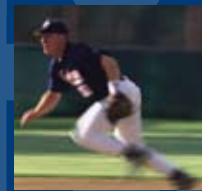
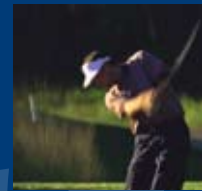


Athletic Accident Medical Insurance



*Accident Medical Insurance
for Intercollegiate Sports*



athletics

Athletic Accident Medical Insurance

This brochure describes: eligibility options, when coverage is provided (covered events) for eligible persons, benefits available under the coverage and what may not be covered. Actual eligibility, covered events and benefits selected will be shown in the coverage document issued to each individual institution. Please refer to the policy or plan of insurance document issued to your institution for a complete description of your coverage.

BENEFIT SUMMARY

The Excess Basic Medical Insurance is designed to cover Intercollegiate Sports related injury costs which exceed the limits of other insurance plans or workers' compensation.

ELIGIBILITY

Class I – All Intercollegiate Student Athletes, Student Coaches, Student Managers, and Student Trainers

Class II – Student Cheerleaders

Class III – Prospective athletes while on campus during an official visit for which the athlete was invited by the Participating School

Class IV – Up to two chaperones of prospective athletes insured under Class III, while the chaperones are on campus during an official visit by the athlete, in any combination of the following:

- 1) legal guardian
- 2) spouse
- 3) parents
- 4) siblings
- 5) grandparents
- 6) aunts/uncles

whose names are reported to, and on file with, the Policyholder prior to a prospective athlete's official visit.

COVERED EVENT

For Student Athletes, Student Coaches, Student Managers and Student Trainers, coverage is only effective for events and activities that are authorized by, organized by or directly supervised by an official representative of the Policyholder. Coverage is not provided for activities that are not directly a part of an intercollegiate sport, such as camps, clinics and other events not conducted by the Policyholder.

For Student Cheerleaders, coverage is only effective for activities performed as part of the cheer unit for an intercollegiate sport team competition authorized by, organized by and directly supervised by an official coach or advisor of the Policyholder. Practice sessions and pep rallies are also qualifying events when: a) authorized by, organized by and directly supervised by an official coach or advisor of the Policyholder, other than an Insured; and b) in preparation for an intercollegiate sport team competition. Coverage does not include any activities that are not directly associated with the activities of an intercollegiate sport team, such as camps, clinics, national competitions, fund-raisers, alumni events and other events not conducted by the Policyholder, unless Expanded Cheer Coverage is purchased.

For Prospective athletes and their chaperones, coverage is only effective for activities during, and directly related to, an official visit for which the athlete was invited by the Policyholder. Travel coverage is only effective for activities conducted under the direct supervision of an official representative of the Policyholder.

BENEFITS

Accidental Death, Dismemberment, or Loss of Sight, Speech or Hearing

We will pay the benefit amounts shown for Accidental Death, Dismemberment, or Loss of Sight, Speech or Hearing which results solely from an injury which occurs during a covered event, and from no other contributory cause, and occurs within 365 days after the date of the accident, benefits will be paid as follows:

	Principal Sum
Loss of Life	Principal Sum
Loss of Both Feet, Both Hands or Both Eyes	Principal Sum
Loss of One Hand and One Foot	Principal Sum
Loss of One Hand and One Eye or One Foot and One Eye	Principal Sum
Loss of One Hand, One Foot or One Eye	One-Half Principal Sum
Loss of Speech and Hearing	Principal Sum
Loss of Speech or Hearing	One-Half Principal Sum
Loss of Thumb and Index Finger of the Same Hand	One-Quarter Principal Sum

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.

Accident Medical Expense Benefits

When covered Injuries result in treatment by a Legally Qualified Physician beginning within 90 days after the date of the accident, we will pay the Medical Expense incurred in excess of the Medical Deductible, if any. Benefits shall not exceed the Usual and Customary Charges. Eligible Medical Expenses are as follows:

- (a) Treatment by a Legally Qualified Physician;
- (b) Care or services from a Hospital or Ambulatory Surgical Center;
- (c) Services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage;

- (d) Professional ambulance service to the nearest hospital;
- (e) Orthopedic appliances and durable medical equipment;
- (f) Dental treatment of sound, natural teeth, as a result of a covered accident;
- (g) Physical therapy;
- (h) Prescription drugs.

Only covered Medical Expense incurred by the Insured within a maximum period of 104 weeks from the date of the accident is covered. Benefits for any one accident shall not exceed, in the aggregate, the Medical Benefit.

Benefits for Medical Expense will be paid only for such expenses which is not recoverable from any other insurance policy, service contract or workers' compensation. In Pennsylvania, we will pay the first \$100.00 and then for those expenses which are not recoverable from any other insurance policy, service contract or workers' compensation. The Medical Benefit Maximum and Medical Deductible are stated in the coverage document for your institution.

Heart or Circulatory Malfunction Death Benefit – Optional

If an Insured suffers Loss of Life as a result a Heart or Circulatory Malfunction (as defined), within 90 days from the date of participating in a scheduled game or supervised practice, we will pay, on behalf of the Insured, a lump-sum benefit amount.

Expanded Medical Coverage – Optional

The definition of Injury is expanded to include conditions which result from other than accidental bodily injury provided such conditions are a result of the practice and play of a covered athletic activity and the student athlete has been released to participate in practice or play by a legally qualified physician. Covered conditions include wear and tear (loss and damage caused by overuse) of a body part due to the play and practice of a covered athletic activity.

Re-Injury or Aggravation of Injury Benefit – Optional

Pre-existing conditions are not covered. This benefit expands the definition of Injury to include a re-injury or aggravation of an Injury sustained prior to the effective date of the Policy. The Insured Person must have received medical clearance to participate in the appropriate athletic activity of the Policyholder prior to the re-injury or aggravation. The medical clearance must be provided by the physician responsible to the Policyholder for such determination. A re-injury or aggravation of a prior injury must occur during the practice or play of a covered athletic activity.

HMO / PPO – Optional

When other valid and collectible insurance or plan (including HMO / PPO) denies benefits because the Insured failed to utilize, or chose not to use, an authorized medical vendor, we will pay the expense incurred that we would have paid in the absence of such other valid and collectible insurance or plan. The Insured must provide us with such proof of denial.

Expanded Cheer Coverage – Optional

Coverage for Student Cheerleaders will be provided for: cheerleading fund-raisers, alumni event, camps, clinics, competitions and any activity for which the participating school has requested the cheerleading squad's attendance or participation. These events/activities must be authorized by the participating school and supervised by the sponsoring organization.

AIR AGGREGATE LIMIT OF INDEMNITY

Our aggregate limit of indemnity under the policy for all covered loss of life, limb or sight sustained as a result of the same air travel accident by all Insureds involved in such accident shall not exceed \$1,000,000.00.

If the above aggregate limit is insufficient to pay the full amount specified for all Insureds involved in the same accident, then the amount of indemnity payable for covered losses sustained by each insured person shall be in the proportion that said aggregate limit bears to the total amount of indemnity that would have been payable except for said aggregate limit.

EXCLUSIONS

In all states except Florida, Maryland and Pennsylvania, the following exclusions will apply:

- (a) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only);
- (b) injuries caused by an act of declared or undeclared war;
- (c) injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded);
- (d) injuries received while acting as a pilot or crew member;
- (e) injuries received while traveling as a passenger by air, except as specifically defined in the policy;
- (f) injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation;
- (g) injuries received while under the influence of any controlled substance, unless administered on the advice of a legally qualified physician;
- (h) injuries received while intoxicated as specifically defined in the policy;
- (i) the cost of eyeglasses, contact lenses or examinations for either;
- (j) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth; or
- (k) injuries covered by workers' compensation or employer's liability laws.

In Florida, Maryland and Pennsylvania the following exclusions will apply:

- (a) injuries resulting from air travel, except while a passenger for transportation only;
- (b) the cost of eyeglasses, contact lenses or examinations for either;
- (c) the cost of dental treatment, except as specifically provided for injuries to sound, natural teeth;
- (d) expenses for which benefits were paid for by workers' compensation or employer's liability laws;

- (e) injuries caused by an act of declared or undeclared war;
- (f) suicide or attempted suicide, sane or insane;
- (g) injuries sustained while traveling except as described in the policy;
- (h) injuries received while under the influence of any controlled substance, unless administered on the advice of a physician; or
- (i) injuries received as a result of being intoxicated (as determined and defined by the laws in the jurisdiction in which the loss or cause of loss was incurred; for the purposes of this exception, the laws governing the operation of motor vehicles while intoxicated will apply to any activity occurring at the time of the accident).

DEFINITIONS

“Ambulatory Surgical Center” means a facility which is licensed as an Ambulatory Surgical Center by the state in which it is located.

“Heart or Circulatory Malfunction” means disease or illness of the heart or circulatory system which: (a) is first diagnosed and treated while the Insured’s coverage under the policy or certificate is in force and occurs in a scheduled game or supervised practice, within 24 hours after participation; and (b) the Insured has not before such participation been medically advised of/or has received any medical treatment for such heart or circulatory malfunction.

“Hospital” means a place licensed (if licensing is required by law) as a hospital and operated for the care and treatment of resident inpatients with a registered graduate nurse always on duty or on call and with a laboratory and an operating room (both on the premises) where surgical operations are performed by persons legally qualified to do so. In no event shall the term “hospital” mean an institution or that part of an institution which is used principally as a clinic, convalescent home, rest home, nursing home for the aged, drug addicts or alcoholics.

“Hospital” (in Florida only) means: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and x-ray facility; (c) a place recognized as a hospital by the Joint Commission on the Accreditation of Hospitals; (d) a place certified as a hospital by Medicare; (e) a place accredited by the American Osteopathic Association; or (f) a place accredited by the Commission on the Accreditation of Rehabilitative Facilities. Not included is a hospital or institution or a part of such hospital or institution that is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.



“Injuries” means accidental bodily injuries received while the Insured is covered under the policy which result 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.

“Legally Qualified Physician” means a physician: (a) other than the Insured; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the state where services are rendered.

“Loss of Eye or Eyes” means the total and irrecoverable loss of the entire sight thereof.

“Loss of Hand or Hands or Foot or Feet” means severance at or above the wrist or ankle joint, respectively.

“Loss of Speech and Hearing” means the total and irrecoverable loss thereof. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrecoverable loss.

“Loss of Thumb and Index Finger of the Same Hand” means severance of two or more entire phalanges of both the thumb and the index finger.

“Medical Expense” means expense incurred for Medically Necessary services and supplies ordered or prescribed by a Legally Qualified Physician. Not included are amounts in excess of the Usual and Customary Charges. Medical Expense is incurred on the date the service or supply is received.

A “Medically Necessary” service or supply means one which: (a) is recommended by the attending Legally Qualified Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; and (c) could not have been omitted without adversely affecting the Insured’s condition or the quality of medical care.

“Off-season Physical Conditioning” means a physical conditioning activity, which is not the play or practice of the insured sport, that is officially scheduled and authorized by a regularly employed coach and trainer.

“Usual and Customary Charges” means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

This brochure illustrates the highlights of this insurance. All information herein is subject to the provisions of Policy Form T5MP, or state equivalent, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between the brochure and the policy, the policy provisions will prevail.

This coverage is not available in New York.

Overland Park Office
 7400 College Boulevard, Suite 100
 Overland Park, KS 66210
 Phone: 800-955-1991
 Fax: 913-327-0201



Salt Lake City Office
 2180 South 1300 East, Suite 520
 Salt Lake City, UT 84106
 Phone: 800-955-1991 x198
 Fax: 801-412-2625

ATHLETIC ACCIDENT MEDICAL INSURANCE QUOTATION REQUEST FORM

NAME OF INSTITUTION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME _____ TITLE _____

PHONE _____ FAX _____ E-MAIL _____

AFFILIATION NCAA NAIA NJCAA NCCAA OTHER _____

PART A – COVERED PARTICIPANTS

SPORTS	MEN	WOMEN	SPORTS	MEN	WOMEN
BAND			STUDENT COACHES		
BASEBALL			STUDENT MANAGERS		
BASKETBALL			STUDENT TRAINERS		
BOWLING			SWIMMING/DIVING		
CHEERLEADING			TENNIS		
CROSS COUNTRY			TRACK & FIELD (INDOOR)		
DANCE/DRILL TEAM			TRACK & FIELD (OUTDOOR)		
FOOTBALL (FALL)			VOLLEYBALL		
FOOTBALL (SPRING)			WRESTLING		
GOLF			OTHER (LIST BELOW)		
HALF MARATHON					
ICE HOCKEY					
LACROSSE					
SOCCER					
SOFTBALL			TOTALS		

Exclusively Partnered With:



PART B – PREVIOUS INSURANCE INFORMATION

BENEFITS	3 YEARS PREVIOUS	2 YEARS PREVIOUS	1 YEAR PREVIOUS	CURRENT YEAR
Medical Maximum Limit				
Excess or Primary				
Deductible <input type="checkbox"/> Reducing or <input type="checkbox"/> Corridor				
Benefit Period (weeks)				
Accidental Death & Dismemberment Benefit				
Coverage for overuse injuries/conditions (Y/N)				
Coverage for HMO/PPO denials (Y/N)				
Coverage for re-injury/re-aggravation (Y/N)				
Coverage for Heart & Circulatory (Y/N)				
Insurance Carrier				
PREMIUM				
Basic				
Catastrophic				
CLAIMS HISTORY*				
Number of Claims Paid				
Total Amount of Claims Paid				
As of (mm/dd/yyyy)				

***PLEASE ATTACH CARRIER LOSS REPORTS FOR ALL YEARS DATED NO EARLIER THAN 3/1 OF THE CURRENT YEAR.**

Does your institution have formal written agreements in place with preferred medical providers? Yes No
 Is primary insurance required as a condition of participation? Yes No

PART C – OPTIONS

Deductible: \$0 \$250 \$500 \$1,000 \$1,500 \$2,500 \$5,000
 Other \$ _____ Other \$ _____ Other \$ _____

Accidental Death & Dismemberment Benefit: included \$10,000 \$25,000 \$50,000 \$100,000

Coverage for overuse injuries/conditions: Yes No
 Coverage for HMO/PPO denials: Yes No
 Coverage for re-injury/re-aggravation: Yes No
 Coverage for heart & circulatory (AD&D): Yes No

Would you like to see an additional quote for:
 Expanded cheerleading coverage? Yes No
 Deductible administration or aggregate plan? Yes No
 Catastrophic insurance? Yes No

QUOTE NEEDED BY: _____

Please return this completed form to the office of your choice listed below:

Overland Park Office
 7400 College Boulevard, Suite 100
 Overland Park, KS 66210
 Phone: 800-955-1991
 Fax: 913-327-0201
 Janice Briggs, Jeff Struckle
 or Angela King

Salt Lake City Office
 2180 South 1300 East, Suite 520
 Salt Lake City, UT 84106
 Phone: 800-955-1991 x198
 Fax: 801-412-2625
 Kathy Polanshek or Carol Malouf





Underwritten by:
MUTUAL of OMAHA INSURANCE COMPANY
Home Office: Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com

Policy Form T5MP Series 6657S
ID Policy Form T5MP Series 6440S
OK Policy Form T5MP Series 6440S
TX Policy Form T5MP Series 6440S

Questions should be directed to the Administrator,

Summit America Insurance Services, LC
7400 College Blvd., Suite 100
Overland Park, KS 66210
1-800-955-1991



Summit America Insurance Services, LC
2180 South, 1300 East, Suite 520
Salt Lake City, UT 84106
1-800-955-1991, ext. 198

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WILD KINGDOM
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