

VIRGINIA
PROPOSAL OF INSURANCE
OUT-OF-SEASON CATASTROPHIC ACCIDENT
INSURANCE COVERAGE
2011-2012

FOR COVERAGE OF
**All Senior High School Athletes During Out-of-Season Interscholastic
Sports Practice Not Covered by the VHSL Catastrophic Insurance
Program**

Locally Marketed by:

Mass Benefits Consultants

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

Phone: 1-800-221-3083

Eligibility

Class I - All senior high school interscholastic student athletes, student managers, student trainers, student cheerleaders, and students participating in out-of-season interscholastic practices not covered by the Virginia High School Leagues catastrophic insurance program.

Benefits

The following benefit options are available for the consideration of schools.

<u>Accident Medical Benefit Maximum</u>	<u>Premium Per Person All Senior High Athletes</u>
\$5,000,000.00	\$2.75
\$1,000,000.00	\$2.00

COVERED MEDICAL EXPENSE BENEFITS

If an Injury requires Physician or Hospital treatment within 60 days after the date of Injury, the Company will pay the Reasonable Expense in excess of the \$25,000 Deductible which is Medically Necessary within 5 years from the date of Injury. Benefits will be paid up to a maximum of **\$1,000,000 or \$5,000,000 as chosen above** for any one Injury.

Refer to the Policy (form COL-11(VA)) for Coverage and Limitations:

- For hospital room and board, benefits will not exceed the Reasonable Expense up to the semi-private room rate;
- For Physician's outpatient treatment in connection with Physical Therapy and/or Spinal Manipulation, benefits will not exceed the Reasonable Expense.
- For dental treatment, benefits will not exceed the Reasonable Expense for the treatment, repair or replacement of injured Sound, Natural Teeth. Treatment must be received within 60 days of Injury.

ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT BENEFIT

When a covered Injury results in any of the Losses to the Insured which are stated in the Schedule of Benefits for Accidental Death, Dismemberment, or Loss of Sight then the Company will pay the benefit stated in the schedule for that Loss. The Loss must be sustained within 365 days after the date of the Accident.

<u>LOSS</u>	<u>BENEFIT AMOUNT</u>
Loss of Life	\$10,000.00
Loss of Both Hands or Both Feet or Sight of Both Eyes	\$10,000.00
Loss of One Hand and One Foot	\$10,000.00
Loss of One Hand and Entire Sight of One Eye	\$10,000.00
Loss of One Foot and Entire Sight of One Eye	\$10,000.00
Loss of One Hand or Foot	\$ 5,000.00
Loss of Sight in One Eye	\$ 5,000.00
Loss of Thumb and Index Finger of the Same Hand	\$ 5,000.00

Loss of Hand or Foot means the complete Severance through or above the wrist or ankle joint. Loss of Sight means the total, permanent Loss of Sight in One Eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means. Loss of Thumb and Index Finger of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount the Company will pay is the maximum benefit.

Benefits paid under this provision will be paid in addition to any other benefits provided by this Policy.

Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.

DEFINITIONS

Hospital means an institution that meets all of the following: 1) It is licensed as a Hospital pursuant to applicable law; 2) It is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; 3) It is managed under the supervision of a staff of medical doctors; 4) It provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.); 5) It has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; and 6) It charges for its services.

Hospital also means a psychiatric hospital as defined by Medicare. It must be eligible to receive payments under Medicare.

A Hospital is mainly not a place for rest, a place for the aged, a place for the treatment of drug addicts or alcoholics, or a nursing home.

Injury means bodily injury caused by an Accident. The Injury must occur while this Policy is in force and while the Insured is covered under this Policy. The Injury must be sustained as stated on the face page of this Policy, except where specifically stated otherwise in this Policy.

Insured means any person, attending a School, for whom insurance is in force under this Policy and when due, the required premium has been paid for. A person's insurance takes effect and terminates as stated in the Policy Effective Date and Policy Termination Date provision.

Medically Necessary means medical and dental treatment which: 1) Are essential for diagnosis, treatment or care of the Injury or Accident for which it is prescribed or performed; 2) Meets generally accepted standards of medical practice; and 3) Are ordered by a Physician and performed under his or her care, supervision or order.

Physical Therapy means any form of physical therapy, whether by machine or hand, by use of exercise, manipulation, massage, adjustment, heat or cold, air, light, water, electricity or sound.

Physician means a currently licensed practitioner of the healing arts performing within the scope of a license which is issued under the laws of the state of practice. It does not include the Insured or his/her Immediate Family.

Reasonable Expense means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. Such services and supplies must be recommended and approved by a Physician.

HOW BENEFITS ARE PAID

The Company will pay Reasonable Expenses that are not recoverable from any Other Plan. The Company will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or similar provisions. The amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. This Blanket Student Accident Insurance is secondary to all other policies.

This provision will not apply if the total Reasonable Expenses incurred for Hospital and Professional Services Benefits are less than the amount stated in the Schedule of Benefits under Excess Coverage Applicability.

EXCLUSIONS

No Benefits are payable for Hospital and Professional Services for the following: 1) Injuries which are not caused by an Accident; 2) Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis; 3) Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three-, or four-wheeled recreational motor vehicle or snowmobile; 4) Aggravation, during a Regularly Scheduled Activity, of an Injury the Insured suffered before participating in that Regularly Scheduled Activity, unless the Company receives a written medical release from the Insured's Physician; 5) Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the Football and/or Sports Coverage provision has been paid; 6) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; 7) Treatment performed by a member of the Insured's Immediate Family or by a person retained by the School; 8) Injury caused by war or acts of war; suicide or intentionally self-inflicted Injury, while sane or insane; violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the

influence of any drugs or narcotic unless administered by or on the advice of a Physician; 9) Medical expenses for which the Insured is entitled to benefits under any (a) Workers' Compensation act or similar legislation; 10) Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain; 12) Expenses incurred for experimental or investigational treatment or procedures.

NOTICE OF CLAIM

Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company, with information sufficient to identify the Named Insured shall be deemed notice to the Company. Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss.

In the event of an Accident, students should:

1. Secure treatment at the nearest medical facility of their choice. (Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with its policy provisions or requirements.)
2. Obtain a receipt (if payment of any bills were made) and itemized copy of charges from the provider of medical services and send copies of their itemized bills and the **original** completed and **signed** student accident claim form to the claims office – mail all correspondence to Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802.
3. **Call 1-888-293-9229** with any Claims questions.

National Representative

Special Markets Insurance Consultants, Inc.
Stevens Point, WI 54481

Underwritten by
Gerber Life Insurance Company
White Plains, New York 10605

IMPORTANT NOTICE – THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

This proposal has been designed to illustrate the highlights of this insurance. All information in this proposal is subject to the provisions of Policy Form COL-11(VA), underwritten by Gerber Life Insurance Company. If there is any conflict between this brochure and the Policy, the Policy will prevail.

Note: Please see the Master Policy for individual state details.