

# Catastrophic Accident Medical Insurance



**BenefitDynamics**

**Benefit Dynamics Company**

618 N. Tejon Street  
Colorado Springs, CO 80903  
(855) 202-2352

Underwritten by an insurance company rated A+ by A.M. Best Company

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

## WHO IS ELIGIBLE FOR COVERAGE

All students (to include interscholastic athletes, cheerleaders, band members, majorettes and intramural sports/gym class participants) in grades pre-kindergarten through twelfth grade. Coaches, Managers and/or Trainers are also eligible.

## WHEN COVERAGE IS PROVIDED

**For Class 1 Eligible Persons: (COVERAGE FOR BOTH INTERSCHOLASTIC ATHLETICS AND NORMAL STUDENT ACTIVITIES)** Covered Activity means (1) an interscholastic competition that is authorized, sanctioned or scheduled by the Plan Sponsor including school supervised practice, game related activity and related travel and (2) (a) intramural and club sports; (b) physical education classes; (c) classroom and laboratory activities for credit; (d) faculty sponsored clubs, plays and concerts; (e) faculty sponsored and supervised field trips; and (f) related travel. Travel means team or group travel arranged and supervised by the school to or from any Covered Activity.

**For Class 2 Eligible Persons: (NO COVERAGE FOR INTERSCHOLASTIC ATHLETICS)** Covered Activity means (a) intramural and club sports; (b) physical education classes; (c) classroom and laboratory activities for credit; (d) faculty sponsored clubs, plays and concerts; (e) faculty sponsored and supervised field trips; and (f) related travel. Travel means team or group travel arranged and supervised by the school to or from any Covered Activity.

## DEFINITIONS

**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.

**Doctor:** A person duly licensed and legally qualified to diagnose and treat injury. Such person must be providing services within the scope of his or her license. The term "doctor" does not include the insured.

**Injury:** A bodily injury which meets all of the following conditions: (1) it is caused solely by an accident which happens while the contract is in force on the insured and while he or she is taking part in a covered activity; (2) it results in loss or expense covered by the contract; and (3) neither the injury, the loss, nor the expense may

result from sickness, disease or bodily infirmity, or from any cause other than the accident.

**Reasonable and customary charges:** (1) reasonable in terms of services, care, or treatment provided; and (2) customary in that charges made by a provider are in line with charges made by providers of similar training and experience for a similar service within the same area.

**ACCIDENT MEDICAL EXPENSE BENEFIT** - If, as a result of injury, an insured incurs covered expenses starting within 180 days from the date of the accident causing the injury, we will pay, less the deductible (if any) shown in the application and not to exceed the maximum benefit amounts shown therein, all covered expenses incurred during the benefit period. The deductible must be satisfied within the Deductible Accumulation Period shown on the application which begins on the date of the injury. The benefit period ends at the earlier of 1) five years from the date of injury if the insured has incurred less than \$50,000 in Covered Expenses as a result of that injury or 2) at the end of any twelve month period during which the insured incurs less than \$2000 in Covered Expenses, or 3) ten years from the date of the injury giving rise to the loss.

Covered expenses mean the reasonable and customary charges for the following reasonable and customary charges for treatment, services and supplies provided or prescribed by a doctor:

- (1) local professional ambulance service to or from a hospital or surgical center or to the insured person's home or any other medical facility for further treatment.
- (2) hospital or surgical center care;
- (3) medical treatment;
- (4) nursing care provided by a licensed nurse;
- (5) X-rays and lab exams;
- (6) prescription drugs and therapeutic services and supplies;
- (7) dental treatment as a result of injury to sound, natural teeth; and
- (8) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement:
  - (a) physical occupational, respiratory, and speech therapy,
  - (b) the services of a home health aid; and
  - (c) medical supplies.

## ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT

**Death** - If, as a result of injury, an insured dies within one year from the date of the accident causing the injury, we will pay, subject to the overall maximum for any one accident, the death benefit which applies less any specific loss benefit paid because of the same accident. The one year limit does not apply in a Pennsylvania contract.

**Specific loss** - If, as a result of injury, an insured suffers a specific loss within one year from the date of the accident causing the injury, we will pay, subject to the overall maximum for any one accident, a benefit based on the face amount which applies to the insured as specified in the table below.

| <b>For the Loss of:</b>                 | <b>Percent of the Face Amount</b> |
|---|-----------------------------------|
| Each Arm                                | 75%                               |
| Each Leg                                | 75%                               |
| Each Hand                               | 50%                               |
| Each Foot                               | 50%                               |
| Sight of Each Eye                       | 50%                               |
| Speech                                  | 50%                               |
| Hearing of Each Ear                     | 25%                               |
| Thumb and Index Finger of the Same Hand | 25%                               |

**Specific loss** means the total, permanent, and irrecoverable loss of:

- (1) a natural arm or leg severed at or above the elbow or knee joint;
- (2) a natural hand or foot severed at or above the wrist or ankle joint;
- (3) the entire sight of an eye, entire speech, or entire hearing of an ear; or
- (4) a natural thumb and index finger severed at or above the joints which attach them to the hand.

The total payment for all of the specific losses of an insured because of any one accident will not be more than the face amount shown in the application. No specific loss benefit will be paid if the death benefit applies. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the arm or leg benefit applies.

**The overall maximum for any one accident** is shown in the application. This is the maximum amount payable by us for all death and specific loss claims incurred for all insureds under the contract which are caused by any one accident. If this is not enough to pay the total of all such claims, then the amount we will pay for the death or specific loss of any one insured will be his or her proportional share of this amount.

## **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 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**

We will not pay benefits for covered expenses incurred for:

- (1) the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids;
- (2) treatment by a person employed or retained by you or your subsidiaries or affiliates and for which no charge is normally made; or
- (3) care or treatment by a person who ordinarily lives in the insured's home or is a parent, grandparent, spouse, brother, sister, or child of either the insured or the insured's spouse.

Nor will we pay benefits for loss or covered expenses resulting from:

- (4) intentional self-destruction or an attempt at it, or intentional self-inflicted injury while sane or insane (if a Missouri contract, while sane);
- (5) war or an act of war, declared or undeclared; or
- (6) air travel unless the insured is a passenger on a regularly scheduled flight or a properly licensed commercial airline.

Nor will we pay benefits for loss or covered expense resulting from:

- (7) being under the influence of a narcotic unless it is administered on the advice of a doctor; and
- (8) participation in a scheduled competitive event or meet by a person who is receiving benefits under the contract, unless he or she has a written statement from a doctor permitting such participation.

## **FAST PRIORITY CLAIM SERVICE**

Claims will be paid by K&K Insurance Group, Inc. K&K 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:***

**K&K Insurance Group, Inc.  
1712 Magnavox Way -or- PO Box 2338  
Fort Wayne, IN 46801-2338**

### ***Call our toll-free number with Claim questions:***

**1-800-237-2917**

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

This brochure has been designed to illustrate the highlights of this insurance.

# Catastrophic Medical

## Schedule of Benefits

**Covered Accident Deductible:**

\$25,000

Any payment made under another carriers plan will be applied toward satisfying the deductible under this policy.

**Medical Expense overall maximum:**

\$1,000,000

The maximum amount for which We are liable for an Insured Person for all benefits under this plan due to any one Accident.

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

|  |                             |
|--|-----------------------------|
| Benefit Percentage   | 100%                        |
| Deductible Accumulation Period   | 2 Years                     |
| Maximum Benefit Period   | 10 Years                    |
| Maximum Benefit Amount   | \$1,000,000                 |
| Maximum for Medically Necessary Hospital Inpatient Services and Supplies | Included in Medical Maximum |
| Maximum for Confinement in an Extended Care Facility Per Calendar Year   | Included in Medical Maximum |

**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 | Included in Medical Maximum                             |
| Chiropractic Benefit Maximum Amount Per Calendar Year                     | Included in Medical Maximum                             |
| Maximum Outpatient Physical Therapy Benefit Amount per Calendar Year      | Included in Medical Maximum                             |

## 10 Year Benefit Period Language:

The benefit period ends at the earlier of 1) five years from the date of injury if the insured has incurred less than \$50,000 in Covered Expenses as a result of that injury or 2) at the end of any twelve month period during which the insured incurs less than \$2000 in Covered Expenses, or 3) ten years from the date of the injury giving rise to the loss.

**Accidental Death and Specific Loss:**

|   |           |
|---|-----------|
| Overall maximum for any one accident    | \$500,000 |
| Death                                   | \$10,000  |
| Specific Loss (face amount)             | \$10,000  |
| Loss Establishment Period Specific Loss | 1 Year    |