



FLORIDA CATASTROPHIC CASH
Accident Insurance
Lifetime Benefits Available

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 individual travel, for purposes of representing the Participating School, that is to or from the location of a Covered Event and is authorized by the Insured Person's Participating School, provided the travel is paid for or subject to reimbursement by the Participating School. Covered Travel to a Covered Event will commence upon embarkation from an authorized departure point and terminate upon arrival at the location of the Covered Event. Covered Travel from a Covered Event will commence upon departing from the location of the Covered Event and terminate upon return to the authorized place from which such Covered Travel to the Covered Event began.

DEFINITIONS

Coma means a state of unconsciousness in which the person insured is wholly and totally unresponsive and cannot be aroused.

Full Excess Coverage: Benefits are payable as excess over other valid and collectible insurance or similar benefit programs available to the Insured Person for a Covered Loss.

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 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 means an institution which meets all of the following requirements: (a) It is licensed (if required) as a Hospital by applicable licensing authorities; (b) It is open at all times; (c) It is operated mainly to diagnose and treat illnesses and Injuries on an inpatient basis; (d) It has a staff of one (1) or more Doctors on call at all times; (e) It has twenty-four (24) hour nursing services by registered nurses; (f) It is not mainly a skilled nursing facility, clinic, nursing home, rest home, convalescence home, or like place; (g) it has rehabilitative facilities; and (h) it 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 Injury which results directly from an accident and which is independent from disease, sickness or other bodily functions.

Persistent Vegetative State means a condition in which the person insured has lost cognitive neurological function and awareness of the environment but retains non-cognitive function and maintains a sleep-wake cycle.

"Reasonable and Customary" means an expense that is determined by Us not to exceed the amount usually charged by most providers in the same geographic area for similar treatment, service or purchase, taking into account the nature and severity of the illness or injury.

The same geographic area means the same city or town in which the treatment, service or purchase occurs, if the city or town is large enough to obtain a representative charge. In large cities, it may be a section or sections of the city. In smaller urban or rural areas, the geographic area will be expanded as necessary to obtain a representative charge.

Traumatic Brain Deficit means an Injury to the brain which: (a) occurs, and is diagnosed by a Physician, within 48 hours of a Covered 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 Person to perform independently three or more of the following activities of daily living: transferring (moving in or out of a bed or chair), dressing, bathing, feeding, toileting, and continence.

If the Injury results in a period of time during which the Insured Person is in a Coma and/or Persistent Vegetative State, that period of time can contribute toward meeting the time requirement in this definition. However, Traumatic Brain Deficit benefits under this policy or certificate are only payable if the definition has been met and the Insured Person has emerged from the Coma and/or Persistent Vegetative State.

For benefits described herein to be payable the Covered Accident Deductible Amount must be satisfied.

ACCIDENT MEDICAL EXPENSE

We will pay benefits for Medical Expense incurred by an Insured in excess of the \$25,000 Covered Accident Deductible. Benefits will not exceed the Maximum Benefit Limit shown on 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 out-patient and emergency room care and treatment; (f) for confinement in an Extended Care Facility; (g) for Home Health Care [if the Schedule of Benefits for the plan purchased includes a Home Health Care Benefit]; (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.

ACCIDENTAL DEATH, DISMEMBERMENT OR LOSS OF SIGHT, SPEECH OR HEARING

We will pay the benefit amounts shown in the table below, based upon the Principal Sum shown in the Schedule of Benefits for Accidental Death, Dismemberment or Loss of Sight which: (a) results solely from an Injury to an Insured Person which occurs during a Covered Event, and from no other contributory cause; and (b) is sustained within the Loss Establishment Period after the date of Injury.

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 is entitled.

LOSS TABLE

<u>Loss of:</u>	<u>Benefit Amount</u>
Life.....	The Principal Sum
Both Hands or Both Feet or Entire Sight of Both Eyes.....	The Principal Sum
1-Hand and 1-Foot or 1-Hand and Entire Sight of 1-Eye or 1-Foot and Entire Sight of 1-Eye.....	The Principal Sum
Speech and Hearing (both ears).....	The Principal Sum
1-Hand or 1-Foot or Entire Sight of 1-Eye	½ the Principal Sum
Speech or Hearing (both ears)	½ the Principal Sum
Thumb and Index Finger of the Same Hand	¼ the Principal Sum

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.

LOSS OF LIFE DUE TO HEART OR CIRCULATORY MALFUNCTIONS BENEFIT

If an Insured Person suffers loss of life within the Loss Establishment Period shown in the Schedule of Benefits that is the result of Heart or Circulatory Malfunction relative to the first diagnosis, We will pay the Maximum Benefit Amount shown in the Schedule of Benefits.

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 Traumatic Brain Deficit or paralysis as stated in the Plan of Insurance. Benefits are payable for Paralysis which starts within 30 days of the Injury, continues for at least six (6) months and has a medical diagnosis that the loss is permanent. 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.

<u>Loss</u>	<u>Percent of Maximum Benefit Amount</u>
Traumatic Brain Deficit	100%
Quadriplegia is total Paralysis of four limbs	up to 100%
Paraplegia is total Paralysis of both lower limbs	up to 100%
Hemiplegia is total Paralysis of one upper and one lower limb	up to 100%

OTHER INSURANCE/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.

EXCLUSIONS AND LIMITATIONS

No benefits are payable for:

- ❖ Illness or disease or medical or surgical treatment thereof, including diagnosis, except:
 - ❖ as may be specifically provided for in the policy;
 - ❖ as may result from an Injury sustained in a Covered Accident;
 - ❖ a cardiovascular accident, stroke or other similar traumatic event caused by exertion while participating in a Covered Event;
- ❖ bacterial infection, except infection of and through a wound accidentally sustained;
- ❖ suicide or intentionally self-inflicted Injury while sane;
- ❖ an act of declared or undeclared war;
- ❖ participation in a riot or engagement in or attempt to commit a felony or being engaged in an illegal activity;
- ❖ travel or flight in or descent from any aircraft, unless the Insured Person 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;
- ❖ charges which exceed the Reasonable and Customary charges;
- ❖ charges Incurred for dental work unless the Insured Person sustains a Disablement which results in damage to his or her natural teeth;
- ❖ 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;
- ❖ charges Incurred for services or supplies not specifically provided for in the policy;
- ❖ charges which would not have been made in the absence of insurance or which the Insured Person is not legally obligated to pay;
- ❖ charges Incurred for cosmetic procedures, unless made necessary by a Disablement;
- ❖ charges Incurred for eyeglasses, contact lenses or hearing aids or for any examination or fitting related to these devices unless made necessary by a Disablement;
- ❖ charges Incurred for care, treatment or service, which is not Medically Necessary to the diagnosis or treatment of a Disablement;
- ❖ charges Incurred for the professional services of a person who either resides with or is an Immediate Family member;
- ❖ charges Incurred for experimental or investigational treatment or procedures;
- ❖ charges Incurred for articles of clothing which are intended for use more than once;
- ❖ treatment of a Disablement sustained as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advice of a Doctor;
- ❖ the use by the Insured of drugs or narcotics unless used as prescribed by a Doctor for a condition other than drug addiction;
- ❖ routine medical examination and related medical services;
- ❖ charges which are recoverable from any other insurance policy, service contract, Workers' Compensation or other arrangements of insured or self-insured group coverage;
- ❖ elective treatment or surgery, health treatment, or examination where no Injury or Sickness is involved;
- ❖ drugs that promote fertility, treat infertility, enable sexual performance or provide sexual enhancement;
- ❖ charges Incurred for Custodial Care (not applicable if the Schedule of Benefits shows a benefit amount payable for Custodial Care).

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.

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**



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

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 Policy Form SB20CC, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between this brochure and the policy, the policy will prevail.

**CATASTROPHIC CASH FLORIDA
SCHEDULE OF BENEFITS**

Covered Accident Deductible: \$25,000
Eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the Covered Accident Deductible.

Aggregate Limit of Liability: **\$1,000,000 or \$5,000,000****
The maximum amount for which We are liable for an Insured Person for all benefits under this plan due to any one Accident.

Full Excess Medical, Dental, Rehabilitative and Custodial Care Expense Benefits:

Benefit Percentage	100%
Deductible Establishment Period	24 Months
Maximum Benefit Period	Lifetime or 10 Years**
Maximum Benefit Amount	\$1,000,000 or \$5,000,000**
Maximum for Medically Necessary Hospital Inpatient Services and Supplies	Included in Medical Maximum
Maximum for Confinement in an Extended Care Facility Per Calendar Year	\$365,000
Daily Room And Board Limit For:	
Private Or Semi-Private Room	Average Semi-Private Rate Of Hospital In Which Confined
Intensive Care	Reasonable And Customary Charges
Combined Home Health and Custodial Care Maximum Benefit per Calendar Year	\$25,000 or Zero**
Treatment Of Mental Or Nervous Disorders	
Doctor Fees:	
Benefit Amount Per Visit	\$50
Number of Visits Per Day	1 (One)
Number of Visits Per Calendar Year	50 (Fifty)
Inpatient Hospital	Up To 45 Days
Chiropractic Benefit Maximum Amount Per Calendar Year	\$1,000
Maximum Outpatient Physical Therapy Benefit Amount per Calendar Year	\$25,000
Physical Therapy includes, but is not limited to: heat treatment, diathermy, microtherm, ultrasonic, adjustment, manipulation, massage therapy and acupuncture.	

Prosthetic Devices Benefit:

10 Year Benefit Period: The benefit amount during the first two years after the covered accident is \$100,000. The benefit amount payable for the remainder of the benefit period immediately thereafter shall not exceed \$100,000 (\$200,000 if amputation of the leg above the knee). The maximum benefit amount payable is \$200,000 (\$300,000 if amputation of the leg above the knee).

Lifetime Benefit Period: The benefit amount during the first two years after the covered accident is \$100,000. The benefit amount payable for each consecutive 10 year period immediately thereafter shall not exceed \$100,000 (\$200,000 if amputation of the leg above the knee). The maximum benefit amount payable is \$500,000 (\$750,000 if amputation of the leg above the knee).

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

Principal Sum	\$10,000
Loss Establishment Period	365 Days

Loss of Life Due To Heart or Circulatory Malfunctions Benefit:

Maximum Benefit Amount	\$10,000
Loss Establishment Period	90 Days

Catastrophic Cash Payment Mode:

Maximum Benefit Amount	\$600,000
Lump Sum Payable	
after the first twelve (12) months of Traumatic Brain Deficit	\$150,000
OR, after the first six (6) months of Paralysis	\$150,000
AND, Every Year thereafter while the condition exists	\$ 45,000 per year for as long as 10 years

**** Benefit Options Available on the Enrollment Form. Your authorized representative will select one option for Accident Medical Expenses, one option for Accident Medical Expense benefit period and one option for Home Health Care/Custodial Care Benefits.**