

› Catastrophic Cash Accident Medical Insurance Program

SOUTH CAROLINA HIGH SCHOOL LEAGUE



This brochure describes: who is eligible, when coverage is provided (covered events) for eligible persons, benefits available under the coverage and what may not be covered. Actual eligibility, covered events, benefits and limitations will be reflected in the policy issued to the South Carolina High School League (SCHSL).

LOCAL REPRESENTATIVE:

SADLER & COMPANY, INC. Post
Office Drawer 5866 Columbia, SC
29250-5866 803-254-6311
800-622-7370
Email:
kandyce@sadlersports.com



ELIGIBILITY

All interscholastic student athletes; cheerleaders; student managers; student trainers; student coaches; band members and majorettes in grades 6-12.

COVERED EVENT(S)

Eligible Insureds are covered while: (a) participating in interscholastic sports practice, games or competition and conditioning; and Summer Passing Leagues and tryouts; (b) participating in cheerleading practice for an interscholastic sport or while cheering at an interscholastic game or competition; (c) participating in band or majorette practice and performing as a band member or majorette at a school sponsored and supervised event; (d) traveling in transportation paid for or reimbursed by the Policyholder/Sponsoring Organization and proceeding directly to and from and without interruption between approved locations authorized by the Policyholder/Sponsoring Organization.

ACCIDENT MEDICAL EXPENSE BENEFIT

We will pay benefits for Medical Expense incurred by an Insured in excess of the \$25,000 Covered Accident Deductible. The Deductible must be satisfied within 24 months of the date of the Accident. Benefits will not exceed \$6,000,000.00 and are payable for up to 10 years from the date of the Injury. Medical Expense means the Allowable Expense: (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 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; (h) for care and treatment of mental and nervous disorders by a Doctor; and (i) 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 (j) physical therapy; and (k) prosthetic devices.

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.

CATASTROPHIC CASH BENEFIT

If an Insured suffers Traumatic Brain Deficit or Paralysis from an Accident, We will pay benefits, after the respective waiting periods, of \$100,000.00 as an initial lump sum. Thereafter an annual benefit of \$100,000.00 for up to 4 additional years will be paid, not to exceed the Maximum Benefit Amount of \$500,000.00. If

the Insured has more than one loss from one Accident, We will pay only the largest benefit to which the Insured is entitled.

ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT

We will pay the benefit amounts shown in the table below, based upon the Principal Sum shown below for Accidental Death and Specific Loss: (a) Results solely from an Injury to an Insured Person which occurs during a Sponsored and Supervised Activity and from no other contributory cause; and (b) Is sustained within 365 days from the date of the Accident. If an Insured Person 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.

LOSS OF:	BENEFIT AMOUNT
Life	\$10,000.00
Both Hands or Both Feet or Entire Sight of Both Eyes	\$10,000.00
1 Hand and 1 Foot or 1 Hand and Entire Sight of 1 Eye or 1 Foot and Entire Sight of 1 Eye	\$10,000.00
Speech and Hearing (both ears)	\$10,000.00
1 Hand or 1 Foot or Entire Sight of 1 Eye	\$5,000.00
Speech or Hearing (both ears)	\$5,000.00
Thumb and Index Finger of the Same Hand	\$2,500.00

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

SEAT BELT AND AIR BAG BENEFIT

We will pay a \$5,000.00 Seat Belt benefit when an Insured receives Injuries covered by the policy which results in loss of life and at the time of the Accident the Insured was:

- the operator of or passenger in an Automobile; and
- utilizing a Seat Belt

We will pay a \$5,000.00 Air Bag if at the time of the Accident:

- a front or side Air Bag restraint system designed to protect the occupant was in place and engaged; and
- the Insured received Injuries that result in loss of life covered by this policy

EXCLUSIONS AND LIMITATIONS

No benefits are payable for:

1. Repetitive Motion Injuries or the aggravation thereof;
2. bacterial infection, except infection of and through a wound accidentally sustained;

3. loss from intentionally self-inflicted injury, suicide while sane or insane;
4. loss from commitment of or an attempt to commit a felony, or engagement in an illegal activity;
5. loss from an act of declared or undeclared war;
6. loss from participation in a riot or insurrection;
7. loss from travel or flight in or descent from any aircraft, unless the Insured 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;
8. charges which exceed the Allowable Expense;
9. charges incurred for dental work unless the Insured sustains an Injury which results in damage to his or her natural teeth;
10. 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 in this policy;
11. charges incurred for services or supplies not specifically provided for in the policy;
12. charges which would not have been made in the absence of insurance or which the Insured is not legally obligated to pay;
13. charges incurred for cosmetic procedures, unless made Medically Necessary by an Injury;
14. charges incurred for eyeglasses, contact lenses, or hearing aids or for any examination or fitting related to these devices unless made Medically Necessary by an Injury;
15. charges incurred for care, treatment, or service which is not Medically Necessary to the diagnosis or treatment of an Injury;
16. charges incurred for the professional services of a person who either lives with the Insured or is an Immediate Family Member;
17. charges incurred for Experimental or Investigational Drug or Treatment;
18. charges incurred for articles of clothing which are intended for use more than once;
19. routine medical examination and related medical services;
20. charges which are recoverable from any other insurance policy, service contract, workers' compensation, or other arrangements of Insured or Self-Insured group coverage;
21. charges for mental or nervous disorders, except as specifically provided herein;
22. elective treatment or surgery, health treatment, or examination where no Injury is involved;
23. acts of aggression, assault, or battery (only if instigated by the Insured);
24. fighting or brawling (other than an act of aggression instigated by an Insured);
25. drugs that promote fertility, treat infertility, enable sexual performance, or provide sexual enhancement;
26. Injuries associated with activities or travel outside the United States unless the Injury occurred as part of an Activity held outside the United States and the treatment is not considered an Experimental or Investigational Drug or Treatment in the United States;
27. sickness, disease, bodily or mental infirmity, or medical or surgical treatment thereof, or 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;
28. treatment in any Veterans Administration or federal Hospital, unless there is a legal obligation to pay;
29. Pre-Existing Condition;
30. active duty service in any Armed Forces;
31. voluntary self-administration of any drug or chemical substance not prescribed by or not taken according to the directions of the Physician;
32. Injury caused by, attributable to, or resulting from the Insured's Intoxication;
33. Injury caused by, attributable to, or resulting from the Insured's use of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage;
34. operating a motor vehicle under the influence of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage;
35. 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;
36. services or treatment incurred to the extent they are paid or payable under any Other Insurance Plan;
37. services or treatment incurred to the extent that they are paid or payable under any automobile insurance policy without regard to fault. This exclusion does not apply in any state where it is prohibited;
38. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any Other Insurance Plan;

DEFINITIONS

Allowable Expense means a Medical Expense payable under the policy that is not in excess of the 80th percentile identified on Context4HealthCare (the "Database"). When there is, in Our determination, minimal data available from the Database for a Medical Expense, We will determine the amount to pay by calculating the unit cost for the applicable service category using the Database and multiplying that by the relative value of the Medical Expense based upon a commercially available relative value scale selected by Us. In the event of an unusually complex medical procedure, a Medical Expense for a new procedure or a Medical Expense that otherwise does not have a relative value that is in Our determination applicable, We will assign a relative value. The Medical Expenses We pay may not reflect the actual charges of a provider and does not take into account the provider's training, experience, or category of licensure. A provider may charge the Insured the difference between what the provider charges and the amount We pay under the policy. The Database will be updated by Us as information becomes available from the supplier, up to twice each year. We may modify the Database in Our discretion to reflect Our experience. We have the right, in Our discretion, to substitute or replace the Database with another Database or Databases of comparable purpose, with or without notice.

Deductible (Reducing) means the amount of eligible Medical Expenses incurred by an Insured before benefits are payable under this policy. Expenses must be incurred within 24 months of the

date of the Accident. Medical Expenses payable under any Other Insurance Plan will be used to satisfy or reduce this Deductible. It applies separately to each Insured and each Injury.

Heart or Circulatory Malfunction means an acute onset of a cardiovascular or circulatory accident, stroke, or other similar traumatic event affecting the heart or circulatory system that: (a) is first diagnosed and treated while the Insured's coverage under this policy is in force; (b) occurs as a result of Injury to the Insured while participating in a Sponsored and Supervised Activity; and (c) does not result from a Pre-Existing Condition.

Hospital means an institution that: (a) is licensed (if required) as a Hospital by applicable licensing authorities; (b) is open at all times; (c) is operated mainly to diagnose and treat illnesses and Injuries on an inpatient basis; (d) has a staff of one or more Physicians on call at all times; (e) has 24-hour nursing services by registered Nurses; (f) is not mainly a skilled nursing facility, clinic, nursing home, rest home, convalescence home, or like place; and (g) has organized facilities for major surgery or provides for such facilities for its patients through formal written agreement with other Hospitals.

Injury or Injuries means bodily harm which: (a) requires treatment by a Physician; (b) results in loss due to an Accident, independent of sickness and all other causes; and (c) occurs during a Sponsored and Supervised Activity. Bodily harm does not include a Pre-Existing Condition or a Repetitive Motion Injury.

Paralysis means loss of function of one or more limbs as a result of neurological damage, without Severance of a limb. Paralysis must start within 30 days of the Accident. This loss must be determined by a Physician to be complete and irreversible. The Insured must be under the care of a Physician for 6 consecutive months from the date of loss of function. At the end of this time, a Physician must determine that the loss of function is not reversible.

Traumatic Brain Deficit means an Injury to the brain which: (a) is diagnosed by a Physician within 48 hours of an Accident; (b) results in measurable, neurological deficit persisting for the lesser of at least 12 continuous months or the time at which maximum recovery has been reached; (c) requires permanent daily personal supervision; and (d) results in the inability of the Insured to perform independently three or more ADLs.

FAST PRIORITY CLAIM SERVICE

Claims will be paid by the Mutual of Omaha Special Risks Services Department. Mutual of Omaha has years of experience in handling special risk and student accident/medical insurance claims. There is an 800 number for schools, parents and providers to use. We offer fast, accurate claims processing. The **claim procedure is prompt and efficient**. Each school is supplied with claim forms. When there is a school-related Injury, the school's responsibility is to verify the student's name and the circumstances of the Accident. Once the claim is filed by the parents and/or providers of the service, there is no further school involvement.

Mail your claim form to:

**Mutual of Omaha Special Risk Services
P.O. Box 31156
Omaha, NE 68131**

Call our toll-free number with Claim questions:

1-800-524-2324

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

This plan also covers all Mandated Benefits as required by the state in which the policy is issued. This brochure has been designed to illustrate the highlights of this insurance. All information in this brochure is subject to the provisions of the policy issued to the South Carolina High School League; SB21CCSC-P-053387, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between this brochure and the policy, the policy will prevail.