

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



Protecting Your Play



Offered Through:



Underwritten By:



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.**

NAIA Lifetime Catastrophic Athletic Injury Insurance

BENEFIT SUMMARY

THE NAIA COUNCIL OF PRESIDENTS is responsible for supervising the Association's membership insurance programs. It is dedicated to the development and continued availability of quality insurance coverages for member institutions and their student athletes.

In 1985 a unique insurance program approved by the NAIA became available for the first time to NAIA member institutions. It offered significant and continuing benefits to student athletes who suffer catastrophic injuries while participating in intercollegiate athletics. In 1995 the program was reevaluated by the NAIA, benefits were enhanced, and Mutual of Omaha Insurance Company became the insurer of the program.

ELIGIBILITY

All Student Athletes participating in Club or Intramural sports.

COVERAGE

Coverage for Club sports is provided for participation in scheduled 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 for Intramural sports is provided for participation in scheduled intramural games only.

BENEFITS

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

We will pay the benefit amounts shown below, based upon the Principal Sum shown in the Plan of Insurance, 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 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

We will pay benefits to a Partially or Totally Disabled Insured who:

- has Injuries that are expected to be of a continuous and indefinite duration, as certified in writing by a Physician we approved; and
- is under the continuous care of a Physician for his or her Injuries, unless the Insured has reached his or her maximum point of recovery as certified in writing by a Physician we approved; and
- is Partially or Totally Disabled within two years from the date of the Accident

Disability Benefits (Partial and Total) will end on the earliest of:

- the expiration of the Maximum Benefit Period shown on the Schedule;
- the date the Insured is no longer Partially/Totally Disabled; or
- the date the Insured has Monthly Gross Earnings greater than the amount shown on the Schedule for the number of consecutive months shown on the Schedule

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 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 for Special Expenses that are appropriate and Medically Necessary to accommodate the Insured's Total Disability. Such Special Expenses must be recommended by the Insured's Physician and approved by us.

Special Expense means an expense incurred by an Insured who is Totally Disabled for a special item to accommodate his or her physical disability. Such special items may include: (a) a specialized wheelchair or other types of equipment or computer programs designed for use by someone with the Insured's type of physical disability; (b) the adaptation or modification of the Insured's owned motor vehicle or such motor vehicle as was usually used by the Insured; or (c) the adaptation or modification of the Insured's housing.

COLLEGE EDUCATION BENEFIT

College Education benefits pay for the cost of attendance to obtain an undergraduate degree at an accredited institution. The Totally Disabled Insured must start undergraduate study within 5 years after the date of the Accident. The cost of attendance equals the sum of tuition, room and board, required books, lab fees, and mandatory activity fees minus any other financial aid, grants or scholarships, including athletic scholarships, the Insured receives. We will pay the college education benefit directly to the accredited institution attended by the Insured. The college education benefit will not exceed the Maximum Benefit Amount shown on the Schedule.

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

No benefits are payable for: (a) bacterial infection, except infection of and through a wound accidentally sustained; (b) loss from intentionally self-inflicted injury, suicide while sane or insane; (c) loss from commitment of or an attempt to commit a felony, or engagement in an illegal activity; (d) loss from an act of declared or undeclared war; (e) loss from participation in a riot or insurrection; (f) 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; (g) charges which exceed the Allowable Expense; (h) charges incurred for dental work unless the Insured sustains an Injury 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 in this policy; (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 is not legally obligated to pay; (l) charges incurred for cosmetic procedures, unless made Medically Necessary by an Injury; (m) 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; (n) charges incurred for care, treatment, or service which is not Medically Necessary to the diagnosis or treatment of an Injury; (o) charges incurred for the professional services of a person who either lives with the Insured or is an Immediate Family Member; (p) charges incurred for Experimental or Investigational Drug or Treatment; (q) charges incurred for articles of clothing which are intended for use more than once; (r) routine medical examination and related medical services; (s) charges which are recoverable from any other insurance policy, service contract, workers' compensation or other arrangements of insured or self-insured group coverage; (t) charges for mental or nervous disorders, except as specifically provided herein; (u) elective treatment or surgery, health treatment or, examination where no Injury is involved; (v) acts of aggression, assault, or battery; (w) fighting or brawling; (x) drugs that promote fertility, treat infertility, enable sexual performance, or provide sexual enhancement; (y) 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; (z) sickness, disease, bodily or mental infirmity, or medical or surgical treatment thereof, or bacterial or viral infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning; (aa) treatment in any Veterans Administration or federal Hospital, unless there is a legal obligation to pay; (bb) active duty service in any Armed Forces; (cc) voluntary self-administration of any drug or chemical substance not prescribed by or not taken according to the directions of the Physician; (ee) Injury caused by, attributable to, or resulting from the Insured's Intoxication; (ff) 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; (gg) operating a motor vehicle under the influence of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage; (hh) operating a motor vehicle while having a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Injury occurred; (ii) services or treatment incurred to the extent they are paid or payable under any Other Insurance Plan; (jj) services or treatment incurred to the extent that they are paid or payable under any automobile insurance policy without regard to fault; (kk) Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any Other Insurance Plan.

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

Heart or Circulatory Malfunction means an acute onset of a cardiovascular or circulatory accident, stroke, or other similar traumatic event affecting the heart or circulatory system that:

- is first diagnosed and treated while the Insured's coverage under this policy is in force;
- occurs as a result of Injury to the Insured while participating in an Activity; and
- does not result from a Pre-Existing Condition

Hospital means a legally constituted institution that:

- is licensed (if required) as a Hospital by applicable licensing authorities;
- is open at all times;
- is operated mainly to diagnose and treat illnesses and Injuries on an inpatient basis;
- has a staff of one or more Physicians on call at all times;
- has 24-hour nursing services by registered Nurses on duty or call;
- is not mainly a nursing home, rest home, convalescence home or extended care facility, or a facility operated exclusively for the treatment of the aged, drug addicts or alcoholics; and
- 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 harm which:

- requires treatment by a Physician;
- results in loss due to an Accident, independent of sickness and all other causes; and
- occurs during a Sponsored or Supervised Activity

Medical Expenses means expenses incurred for Medically Necessary care.

Medically Necessary means care that is ordered, prescribed, or rendered by a Physician or Hospital, and that we determine, or a qualified party or entity we select determines, to be:

- consistent with the diagnosis and treatment of the loss;
- appropriate with the standards of good medical practice;
- not solely for the convenience of the Insured;
- the most appropriate supply or level of service which can be safely provided; and
- not considered Experimental or Investigational

Partial Disability or Partially Disabled means the Insured, within two years of the date of an Accident and as a result of that Accident:

- has suffered an irrecoverable loss of speech, hearing of both ears, sight in both eyes, use of both arms, use of both legs, or use of one arm and one leg and is unable to perform at least one ADL(s); or
- has suffered severely diminished mental capacity due to brain stem or other neurological damage and is unable to perform at least one ADL(s) or at least two IADL(s)

Total Disability or Totally Disabled means the Insured, within two years of the date of an Accident and as a result of that Accident:

- has suffered an irrecoverable loss of speech, hearing of both ears, sight in both eyes, use of both arms, use of both legs, or use of one arm and one leg and is unable to perform at least three ADL(s) or
- has suffered severely diminished mental capacity due to brain stem or other neurological damage and is unable to perform at least three ADL(s) or at least four IADL(s)

This brochure illustrates the highlights of this insurance. All information herein is subject to the provisions of Policy Form SB21CCMO, 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 New York.



SCHEDULE OF BENEFITS

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| <p>AGGREGATE LIMIT OF INDEMNITY:</p> <p>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.</p> | <p>\$5,000,000</p> |
| <p>COVERED ACCIDENT DEDUCTIBLE:</p> <p>Eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the Covered Accident Deductible.</p> | <p>\$25,000</p> |
| <p>FULL EXCESS – MEDICAL, DENTAL, REHABILITATIVE AND CUSTODIAL CARE EXPENSE BENEFITS:</p> <ul style="list-style-type: none"> • Benefit Percentage 100% • Deductible Establishment Period 24 Months • Maximum Benefit Period (for Renewing Schools) Lifetime • Maximum Benefit Period (for New Schools) 10 Years • Maximum Benefit Amount \$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: <ul style="list-style-type: none"> – Private or Semiprivate Room – Intensive Care <p>Average Semiprivate Rate of Hospital in Which Confined Usual and Customary Charges</p> • Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year \$100,000 • Custodial Care Maximum Benefit per Calendar Year Subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year \$100,000 • Home Health Care Maximum Benefit per Calendar Year Subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year \$100,000 • Treatment of Mental or Nervous Disorders <p>Doctor Fees –</p> <ul style="list-style-type: none"> – Amount per Visit/Visits per Day/Visits per Calendar Year \$50/1/50 – Inpatient Hospital Up to 45 Days • Maximum Spinal Manipulative Services Benefit <ul style="list-style-type: none"> – Maximum Amount per Calendar Year \$1,000 – Maximum Visits per Calendar Year N/A • 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 \$50,000 • Prosthetic Devices Benefit <ul style="list-style-type: none"> – Maximum Benefit Amount payable during the first two (2) years after a covered accident \$100,000 – Maximum Benefit Amount payable for each consecutive ten (10) year period immediately thereafter \$100,000 (\$200,000 if amputation of the leg is above the knee) • Lifetime Maximum Benefit Amount \$500,000 (\$750,000 if amputation of the leg is above the knee) | |

SCHEDULE OF BENEFITS

| | |
|--|--|
| <p>TOTAL DISABILITY BENEFIT:</p> <ul style="list-style-type: none"> • Total Disability Benefit • Percentage Increase After First 12 Months • Maximum Period Payable | <p>\$1,500 per Month 4% Lifetime</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 • Partial Disability Maximum Period Payable | <p>\$1,000 per Month 4% \$2,500 for 6 Months Lifetime</p> |
| <p>ADJUSTMENT EXPENSE BENEFIT:</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"> • Limit During First 10 Years Following the Date of the Covered Accident • Limit for Each 10-Year Period Thereafter | <p>\$125,000 \$50,000</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