



**LIFETIME CATASTROPHIC ACCIDENT
INSURANCE COVERAGE
2017 – 2018**



For Further Information; Please contact:



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**NEBRASKA SCHOOL ACTIVITIES ASSOCIATION (NSAA)
2017-2018 CATASTROPHIC ACCIDENT INSURANCE
GENERAL SUMMARY**

The Nebraska School Activities Association (NSAA) has purchased excess catastrophic accident insurance for the 2017-2018 school year, effective 08/01/2017. This plan is provided through American Specialty Insurance and Risk Services, of Fort Wayne, Indiana. Coverage is underwritten by Mutual of Omaha Insurance Company in Omaha, Nebraska.

ELIGIBILITY

All student athletes, student managers, student trainers, student cheerleaders and student participants in interscholastic competition and activities.

COVERED EVENT(S)

Eligible insureds are covered while participating in interscholastic competitions and activities governed by the regulations of the state high school athletic/activities authority, including school supervised tryouts, practices and game related activities. Coverage is also provided while traveling in transportation: (a) paid for or reimbursed by the Policyholder/Sponsoring Organization; and (b) proceeding directly to and from and without interruption between approved locations authorized by the Policyholder/Sponsoring Organization.

DESCRIPTION OF COVERAGE

Benefits are payable for Medical Expenses incurred by an Insured following a covered accident subject to: (a) the \$50,000.00 Covered Accident Deductible (it must be satisfied within 24 months from the date of the accident), (b) the Lifetime Maximum Benefit Period and (c) the Maximum Benefit Amount of \$2,000,000.00. Coverage is excess of Other Insurance Plans.

Benefit Highlights include:

1. \$20,000.00 Accidental Death, Dismemberment, Loss of Sight, Speech or Hearing Benefit.
2. \$125,000.00 Combined Home Health Care and Custodial Care Benefit per calendar year.
3. Special Expense Benefit: Includes those reasonable and customary expenses incurred for special items to accommodate the insured person's physical disability or adaptation/modification of the insured person's housing or motor vehicle. All special items, modification or adaptation expenses must be approved by the doctor to be medically necessary and appropriate for the insured person. The benefit maximum is \$100,000.00 during the first ten years following the date of the accident and \$50,000.00 during each ten year period thereafter.
4. \$50,000.00 Adjustment Expense Benefit: Includes those reasonable and customary expenses incurred: (a) for training a member of the Immediate Family to perform Rehabilitative or custodial functions necessary to the care of the insured; (b) for travel expenses for Immediate Family members between their home and the insured's place of treatment; and (c) for lost earnings by the insured's parents, due to and in connection with a covered accident.
5. College Education Benefit: Maximum college education benefit of \$50,000.00. The insured must commence or recommence undergraduate study within 10 years after the date of the covered accident. The College Education Benefit will terminate at the earlier of: a) the date the Insured Person completes the requirements for any undergraduate degree; b) the twentieth (20th) anniversary of the date of the commencement or re-commencement of undergraduate study; and, c) the date the Maximum Aggregate Benefit has been met.
6. Paralysis Benefit: Maximum Benefit Amount of \$20,000.00 if an Insured, as the result of a covered accident, is paralyzed within 60 days of the covered accident, remains paralyzed for twelve months and has been medically diagnosed that the paralysis is permanent.

See the benefit Schedule attached for additional details.

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 AND LIMITATIONS

No benefits are payable for:

1. Repetitive Motion Injuries or the aggravation thereof;
2. bacterial infection, except infection of and through a wound accidentally sustained;
3. loss from intentionally self-inflicted injury, suicide while sane or insane;
4. loss from commitment of or an attempt to commit a felony, or engagement in an illegal activity;
5. loss from an act of declared or undeclared war;
6. loss from participation in a riot or insurrection;
7. loss from travel or flight in or descent from any aircraft, unless the Insured 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;
8. charges which exceed the Allowable Expense;
9. charges incurred for dental work unless the Insured sustains an Injury which results in damage to his or her natural teeth;
10. 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 in this policy;
11. charges incurred for services or supplies not specifically provided for in the policy;
12. charges which would not have been made in the absence of insurance or which the Insured is not legally obligated to pay;
13. charges incurred for cosmetic procedures, unless made Medically Necessary by an Injury;
14. charges incurred for eyeglasses, contact lenses, or hearing aids or for any examination or fitting related to these devices unless made Medically Necessary by an Injury;
15. charges incurred for care, treatment, or service which is not Medically Necessary to the diagnosis or treatment of an Injury;
16. charges incurred for the professional services of a person who either lives with the Insured or is an Immediate Family Member;
17. charges incurred for Experimental or Investigational Drug or Treatment;
18. charges incurred for articles of clothing which are intended for use more than once;
19. routine medical examination and related medical services;
20. charges which are recoverable from any other insurance policy, service contract, Workers' Compensation, or other arrangements of insured or self-insured group coverage;
21. injuries associated with activities or travel outside the United States, unless the Injury occurred as part of an Activity held outside the United States and the treatment is not considered an Experimental or Investigational Drug or Treatment in the United States;
22. Pre-existing Condition;
23. any loss sustained or contracted in consequence of the Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of the Insured's Physician;
24. Injury caused by, attributable to, or resulting from the Insured's Intoxication;
25. Injury caused by, attributable to, or resulting from the Insured's use of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage.

CLAIMS ADMINISTRATION

Claims will be paid by the Mutual of Omaha Special Risk Services Department. The claim procedure is prompt and efficient and there is a toll-free number for schools, parents and providers to use. Each NSAA member school will receive 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 the completed 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**

The above is a general summary of the insurance. The policy on file with the NSAA contains all of the provisions, exclusions, and qualifications of the insurance benefits. If any discrepancy exists between this summary and the policy, the policy will govern and control the payment of benefits. Copies of the policy are available from the office of the NSAA.

Coverage Underwritten by: Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza, Omaha, NE 68175

ALLOCATED CATASTROPHIC SCHEDULE OF BENEFITS

Covered Accident Deductible:	\$50,000
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:	\$2,000,000
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 from the accident date
Maximum Benefit Amount	\$2,000,000
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	Allowable Expense
Combined Home Health and Custodial Care Maximum Benefit per Calendar Year	\$125,000
Treatment Of Mental Or Nervous Disorders	
Doctor Fees (Amount Per Visit / Visits Per Day / Visits Per Calendar Year)	\$90 / 1 / 50
Inpatient Hospital	Up To 45 Days
Spinal Manipulation Benefit Maximum Amount Per Calendar Year	\$1,000
Maximum Outpatient Physical Therapy Benefit Amount per Calendar Year	\$50,000
Physical Therapy includes, but is not limited to: heat treatment, diathermy, microtherm, ultrasonic, adjustment, manipulation, massage therapy and acupuncture.	
Prosthetic Devices Benefit	
Maximum Benefit Amount payable during the first two (2) Years after the covered accident	\$100,000
Maximum Benefit Amount payable for each consecutive ten (10) year period immediately thereafter	\$100,000
	(\$200,000.00 if amputation of the leg above the knee)
Lifetime Maximum Benefit Amount	\$500,000
	(\$750,000.00 If amputation of the leg above the knee)
Accidental Death, Dismemberment, or Loss of Sight, Speech or Hearing Benefit:	
Principal Sum	\$20,000
Loss Establishment Period	180 Days
Loss of Life Due To Heart or Circulatory Malfunctions Benefit:	
Maximum Benefit Amount	\$20,000
Loss Establishment Period	90 Days
Disability Benefit:	
Total Disability Benefit	\$1,500 Per Month
Monthly Gross Earnings Limit for Total Disability	\$2,500 for 6 Months
Total Disability Maximum Period Payable	Lifetime
Partial Disability Benefit Amount	\$750 Per Month
Monthly Gross Earnings Limit for Total Disability	\$2,500 for 6 Months
Partial Disability Maximum Period Payable	Lifetime
Adjustment Expense Benefit:	
Expense For Training Of Family Member Within # Of Months After Covered Accident	\$10,000 / 24
Expense For Travel Per Family Member Within # Of Months After Covered Accident	\$5,000 / 24
% Of Gross Lost Earnings / Not To Exceed Amount Per Week /	
During The Specified # Of Weeks / Within # Of Months After Covered Accident.	75% / \$500 / 30 Weeks / 24
Maximum Lifetime Benefit	\$50,000
Special Expense Benefit:	
Limit During the First 10 Years Following The Date of the Covered Accident	\$100,000
Limit For Each 10 Year Period Thereafter	\$50,000
College Education Benefit	
Loss Establishment Period	10 Years
Maximum Aggregate Benefit	\$50,000
Paralysis Benefit: (Beginning within 60 days of injury, continuing for 12 months and diagnosis of permanence)	
Maximum Principal Sum Amount	Up to \$20,000
Loss Establishment Period	60 days from date of Injury
Paralysis Waiting Period	12 consecutive months