

LIFETIME CATASTROPHIC ACCIDENT INSURANCE COVERAGE 2006-2007



VOLUNTARY PLAN



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Voluntary Catastrophic Accident Insurance for Virginia High School League

Eligibility

Class I - All middle school interscholastic student athletes, student managers, student trainers, student cheerleaders, or students participating in interscholastic competition, including school-supervised practice, game-related activities and related travel.

Class II – All students 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 related travel.

Benefits

In addition to the mandatory benefits already provided by the Virginia High School League the following benefit options are available for the consideration of schools with Class I and/or Class II eligible insureds. One medical benefit maximum will cover both classes.

<u>Medical Benefit</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

The Company will pay 100% of covered expenses in excess of the \$25,000.00 Covered Accident Deductible incurred by an Insured. In each Benefit Period the amount payable will not exceed the Maximum Medical Benefit Limit chosen. This insurance coverage is excess over any other valid and collectible insurance or similar benefit program available to the Insured Person for a covered loss under the policy

Only those covered expenses defined within the policy will be used to satisfy the Covered Accident Deductible Amount. Covered expenses payable under any other plan will be used to satisfy or reduce the Covered Accident Deductible Amount. Should no covered expenses be incurred within the 2 year Deductible Establishment Period following the Covered Accident, no benefit period will begin, and no benefits will be payable for that Disablement. Termination of an Insureds insurance under the policy shall not affect benefits payable for any Disablement originating prior thereto.

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 Hospital inpatient services and supplies, including intensive care services, and daily Hospital charges for personal Hospital services (including television, radio, telephone, barber, and beauty services to a maximum payment as shown in the Plan of Insurance); (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; and (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. Benefit amounts for each covered Medical Expense are as shown on the Schedule of Benefits within the policy.

Disability Benefits

Total Disability Benefit

If an Insured becomes totally disabled and has satisfied the Covered Accident Deductible amount, we will pay the Total Disability Benefit of \$1,000.00 per month beginning on the latter of; the date the Insured's Academic Class graduates; or the end of the academic year in which the Insured became totally disabled; or the date the Covered Accident Deductible Amount is satisfied. Payment of the Total Disability Benefit will continue for so long as the Insured remains so disabled.

Partial Disability Benefit

If an Insured becomes Partially Disabled immediately following a period of Total Disability for which Total Disability Benefits were paid, the Company will pay the Partial Disability Benefit of \$750.00 per month. The monthly Partial Disability benefit amount will be increased by 4% after the benefit has been paid for 12 months and after each subsequent 12 month period while the Insured remains Partially Disabled.

Partial Disability will end when the Insured is no longer Partially Disabled or if the Insured's average gross monthly earnings exceed \$2,500.00 for six consecutive months. The Partial Disability Benefit will be reduced by one-half of the monthly compensation earned by the Insured in excess of \$500.00 per month. Partial Disability Benefits will not be paid beyond the Maximum Period Payable-Lifetime.

Adjustment Expense Benefit

The Company will pay the Adjustment Expense incurred on behalf of the Insured who is Totally Disabled after the date the Covered Accident Deductible Amount is satisfied, subject to the maximum lifetime benefit of \$30,000.00.

Adjustment expenses are the Usual and Customary expenses incurred for:

- Medically Necessary Family Counseling for the Immediate Family of the Insured Person. Family Counseling will be limited to twenty (20) visits and \$70.00 per visit as shown in the Plan of Insurance. Such counseling must be rendered during the 24 month period of time immediately following the date of the Covered Accident to the Insured Person;
- The first \$2,500.00 of expense for training of a member of the Immediate Family of the Insured to perform rehabilitative or custodial functions necessary to the care of the Insured, the training must occur during the first twelve months after the covered accident;
- The expense, up to \$2,000.00 per member, of travel by the Insureds Immediate Family members between their home and the Insureds place of treatment which; occurs during the first 24 months after the Covered Accident; if by air, is on regularly scheduled commercial flights;
- Lost earnings by the Insureds parents or spouse, due to and in connection with a Covered Accident.

Family travel is limited to travel by not more than two members of the Insureds Immediate Family at one time. Family travel by personal auto is reimbursed at mileage rates used by the Internal Revenue Service. As provided above, lost earnings will be reimbursed for up to 13 weeks up to the lesser of \$500.00 or 75% of the average weekly wage for the year preceding the Covered Accident of one parent or the spouse of the Insured.

Special Expense Benefit

The Company will pay the Medically Necessary expenses incurred for Special Expense on behalf of the Insured Person who is Totally Disabled after the date the Covered Accident Deductible Amount is satisfied. Benefits are payable up to a maximum of \$100,000.00 for the first 10 years following the date of the covered accident and a maximum of \$50,000.00 for each 10 year period thereafter.

No benefits will be payable unless the services/expenses are Medically Necessary and all other policy requirements are satisfied.

Adaptation items or modifications must be, approved by a Doctor and us and Medically Necessary to accommodate the physical disability of the Insured as a result of a Covered Accident

Ancillary Illness or Injury Expense Benefit

The Company will pay for covered expenses incurred:

- After the Covered Accident Deductible Amount is satisfied;
- While the Insured is Totally or Presumptively Disabled; and
- In connection with an Ancillary Illness or Injury.

Covered expenses are payable after the \$5,000.00 per calendar year deductible per each Ancillary Illness or Injury has been met, not to exceed a combined maximum lifetime benefit for all Injuries and Illnesses of \$100,000.00

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

College Education Benefit

We will pay the actual tuition expense, up to the Maximum College Education Benefit after the Covered Accident Deductible Amount is satisfied and less any scholarships for attendance to complete the undergraduate degree in the event that the Insured is Totally Disabled. The Insured must recommence study within 8 years after the date of the covered accident. The Maximum College Education Benefit is \$50,000.00.

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.

Catastrophic Cash Benefit

If an Insured Person suffers a loss from a Covered Accident, and after the 6 month waiting period for Coma, we will pay benefits up to \$10,000.00 for Coma, Brain Death or Paralysis as stated in the Loss Table below. 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.

Loss Table

<u>Loss</u>	<u>Maximum Payable</u>
Coma.....	\$10,000.00
Brain Death.....	\$10,000.00
Hemiplegia.....	\$10,000.00
Paraplegia	\$10,000.00
Quadriplegia	\$10,000.00
Uniplegia	\$ 5,000.00

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
- The aggravation of a condition such as tendentious, strains, sprains, and other similar conditions caused by exertion while participating in a Covered Event;
- 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.

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.

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.



Mutual of Omaha

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