



**CONNECTICUT & MARYLAND  
Catastrophic Cash Accident Insurance**

**LOUISIANA  
Catastrophic Medical Accident Insurance**

**Marketing Agent**

**Underwritten by  
Mutual of Omaha Insurance Company**

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 Memorandum of Coverage or plan of insurance document issued to your institution for a complete description of coverage.

## **WHO IS ELIGIBLE & WHEN THEY ARE COVERED**

**(As per the selections made on the enrollment form)**

**Class 1\*:** All students including interscholastic athletes, intramural sports participants (except tackle football), student coaches, student managers and student trainers.

Coverage is provided for Class 1 Insureds: (a) while on school premises during the hours and days when school is in session; (b) while participating in interscholastic sports practice and games or while conditioning on school premises for interscholastic sports; (c) while acting as a student coach, student manager or student trainer during an interscholastic sports practice or game; (d) while participating in cheerleading practice for an interscholastic sport or while cheerleading at an interscholastic game; (e) while participating in band or majorette practice and while performing as a band member or majorette at a school sponsored event; (f) while participating in a school sponsored intramural sports game (except tackle football); (g) while participating in a school sponsored gym class activity or (h) while participating in a school sponsored non-sport extracurricular activity on or off school premises such as Drama Club, Chess Club, and Day Field Trips.

**Class 2:** All interscholastic athletes, cheerleaders, band members, majorettes, student coaches, student managers and student trainers.

Coverage is provided for Class 2 Insureds: (a) while participating in interscholastic sports practice and games or while conditioning on school premises for interscholastic sports; (b) while acting as a student coach, student manager or student trainer during an interscholastic sports practice or game; (c) while participating in cheerleading practice for an interscholastic sport or while cheerleading at an interscholastic game; (d) while participating in band or majorette practice or while performing as a band member or majorette at a school sponsored event.

**Class 3\*:** All interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants (except tackle football), gym class participants, student coaches, student managers, student trainers and student participants of school sponsored non-sport extracurricular activities.

Coverage is provided for Class 3 Insureds: (a) while participating in interscholastic sports practice and games or while conditioning on school premises for interscholastic sports; (b) while acting as a student coach, student manager or student trainer during an interscholastic sports practice or game; (c) while participating in cheerleading practice for an interscholastic sport or while cheerleading at an interscholastic game; (d) while participating in band or majorette practice or while performing as a band member or majorette at a school sponsored event; (e) while participating in a school sponsored intramural sports game (except tackle football); (f) while participating in a school sponsored gym class activity or (g) while participating in any school sponsored non-sport extracurricular activity on or off school premises such as Drama Club, Chess Club, and Day Field Trips.

**Class 4\*:** All students and intramural sports participants (except tackle football), excluding coverage for interscholastic athletes.

Coverage is provided for Class 4 Insureds: (a) while on school premises during the hours and days when school is in session; (b) while participating in a school sponsored intramural sports game (except tackle football); (c) while participating in a school sponsored gym class activity and (d) while participating in any school sponsored non-sport extracurricular activity on or off school premises such as Drama Club, Chess Club, and Day Field Trips.

**\*Contact the Marketing Agent if your intramural sports program includes tackle football.**

Covered travel for all classes, means team (or group) travel to, during or after Policyholder sponsored and supervised activities in transportation furnished by the Policyholder.

## 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 profound state of unconsciousness from which the Insured, through powerful stimulation, is not likely to be aroused. This condition must be diagnosed and regularly treated by a Physician.

**“Full Excess Coverage” (For CT & LA)** means benefits for medical expense will be paid only for such expense which is not recoverable from any other insurance policy, service contract or worker’s compensation.

**“Full Excess Coverage” (For MD)** means benefits will only be paid for medically necessary hospital, medical, dental and surgical services and supplies that are not recoverable from any insurance policy or service contract.

**“Heart or Circulatory Malfunction Death Benefit”** 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 received any medical treatment for such heart or circulatory malfunction.

**“Hospital” (In CT)** 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 LA & MD)** 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.

**“Injury”** means accidental bodily Injury: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes.

**“Paralysis or Paralytic”** means the loss of function of one or more limbs as a result of neurological damage. This condition must be diagnosed and regularly treated by a Legally Qualified Physician.

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

**ACCIDENT MEDICAL EXPENSE**

When a covered injury to an Insured results in treatment beginning within 2 years after the date of the accident; We will pay benefits, after the deductible has been satisfied, up to the maximum benefit amount selected by the school. The deductible is \$25,000 and must be satisfied within two years after the date of the accident. Eligible Medical Expenses are: (a) Treatment by a Legally Qualified Physician; (b) Care or service from a Hospital or Ambulatory Surgical Center; (c) Services from a registered nurse (RN or LPN) not related to the Insured by blood or marriage; (d) Ambulance services; (e) Orthopedic appliances. Only eligible medical expenses incurred by the Insured within the benefit period selected by the school are covered. Benefits will be paid on a Full Excess basis. Accident Medical Expense Benefits are payable up to the maximum benefit amount for each Insured for each accident.

**ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFITS**

Benefits are paid for losses incurred within 365 days from the date of Injury. The following benefits (the largest applicable amount) are paid in addition to the medical benefit:

Loss of Life .....	\$10,000
Loss of one hand, one foot, one eye, Speech or hearing .....	\$10,000
Loss of both hands, both feet, both eyes, Speech and hearing .....	\$20,000
Loss of one hand & one foot, one hand & one eye or one foot & one eye.....	\$20,000
Loss of Thumb and Index Finger of the Same Hand.....	\$ 5,000

"Loss" means, with regard to hands and feet, severance above the wrist or ankle joint. "Loss of eye or eyes" means total and irrecoverable loss thereof; loss must be irrecoverable by natural, surgical or artificial means. "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 aide or device shall not be construed to be 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 index finger.

**CATASTROPHIC CASH BENEFITS**  
(This benefit not available in Louisiana)

When because of covered Injuries, the Insured's loss results in Coma, Brain Death, or Paralysis which starts within 30 days of the accident, continues for 6 months and has a prognosis that such loss will be permanent, benefits will be paid in lump sum and/or monthly installments up to the Maximum Benefit Amount according to the following Table of Losses.

**TABLE OF LOSSES**

<u>LOSS</u>	<u>% OF MAXIMUM BENEFIT AMOUNT</u>
Coma	100%
Brain Death	100%
Paralysis: Quadriplegia (Loss of Function Both Upper & Lower Limbs)	100%
Paraplegia (Loss of Function Both Lower Limbs)	100%
Hemiplegia (Loss of Function One Lower Limb & One Upper Limb)	100%
Uniplegia (Loss of Function One Lower Limb or One Upper Limb)	50%

**HEART OR CIRCULATORY MALFUNCTION DEATH BENEFIT**

If an Insured Person suffers loss of life resulting from Heart or Circulatory Malfunction (as defined) within 90 days from the date of participating in a scheduled game or supervised practice relating to the first diagnosis, we will pay a lump-sum benefit in the amount of \$10,000.

## EXCLUSIONS

**In CT this plan does not cover:** (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 resulting from air travel, except while as a passenger for transportation only; (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) Injuries sustained while traveling other than as specifically stated in the policy; . (j) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth; (k) Injuries caused by workers' compensation or employer's liability laws; (l) loss due to the Insured's participation in a riot or insurrection; (m) 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; (n) charges for which the Insured would not have to pay if he or she did not have insurance; (o) that part of medical expense payable by any automobile insurance policy without regard to fault (does not apply in any state where prohibited); or (p) cosmetic surgery, except for reconstructive surgery due to injury to a part of the body.

**In LA this plan does not cover:** (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) injuries covered by workers' compensation or employer's liability laws; (e) injuries caused by an act of declared or undeclared war; (f) treatment of hernia; (g) suicide or attempted suicide, sane or insane; or (h) injuries sustained while traveling other than that referred to herein.

**In MD this plan does not cover:** (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) injuries covered by workers' compensation or employer's liability laws; (e) injuries caused by an act of declared or undeclared war; (f) treatment of hernia; (g) suicide or attempted suicide, sane or insane; (h) injuries sustained while traveling other than that referred to herein; (i) loss due to the Insured's participation in a riot or insurrection; (j) 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; (k) charges for which the Insured would not have to pay if he or she did not have insurance; (l) that part of medical expense payable by any automobile insurance policy without regard to fault (does not apply in any state where prohibited); or (m) cosmetic surgery, except for reconstructive surgery due to injury to a part of the body.

**NOTE:** This plan also covers all Mandated Benefits as required by the state in which the policy is issued.

## FAST PRIORITY CLAIM SERVICE

Claims will be paid by Mutual of Omaha Special Risk 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**



**National Representative:**  
**Special Markets Insurance Consultants, Inc.**  
Stevens Point, WI 54481

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

**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 T5MP, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between this brochure and the policy, the policy will prevail.**

**CONNECTICUT & MARYLAND  
CATASTROPHIC CASH  
SCHEDULE OF BENEFITS**

**Accidental Death & Specific Loss Benefit**

Accidental Death Principal Sum	\$10,000
Specific Loss Principal Sum	\$20,000
Loss Period	Loss within 365 Days of Injury

**Heart or Circulatory Malfunction Death Benefit**

Maximum Benefit Amount	\$10,000
Loss Period	90 days

**Accident Medical Expense Benefit: Full Excess**

Maximum Benefit Amount*	\$1,000,000 or \$5,000,000*
Accident Medical Deductible (Reducing)**	\$25,000 (This amount must be satisfied within two years after the date of the accident.)
Loss Period	2 Years
Benefit Period*	10 Years or Lifetime*

**Catastrophic Cash Benefits (not available in LA)**

Maximum Benefit Amount	\$500,000
Lump Sum Payable after the Loss Period has been met	\$100,000
Benefit Amount payable per year thereafter	\$ 40,000
Maximum Benefit Period	10 Years
Loss Period	Loss beginning within 30 days of Injury and continuing for 6 consecutive months with prognosis of permanence.

**LOUISIANA  
CATASTROPHIC MEDICAL  
SCHEDULE OF BENEFITS**

**Accidental Death & Specific Loss Benefit**

Accidental Death Principal Sum	\$10,000
Specific Loss Principal Sum	\$20,000
Loss Period	Loss within 365 Days of Injury

**Heart or Circulatory Malfunction Death Benefit**

Maximum Benefit Amount	\$10,000
Loss Period	90 days

**Accident Medical Expense Benefit: Full Excess**

Maximum Benefit Amount*	\$1,000,000 or \$5,000,000*
Accident Medical Deductible (Reducing)**	\$25,000 (This amount must be satisfied within two years after the date of the accident.)
Loss Period	2 Years
Benefit Period*	10 Years or Lifetime*

\*Within the coverage documents issued, one of the options above will match the selections made by your authorized representative within the enrollment form for coverage.

\*\*Eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the covered accident deductible.