

# › 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

**Bollinger Specialty Group**

A Gallagher Company



## ELIGIBILITY

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

## COVERED EVENT(S)

Subject to all other provisions of this Policy, coverage is provided for a Covered Person while he is:

1. Taking part in:
  - a. A regularly scheduled athletic game or competition; Summer Passing Leagues and tryouts; or
  - b. A practice session for an athletic team or club.
2. Traveling to or from such a game, competition or practice session provided he is:
  - a. Traveling with the athletic team or club; and
  - b. Under the direct and immediate supervision of:
    - i. The athletic team or club; or
    - ii. An adult authorized by the athletic team or club.

Travel time includes the time:

- i. To or from home, a scheduled game, competition or practice session;
- ii. Before required attendance time;
- iii. After the Covered Person is dismissed; and
- iv. After the Covered Person completes extra duties assigned by the School.

## ACCIDENT MEDICAL EXPENSE BENEFIT

We will pay benefits for Medical Expense incurred by an Insured in excess of the \$25,000 Deductible. Benefits will not exceed \$6,000,000.00 and are payable for up to 10 years from the date of the Injury.

We will pay Accident Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles, Benefit Periods, benefit maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Eligible Expenses incurred by or on behalf of the Covered Person;
3. for Eligible Expenses incurred within 10 years after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Services included: Hospital Room & Board (Semi-Private Room Rate); Intensive Care Room & Board, Hospital Miscellaneous Expenses; Pre-Admission Testing; In-Patient and Out-Patient Surgery; Emergency Room; Anesthesia; Physician's Visits (In-Hospital and Out-of Hospital); X-Ray; Laboratory; Nursing; Outpatient Physiotherapy; Ambulance; Dental Treatment for Injury Only; Out-Patient Prescription Drugs.

## EXCESS NATURE OF POLICY

If an Injury to the Covered Person results in his incurring Eligible Expenses for any of the services in the Schedule of Benefits, we will pay the Eligible Expenses incurred, subject to the Deductible, that are in excess of Expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.

The Covered Person must be under the care of a Physician when the Eligible Expenses are incurred. The Expense must be incurred solely for the treatment of a covered Injury:

1. While the person is insured under this Policy; or
2. During the Benefit Period stated on the SCHEDULE OF BENEFITS.

The first Expense must be incurred within the time frame shown on the SCHEDULE OF BENEFITS.

The total of all medical benefits payable under this Policy is shown on the SCHEDULE OF BENEFITS: and

1. Subject to the specific maximums shown on the SCHEDULE OF BENEFITS; and
2. Subject to compliance with the requirement, set forth in the Limitations section of this Policy.

## CATASTROPHIC CASH BENEFIT

If a Covered Person suffers a covered Accident that results in a covered Injury that causes the Covered Person to experience Total Paralysis, Coma or Brain Death within 180 days from the date of the Accident, the Company will pay a maximum benefit as stated in the Schedule of Benefits (\$500,000). The Injury must be due to the covered Accident directly and independently of all other causes and the condition must continue for 6 consecutive months to be eligible for benefits. A lump-sum benefit of up to \$100,000 will be paid after said conditions continue for 6 consecutive months. Thereafter, a yearly benefit of \$100,000 will be paid for a period not to exceed 4 years, so long as the Insured Person remains with Total Paralysis, in a Coma, or has incurred irreversible Brain Death, not to exceed the Maximum Benefit.

## ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT

Principal Sum: \$10,000

Time Period for Loss: 365 Days

If, within 1 year from the date of an Accident covered by this Policy, Injury from such Accident, results in Loss listed below, We will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Covered Person sustains more than one such loss as the result of one Accident, We will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies to the Covered Person.

LOSS OF:	BENEFIT
Life	100%
Both Hands or Both Feet or Entire Sight of Both Eyes	100%
1 Hand and 1 Foot or 1 Hand and Entire Sight of 1 Eye or 1 Foot and Entire Sight of 1 Eye	100%
Speech and Hearing (both ears)	100%
1 Hand or 1 Foot or Entire Sight of 1 Eye	50%
Speech or Hearing (both ears)	50%
Thumb and Index Finger of the Same Hand	25%

## HEART OR CIRCULATORY MALFUNCTIONS BENEFIT

We will pay benefits for a Covered Person who suffers a sudden Heart or Circulatory Malfunction that results directly and independently of all other causes, from a Covered Accident and the first symptoms of the malfunction are medically diagnosed while the Covered Person is covered under this Policy.

Benefits will not be payable if in the past year, the Covered Person was medically diagnosed as having, or received treatment for:

1. a heart or circulatory malfunction; or
2. hypertension, angina or other heart or circulatory condition.

Benefits will not be payable if the Covered Person is diagnosed with a newly diagnosed congenital disorder.

Symptoms, such as shortness of breath, heart pain or numbness of a limb are covered during the first 48 hours. These symptoms are not covered beyond the first 48 hours unless:

1. they first occurred within 48 hours; and
2. an actual malfunction of the heart or circulatory system is subsequently diagnosed.

## SEAT BELT

We will pay the Seatbelt Benefit if loss of life for which this Policy provides coverage to a Covered Person results from an Accident which occurs while the Covered Person is driving or riding in a Private Passenger Car, and:

1. The private passenger car is equipped with original, factory-installed seat belts;
2. The seatbelt was in actual use by the Covered Person and properly fastened at the time of the Accident; and
3. The use or position of the seatbelt is certified:

- a. In the official report of the Accident; or
- b. By the investigating officer.

However, if such certification is not available and it is unclear if the Covered Person was properly wearing a seatbelt, We will pay the Limited Seatbelt Benefit.

In the case of a child, seatbelt means a child restraint device, approved by the National Highway Traffic Safety Administration, which is secured and being used as recommended by its manufacturer for children of like age and weight, at the time of the Accident.

## EXCLUSIONS AND LIMITATIONS

No benefits are payable for:

1. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician;
2. War or any act of war, declared or undeclared;
3. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning;
4. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
5. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation;
6. Travel or flight in or on any vehicle for aerial navigation; including boarding or alighting from: except as a fare paying passenger on a regularly scheduled commercial airline; While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers;
7. Charges which are in excess of Usual, Reasonable and Customary charges;
8. Dental care or treatment other than care of teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Policy, and rendered within 6 months of the Accident;
9. Any treatment, service or supply not specifically covered by this Policy;
10. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy;
11. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body;
12. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
13. Services or treatment rendered by an Immediate Family member of the Covered Person;
14. Regular health check ups;
15. Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder;
16. Mental or nervous disorders;
17. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling, assault or battery;
18. Travel or activity outside of the United States;
19. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
20. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro-rate premium upon request;
21. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician;
22. Intoxication or being under the influence of any drug or narcotic;
23. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician;
24. Driving under the influence of a controlled substance unless administered on the advice of a Physician;
25. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
26. That part of the medical expense payable by any automobile insurance policy without regard to fault; (Does not apply in any state where prohibited)
27. Disease or disorder of the body or mind;
28. Conditions that are not caused by a Covered Accident;
29. Loss resulting from participation in any activity not specifically covered by this Policy;
30. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
31. Expense incurred for treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Policy;
32. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
33. Rest cures or custodial care.

## DEFINITIONS

**Covered Expenses** means expenses actually incurred by or on behalf of a Covered Person for the Usual, Reasonable and Customary charges for the Medically Necessary treatment, services and supplies covered by the Policy and Certificate and which is performed or given under the direction of a Physician for treatment of an Injury. Coverage under the Policy and Certificate must remain continuously in force from the date of the Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. A Covered Expense for an Injury cannot be in excess of the maximum benefit amount payable per service as shown in the Schedule and cannot be for medical services and supplies that are excluded under the Policy.

**Deductible (Disappearing)** means a dollar amount of Covered Expenses the Covered Person must pay before We pay any benefits. The Deductible may be satisfied by Other Valid and Collectible Insurance or Plan. The Disappearing Deductible is shown on the Schedule of Benefits

**Hospital** means an institution which:

1. Is operated pursuant to law;
2. Is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
3. Is under the supervision of a staff of Physicians;
4. Provides 24 hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
5. Has medical, diagnostic and treatment facilities, with major surgical facilities:
  - a. On its premises; or
  - b. Available to it on a prearranged basis; and
6. Charges for its services.
7. Is a duly licensed Rehabilitation Facility.

**Hospital** does not include:

1. A clinic or facility for:
  - a. Convalescent, custodial, educational or nursing care;
  - b. The aged, drug addicts or alcoholics;
2. A military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless:
  - a. The services are rendered on an emergency basis; and
  - b. A legal liability exists for the charges made to the individual for the services given in the absence of insurance.

**Injury** means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

**Physician** means a person who is a qualified practitioner of medicine. A such, He or She must be acting within the scope of his/her license and under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse, son, daughter, father, mother, brother, or sister or other relative.

**Usual, Reasonable and Customary** means:

1. With respect to fees or charges, fees for medical services or supplies which are:
  - a. Usually charged by the provider for the service or supply given; and
  - b. The average charged for the service or supply in the locality in which the service or supply is received; or
2. With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

## FAST PRIORITY CLAIM SERVICE

Claims will be paid by RPS Bollinger Specialty Group. RPS Bollinger Specialty has years of experience in handling 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.

SEND ALL FORMS TO  
CLAIMS ADMINISTRATOR:

RPS Bollinger

PO Box 1346

Morristown, NJ 07962

or email to:

[BollingerSchoolClaims.GBS@AJG.com](mailto:BollingerSchoolClaims.GBS@AJG.com)

Questions: Please contact our Customer Service  
Department @ 1-866-267-0092

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## IMPORTANT NOTICE –

THIS IS ACCIDENT ONLY COVERAGE. BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS. THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

This is a brief description of coverage provided under policy number US563207, issued to South Carolina High School League under form number BA-50000P-SC, and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may vary or may not be available in all states. Plans are underwritten by United States Fire Insurance Company, Eatontown, NJ