Within The # Of Months After The Covered Accident.	75% / \$500 / 13 Weeks / 24 Months
Maximum Lifetime Benefit	\$ 30,000

**Special Expense Benefit:**

Limit During the First Year Following The Date Of The Covered Accident	\$125,000
Limit For Each 10 Year Period Thereafter:	\$ 50,000

**Ancillary Illness Or Injury Benefit:**

Benefit Percentage	100%
Deductible Per Ancillary Illness or Injury Per Calendar Year	\$ 5,000
Combined Maximum Lifetime Benefit for all Injuries & Illnesses	\$100,000

**College Education Benefit:**

Maximum Aggregate Lifetime Benefit	\$50,000
Loss Establishment Period	8 Years

**Catastrophic Cash Benefit:**

Maximum Benefit Amount (Coma, Brain Death, Quadriplegia, Paraplegia or Hemiplegia)	\$10,000
Maximum Benefit Amount (Uniplegia)	\$5,000

**Accidental Death, Dismemberment, or Loss of Sight, Speech or Hearing Benefit:**

Principal Sum	\$10,000
Loss Establishment Period	365 Days

**Loss of Life Due To Heart or Circulatory Malfunctions Benefit:**

Maximum Benefit Amount	\$10,000
Loss Establishment Period	90 Days

\*Within the coverage documents issued, one of the options above will match the selections made by your authorized representative within the enrollment form for coverage.