

SPECIAL RISK

# K-12 STUDENTS

Catastrophic Participant, Accident  
Medical Insurance, Coverage Guide



Mutual of Omaha

Underwritten by  
Mutual of Omaha Insurance Company



**Benefit Summary:** This Catastrophic Medical Insurance Policy is designed to cover K-12 student related catastrophic injury costs which exceed the limits of other insurance plans or workers' compensation.



## Eligibility

**Class 1:** All enrolled students (grades PK-12, includes enrolled and registered early childhood infants to school age), including the graduating class trip, religious services or instructions and all interscholastic student athletes excluding senior high football are covered under the Policyholder program for whom premium has been paid.

**Class 2:** All enrolled boarding students (grades PK-12) excluding senior high football are covered under the Policyholder program for whom premium has been paid.



## Insured Risk

**Class 1:** Coverage is provided while attending School and while attending or participating in Sponsored and Supervised activities while on or off School premises. Coverage is provided while participating in preseason tryouts or regularly scheduled athletic games or competition or practice sessions for the sports listed on file with the Policyholder.

Coverage is also provided while traveling as part of a group in transportation authorized or arranged by the Policyholder or while traveling directly and without interruption between the Insured's home and approved locations authorized by the Policyholder or the site of the Sponsored or Supervised Activity.

**Class 2:** 24-hour coverage



## 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 to the Insured which occurs during a covered event, and from no other contributory cause, and is sustained within the Loss Establishment Period of 365 days (not applicable in PA) after the date of the injury.

If an Insured 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. This amount will not exceed the Principal Sum that applies for the Insured.

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). Loss of speech or hearing means their total and irrecoverable loss. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrecoverable loss.



## Included in Option 1 and 2

### Accidental Medical Expense

We will pay benefits for Medical Expenses incurred by an Insured within 24 months following a Covered Accident that are in excess of the Covered Accident Deductible. Benefits will not exceed the Maximum Benefit Limit shown in the Schedule of Benefits. 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 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 Home Health Care;
- (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;
- (i) for care and treatment of mental and nervous disorders by a Doctor;
- (j) 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;
- (k) physical therapy and
- (l) prosthetic devices.



## Included in Option 1 and 2

### Catastrophic Cash Benefit

If an Insured Person suffers a loss from a Covered Accident, we will pay benefits up to the Maximum Benefit Amount for Brain Death or paralysis as stated in the Plan of Insurance.

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.



## The Following Benefits Are For Options 1 And 2

Aggregate Limit of Liability	
This is the maximum amount for which We are liable for an Insured Person under this plan due to any one Accident.	\$1,000,000.00
Covered Accident Deductible	
Eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the Covered Accident Deductible	\$25,000.00
Accident Medical Expense: Full Excess	Benefit Provision
Benefit Maximum	\$1,000,000.00
Benefit Percentage	100% of U&C
Deductible Establishment Period	24 Months
Maximum Benefit Period	10 years from accident date
Daily Room and Board Limit for Private or Semi-Private Room	Average Semi-Private Rate of Hospital in Which Confined
Intensive Care	Usual and Customary Charges
Maximum Spinal Manipulation Benefit	
Maximum Amount per Calendar Year	\$1,000.00
Maximum Visits per Calendar Year	N/A
Maximum Outpatient Physical Therapy Benefit	
Maximum Amount per Calendar Year	\$50,000.00
Maximum Visits per Calendar Year	N/A
Maximum Prosthetic Limitation	
Benefit Amount payable during the first two (2) Years after covered accident	\$100,000.00
Benefit Amount payable for the remainder of the benefit period immediately thereafter	\$100,000.00
If amputation of the leg is above the knee	\$200,000.00
Maximum Benefit Amount	200,000.00
If amputation of the leg is above the knee	\$300,000.00

## The Following Benefits Are For Option 2 ONLY

Accidental Death & Specific Loss Benefit Provision	
Principal Sum	\$20,000.00
Loss Period Loss	Within 365 Days
Catastrophic Cash Benefit	
Coma	100% of Maximum Benefit Amount
Brain Death	100% of Maximum Benefit Amount
Hemiplegia	100% of Maximum Benefit Amount
Paraplegia	100% of Maximum Benefit Amount
Quadriplegia	100% of Maximum Benefit Amount
Uniplegia	50% of Maximum Benefit Amount
Loss period	Loss beginning within 30 days of Injury and continuing for 6 consecutive months
Lump Sum Payable after Loss Period has been met	\$100,000.00
Benefit amount payable every year thereafter	\$40,000.00
Maximum Benefit Period	10 Years
Maximum Benefit Amount	\$500,000.00
Excess Coverage	FULL

## Other Insurance/Excess



### Nature of Policy

This insurance is excess over any other valid and collectible insurance or similar benefit program available to the Insured Person for a Covered Loss. If an Insured Person receives or is entitled to receive benefits or services from any source described in the policy for any benefit category of a Covered Loss for which he or she is entitled, such benefit will be in excess of the amount of such Other Insurance.



### Nonduplication of Benefits

If any item of expense is payable under more than one provision of this policy, payment will be made only under the provision providing the greater benefit.



### Exclusions

**In all states the following general exclusions will apply:**

**(a)** the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth or **(b)** Injuries caused by workers' compensation or employer's liability laws. **(c)** loss due to the Insured's participation in a riot or insurrection; **(d)** loss caused by or resulting from an act of terrorism; **(e)** loss caused by or resulting from aviation, except as specifically provided in the policy; **(f)** services or treatment rendered by a Legally Qualified Physician, nurse or any other person who; is employed or retained by a sponsor or who is the Insured or a member of his or her immediate family; **(g)** charges for which the Insured would not have to pay if he or she did not have insurance; **(h)** that part of medical expense payable by any automobile insurance policy without regard to fault (does not apply in any state where prohibited); or **(i)** cosmetic surgery, except for reconstruction surgery due to injury to a part of the body.



## Definitions

**Covered Accident**, with respect to all benefits under this policy, except death benefits, means an accident which directly results in bodily Injury (not excluded from coverage by the policy Exclusions and Limitations) to the Insured Person as a result of which the Insured Person incurs a Covered Loss in excess of the Covered Accident Deductible, and which occurs to an Insured Person while this policy is in effect and between the Policy Dates and while he or she is participating in a Covered Event or performing directly assigned duties in connection with the Covered Event; and

(a) which occurs during Covered Travel to and from the location of a Covered Event;

(b) which occurs during a temporary stay at the location of a Covered Event held away from the location of the Insured Person's Participating School while the Insured Person is engaged in an activity or travel authorized by the Insured Person's Participating School.

With respect only to death benefits (not excluded from coverage by the policy Exclusions and Limitations), Covered Accident means an accident which occurs to an Insured Person while this policy is in effect and between the Policy Dates and while he or she is participating in a Covered Event or during Covered Travel.

**Covered Event** means those activities and events specified in the Schedule of Benefits.

### **Covered Loss means Reasonable and Customary:**

(a) Medical Expense;

(b) Dental Expense.

An expense will be a Covered Loss under this policy only to the extent that it is for Medically Necessary services, and not excluded under Exclusions and Limitations.

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

### **Hospital means any of the following places:**

(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 general hospital by the Joint Commission on the Accreditation of Hospitals; or

(d) a place certified as a hospital by Medicare. Not included is a hospital or institution or a part of such hospital or institution which 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:**

(a) received while insured under this policy; and

(b) resulting, independently of sickness and all other causes, in loss specified in the Benefit Provision(s) and Insuring Provision(s). The Plan of Insurance specifies the Benefit and Insuring Provision(s) applicable to each class of Insureds. Benefits are payable for an Insured's injuries under only one Insuring Provision for any one accident.







### Why Mutual of Omaha

Over 50 years of Mutual of Omaha's Wild Kingdom taught us that the animal kingdom and the human kingdom have something in common ... an instinct to protect what matters most. Through insurance and financial products, we help people protect their lives, protect their families, protect their kingdoms.

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