

SPECIAL RISK

K-12 STUDENTS

**Basic Participant Accident, Medical
Insurance, Coverage Guide**

ahp | Academic
HealthPlans
PART OF THE BROWN & BROWN TEAM

 **Mutual of Omaha**

Underwritten by
Mutual of Omaha Insurance Company

K-12 Students Basic Participant Accident Medical Insurance Policy



Mandatory Coverages



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 Medical Expense

When a covered injury to an Insured results in treatment by a physician or surgeon beginning within 90 days of the date of the accident; we will pay benefits as shown in the Schedule of Benefits, in excess of the Medical Deductible, if any. Only eligible medical expenses incurred by the Insured within 104 weeks from the date of the accident are covered.

Eligible medical expenses include: **(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; **(e)** orthopedic appliances; or **(f)** treatment by a physical therapist. Benefits for any one accident shall not exceed in the aggregate the maximum Medical Benefit of \$25,000.



Excess Coverage

Benefits within the policy or certificate will be paid only for medically necessary hospital, medical, dental and surgical services and supplies that are not recoverable from any insurance policy or service contract.

Accident Medical Expense: Full Excess /Primary Excess	
Medical Expense Maximum	\$25,000.00
Benefit Percentage	100% of U&C
Accident Medical Deductible	Corridor
Loss Period	Initial treatment received within 90 days of Injury
Benefit Period	Benefits payable for 104 weeks from accident date
Durable Medical Equipment	
Maximum Benefit	Not to Exceed 100% of U&C per Injury
Orthopedic Appliances	
Maximum Benefit	Not to Exceed 100% of U&C per Injury
Dental Expense (covers injuries to sound, natural teeth)	
Maximum Benefit	Not to Exceed 100% of U&C per Injury
Prescription Drug Expense	
Maximum Benefit	Not to Exceed 100% of U&C per Injury
Outpatient Physical Therapy Expense	
Maximum Benefit	Not to Exceed 100% of U&Cpense per Injury



Accidental Death and Specific Loss

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” means, with regard to hands and feet, actual severance above the wrist or ankle joint, with regard to sight, speech or hearing the total and irrevocable loss thereof. Loss means, with regard to thumb and index finger of the same hand, severance of two or more entire phalanges of both the thumb and index finger.

Accidental Death & Specific Loss	
Principal Sum	\$20,000.00
Loss Period Loss	Within 365 Days of Injury
Loss Schedule	
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 & One Eye or One Foot & One Eye	Principal Sum
Loss of One Hand, One Foot or One Eye	½ Principal Sum
Loss of Speech and Hearing	Principal Sum
Loss of Speech or Hearing	½ Principal Sum
Loss of Thumb and Index Finger of the Same Hand	¼ Principal Sum

Definitions



Injuries

"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.



Mandatory Coverage

Under **"Mandatory Coverage"** all students/athletes (excluding senior high football) are covered and the premium is paid by the school.

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



Hospital

"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.



Exceptions and Limitations

This provision 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.



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.

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