

Catastrophic Participant Accident Medical Insurance Coverage Guide INTERCOLLEGIATE, CLUB AND INTRAMURAL SPORTS



Protecting Your Play

Offered Through:



Underwritten By:



Mutual of Omaha

Mutual of Omaha Insurance Company

Collegiate sports and intramural activities are a fun and vital part of the college experience.

Through them, participants receive exercise that helps them stay healthy, and they learn social skills that they'll use for the rest of their lives. But sometimes, during the course of these activities, injuries happen. Are you and your participants protected if the unexpected occurs?

Accident and specialized insurance products, coupled with essential administrative support services, are the foundation of an organization's financial protection, and offer critical assistance should a participant ever need help.

At *Relation Insurance Services*, we pride ourselves on providing the absolute highest level of expertise and service, so you and your participants can focus on winning.

For over a decade, *Relation* has been one of the nation's leading sources of specialized insurance programs and services. We have a proven track record, built upon a solid foundation of expertise, service and accessibility. Our clients know that we deliver what we promise.

Relation is proud to team up with Mutual of Omaha Insurance Company (Mutual of Omaha), one of the leading insurance providers in the Participant Accident and Special Events industry. Mutual of Omaha's solid reputation and trusted name help provide security and some peace of mind when your clients need it most. Since 1909, Mutual of Omaha has helped provide security to customers nationwide.

You and your participants can be confident that we are focused, dedicated and committed to excellence.

We invite you to see what makes *Relation* one of the nation's fastest growing and leading sources of specialized and innovative Insurance programs. **Contact us today, and let us protect their play.**

Lifetime Catastrophic Athletic Injury Insurance

BENEFIT SUMMARY

The Catastrophic Athletic Injury Insurance program is designed to cover college sports related catastrophic injury costs which exceed the limits of other insurance plans or workers' compensation.

ELIGIBILITY

Class I

Student athletes, student coaches, student managers, student trainers, and cheerleaders who are participating in all sanctioned and officially recognized intercollegiate/ interscholastic sports. Also, all guest recruits who are participating in supervised activities which are on campus.

Class II

Student athletes participating in club sports.

Class III

Student athletes participating in Intramural sports.

COVERAGE

Class I

Coverage is provided for participation in scheduled intercollegiate games, supervised practice sessions and during authorized group or team travel that is paid for or reimbursed by the Participating School in connection with such games or practice sessions. Coverage is also provided for authorized and supervised conditioning that directly contributes toward the Insured Person's ability to participate as a player on an intercollegiate team and takes place at the school's athletic facilities or another facility specifically authorized by the school. For guest recruits coverage is provided for participation in intercollegiate scheduled games and supervised practice sessions which are on campus and for which the guest was invited.

Class II

Coverage is provided for participation in scheduled club games, supervised practice sessions and during authorized group or

team travel that is paid for or reimbursed by the Participating School in connection with such games or practice sessions.

Class III

Coverage is provided for participation in scheduled intramural games.

BENEFITS

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

We will pay the benefit amounts shown for Accidental Death, Dismemberment or Loss of Sight, Speech or Hearing which results solely from an injury to the Insured which occurs during a covered event, and from no other contributory cause, and is sustained within the Loss Establishment Period of 365 days after the date of the injury.

If an Insured sustains more than one such loss as the result of one Accident, we will pay only one amount, the largest to which he or she is entitled. This amount will not exceed the Principal Sum that applies for the Insured.

Loss	Benefit Amount
Loss of Life	\$10,000
Loss of Both Hands	\$10,000
Loss of Both Feet	\$10,000
Loss of Entire Sight of Both Eyes	\$10,000
Loss of One Hand and One Foot	\$10,000
Loss of One Hand and Entire Sight of One Eye	\$10,000
Loss of Speech and Hearing (Both Ears)	\$10,000
Loss of Speech or Hearing (Both Ears)	\$5,000
Loss of One Hand	\$5,000
Loss of One Foot	\$5,000
Loss of Entire Sight of One Eye	\$5,000
Loss of Thumb and Index Finger of the Same Hand	\$2,500

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 90 days of the date of the accident that is the result of Heart or Circulatory Malfunction relative to the first diagnosis, we will pay the Maximum Benefit Amount shown in the Plan of Insurance.

ACCIDENT MEDICAL EXPENSE

We will pay benefits for Medical Expenses incurred by an Insured within 24 months following a Covered Accident that are in excess of the Covered Accident Deductible. Benefits will not exceed the Maximum Benefit Limit shown in the Schedule of Benefits. Medical Expense means the 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 semiprivate 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 outpatient and emergency room care and treatment; (f) for confinement in an Extended Care Facility; (g) for Home Health Care; (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.

DISABILITY BENEFITS

Total Disability Benefit: If an Insured Person becomes Totally Disabled, we will pay Total Disability Benefits as shown in the Schedule of Benefits. Payment of the Total Disability Benefit will continue for so long as the Insured Person remains so disabled or the end of the Maximum Period Payable shown in the Schedule of Benefits; whichever is later.

Partial Disability Benefit: If an Insured Person becomes Partially Disabled, we will pay the Partial Disability Benefit shown in the Schedule of Benefits. Partial Disability will end when the Insured Person is no longer Partially Disabled; or the Insured Person's average gross monthly earnings exceed \$2,500 for six consecutive months.

Resumption of Disability: If Total Disability or Partial Disability Benefits as provided herein cease and the Insured Person again becomes Totally Disabled or Partially Disabled as a result of

the same Covered Accident which caused the earlier period of disability, benefits will resume after the new period of disability has persisted three consecutive months.

ADJUSTMENT EXPENSE BENEFITS

We will pay the Adjustment Expense Incurred on behalf of the Totally Disabled Insured Person after the Covered Accident Deductible is satisfied, subject to the maximum benefit shown in the Schedule of Benefits. Adjustment Expenses are the Reasonable and Customary Expenses Incurred for (benefit amounts are shown in the Schedule of Benefits): (a) The training of a member of the Immediate Family of the Insured Person to perform rehabilitative or custodial functions necessary to the care of the Insured Person. (b) Travel by the Insured Person's Immediate Family members between their home and the Insured Person's place of treatment. Travel is limited to not more than two members of the Insured Person's Immediate Family at one time. (c) Lost earnings by the Insured Person's parents, guardians or spouse, due to, and in connection with, a Covered Accident. Lost earnings will be reimbursed for one parent/guardian or the spouse of the Insured Person.

SPECIAL EXPENSE BENEFIT

We will pay Expenses Incurred, after the Covered Accident Deductible has been satisfied, by an Insured Person who is Totally Disabled as a result of a Covered Accident for special items approved by the Insured Person's Doctor to accommodate his or her physical disability. Benefits will not exceed the Maximum Benefit Amount shown in the Schedule of Benefits. Special Expense items or modifications must be approved by the Doctor as being appropriate and as being Medically Necessary to accommodate the physical disability of the Insured Person.

COLLEGE EDUCATION BENEFIT

The College Education Benefit provides payment for the full cost of attendance for a Totally Disabled Insured Person to complete his or her undergraduate degree: the amount of the College Education Benefit payable shall not exceed the Maximum Aggregate Lifetime Benefit Amount as shown in the Schedule of Benefits.

OTHER INSURANCE/EXCESS NATURE OF POLICY

This insurance is excess over any other valid and collectible insurance or similar benefit program available to the Insured Person for a Covered Loss. If an Insured Person receives or is entitled to receive benefits or services from any source described in the policy for any benefit category of a Covered Loss for which he or she is entitled, such benefit will be in excess of the amount of such Other Insurance.

EXCLUSIONS

In all states the following general exclusions will apply:

(a) 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; (b) bacterial infection, except infection of and through a wound accidentally sustained infection, except bacterial infection which results from the accidental ingestion of a contaminated substance or pyogenic infection which results from an accidental bodily Injury; (c) suicide or intentionally self-inflicted Injury while sane; (d) an act of declared or undeclared war; (e) participation in a riot or engagement in or attempt to commit a felony or being engaged in an illegal activity; (f) 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; (g) charges which exceed the Reasonable and Customary charges; (h) charges Incurred for dental work unless the Insured Person sustains a Disablement which results in damage to his or her natural teeth; (i) 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; (j) charges Incurred for services or supplies not specifically provided for in the policy; (k) charges which would not have been made in the absence of insurance or which the Insured Person is not legally obligated to pay; (l) charges Incurred for cosmetic procedures, unless made necessary by a Disablement; (m) 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; (n) charges Incurred for care, treatment or service, which is not Medically Necessary to the diagnosis or treatment of a Disablement; (o) charges Incurred for the professional services of a person who either resides with or is an Immediate Family member; (p) charges Incurred for experimental or investigational treatment or procedures; (q) charges Incurred for articles of clothing which are intended for use more than once; (r) 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; (s) the use by the Insured of drugs or narcotics unless used as prescribed by a Doctor for a condition other than drug addiction; (t) routine medical examination and related medical services; (u) charges which are paid from any other insurance policy, service contract, workers' compensation or other arrangements of insured or self-insured group coverage; (v) elective treatment or surgery, health treatment or examination where no Injury or Sickness is involved; (w) drugs that promote fertility, treat infertility, enable sexual performance or provide sexual enhancement.

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.

DEFINITIONS

Covered Accident, with respect to all benefits under this policy, except death benefits, means an accident which directly results

in bodily Injury to the Insured Person as a result of which the Insured Person incurs a Covered Loss in excess of the Covered Accident Deductible, and which occurs to an Insured Person while this policy is in effect and between the Policy Dates and while he or she is participating in a Covered Event or performing directly assigned duties in connection with the Covered Event.

Covered Event means those activities and events specified in the Schedule of Benefits.

Covered Loss means: (a) Medical Expense; (b) Dental Expense; (c) Rehabilitation Expense; (d) Custodial Care Expense; (e) Adjustment Expense; (f) Special Expense; (g) Loss of Life Due To Heart or Circulatory Malfunction Benefit.

An expense will be a Covered Loss under this policy only to the extent that it is for Medically Necessary services, and not excluded under Exclusions and Limitations.

Heart or Circulatory Malfunction means a disease or illness of the heart or circulatory system which: (a) is first diagnosed and treated while the Insured Person's coverage under the policy is in force and occurs in a Covered Event, within 24 hours after participation; and (b) the Insured Person has not before such participation been medically advised of/or has 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 on duty or call; (f) It is not mainly a skilled nursing facility, clinic, nursing home, rest home, convalescent home, or like place; and (g) It has organized facilities for 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.

Partial Disability or Partially Disabled means the inability of an Insured Person to perform normal daily functions and to earn a Partial Disability Gross Earnings Amount per month, or more, as shown in the Schedule of Benefits.

Total/Catastrophic Disability or Totally/Catastrophically Disabled means: (a) the inability of the Insured Person, due to a Covered Accident, to engage in substantially the same activities as the Insured Person had engaged in immediately prior to the Covered Accident; and that the Insured Person is unable to perform normal daily functions.

This brochure illustrates the highlights of this insurance. All information herein is subject to the provisions of Policy Form SB20CC and SB21CC, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between the brochure and the policy, policy provisions will prevail.

This coverage is not available in Connecticut, Delaware, Maryland, New Hampshire or New York.



SCHEDULE OF BENEFITS

AGGREGATE LIMIT OF INDEMNITY:

This is the maximum amount for which we are liable for an Insured Person for all benefits under this plan due to any one Accident.

\$5,000,000

COVERED ACCIDENT DEDUCTIBLE:

Eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the Covered Accident Deductible.

\$25,000

FULL EXCESS – MEDICAL, DENTAL, REHABILITATIVE AND CUSTODIAL CARE EXPENSE BENEFITS:

<ul style="list-style-type: none"> • Benefit Percentage • Deductible Establishment Period • Maximum Benefit Period – Class I • Maximum Benefit Period – Classes II & III • Maximum Benefit Amount • Maximum for Medically Necessary Hospital Inpatient Services and Supplies • Maximum for Confinement in an Extended Care Facility per Calendar Year • Daily Room and Board Limit for: <ul style="list-style-type: none"> – Private or Semiprivate Room – Intensive Care • Combined Home Health Care and Custodial Care • Maximum Benefit per Calendar Year <ul style="list-style-type: none"> – Custodial Care Maximum Benefit per Calendar Year subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year – Home Health Care Maximum Benefit per Calendar Year subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year 	<p>100%</p> <p>24 Months</p> <p>Lifetime</p> <p>10 Years</p> <p>\$5,000,000</p> <p>Included in Medical Maximum</p> <p>\$365,000</p> <p>Average Semiprivate Rate of Hospital in Which Confined Usual and Customary Charges</p>
<ul style="list-style-type: none"> • Maximum Benefit per Calendar Year <ul style="list-style-type: none"> – Custodial Care Maximum Benefit per Calendar Year subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year – Home Health Care Maximum Benefit per Calendar Year subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year 	<p>\$100,000*</p> <p>\$100,000*</p> <p>\$100,000*</p>
<p>*Class I Insureds Only – The maximum benefit amount per calendar year for Custodial Care, Home Health Care and Combined Custodial Care/Home Health Care Benefits is \$100,000 during years 1-10 following the date of the Covered Accident. The maximum benefit amount per calendar year increases to \$110,000 during years 11-20 following the date of the Covered Accident and increases \$10,000 for each ten-year period thereafter.</p>	
<ul style="list-style-type: none"> • Treatment of Mental or Nervous Disorders <ul style="list-style-type: none"> Doctor Fees <ul style="list-style-type: none"> – Amount per Visit/Visits per Day/Visits per Calendar Year – Inpatient Hospital • Maximum Spinal Manipulative Services Benefit <ul style="list-style-type: none"> – Maximum Amount per Calendar Year – Maximum Visits per Calendar Year • Maximum Outpatient Physical Therapy Benefit Amount per Calendar Year <ul style="list-style-type: none"> – Physical Therapy includes, but is not limited to, heat treatment, diathermy, microtherm, ultrasonic, adjustment, manipulation, massage therapy and acupuncture • Prosthetic Devices Benefit (Class I) <ul style="list-style-type: none"> – Maximum Benefit Amount payable during the first two (2) years after a covered accident – Maximum Benefit Amount payable for each consecutive ten (10) year period immediately thereafter – Lifetime Maximum Benefit Amount • Prosthetic Devices Benefit (Classes II & III) <ul style="list-style-type: none"> – Maximum Benefit Amount payable during the first two (2) years after a covered accident – Maximum Benefit Amount payable for the remainder of the benefit period immediately thereafter – Maximum Benefit Amount 	<p>\$50/1/50</p> <p>Up to 45 Days</p> <p>\$1,000</p> <p>N/A</p> <p>\$50,000</p> <p>\$100,000</p> <p>\$100,000 (\$200,000 if amputation of the leg is above the knee)</p> <p>\$500,000 (\$750,000 if amputation of the leg is above the knee)</p> <p>\$100,000</p> <p>\$100,000 (\$200,000 if amputation of the leg is above the knee)</p> <p>\$200,000 (\$300,000 if amputation of the leg is above the knee)</p>

SCHEDULE OF BENEFITS

<p>TOTAL DISABILITY BENEFIT:</p> <ul style="list-style-type: none"> • Total Disability Benefit for the First 12 Months • Percentage Increase after First 12 Months • Maximum Period Payable – Class I • Maximum Period Payable – Classes II & III 	<p>\$1,500 per Month 4% Lifetime 10 Years</p>
<p>PARTIAL DISABILITY BENEFIT:</p> <ul style="list-style-type: none"> • Percentage Increase after First 12 Months • Average Gross Monthly Earnings Limit for Partial Disability • After-Tax Monthly Compensation SB20CC only • Maximum Period Payable – Class I • Maximum Period Payable – Classes II & III 	<p>\$1,000 per Month 4% \$2,500 for 6 Months \$500 Lifetime 10 Years</p>
<p>ADJUSTMENT EXPENSE BENEFITS:</p> <ul style="list-style-type: none"> • Training of Family Member <ul style="list-style-type: none"> – Maximum Expense for Training • Travel for Immediate Family Members <ul style="list-style-type: none"> – Maximum Expense for Travel per Family Member • Lost Earnings <ul style="list-style-type: none"> – % of Gross Lost Earnings – Maximum Lost Earnings per Week – Maximum Number of Weeks – Maximum Lifetime Benefit 	<p>Must be rendered within 24 months after the Covered Accident \$2,500 Must occur within 24 months after the Covered Accident \$2,000 75% \$500 13 within a 24-month period after the Covered Accident \$40,000</p>
<p>SPECIAL EXPENSE BENEFIT:</p> <ul style="list-style-type: none"> • Special Expense Benefit (Class I) <ul style="list-style-type: none"> – Limit During First 10 Years Following the Date of the Covered Accident – Limit for Each 10-Year Period Thereafter • Special Expense Benefit (Classes II & III) <ul style="list-style-type: none"> – Limit During First 10 Years Following the Date of the Covered Accident 	<p>\$125,000 \$50,000 \$125,000</p>
<p>COLLEGE EDUCATION BENEFIT:</p> <ul style="list-style-type: none"> • Loss Establishment Period • Maximum Aggregate Lifetime Benefit 	<p>5 Years \$60,000</p>
<p>ACCIDENTAL DEATH, DISMEMBERMENT, LOSS OF SIGHT/SPEECH OR HEARING BENEFIT:</p> <ul style="list-style-type: none"> • Principal Sum • Loss Establishment Period 	<p>\$10,000 365 Days</p>
<p>LOSS OF LIFE DUE TO HEART OR CIRCULATORY MALFUNCTIONS BENEFIT:</p> <ul style="list-style-type: none"> • Maximum Benefit Amount • Loss Establishment Period 	<p>\$10,000 90 Days</p>

Underwritten by:

MUTUAL *of* OMAHA INSURANCE COMPANY
3300 Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com/specialrisk

1-800-524-2324

Questions should be directed to the Administrator at one of the offices below:

Relation Insurance Services
P.O. Box 25936
Overland Park, KS 66225

1-800-955-1991, ext. 5614

Relation Insurance Services
2180 South, 1300 East, Suite 520
Salt Lake City, UT 84106

1-800-955-1991, ext. 2627

Policy Form SB20CC Series 8342S
ID Policy Form SB20CC Series 8365S
Policy Form SB21CC
FL Policy Form SB21CCFLLG
NC Policy Form SB21CCNC
OR Policy Form SB21CCOR
TX Policy Form SB21CCTX