

Catastrophic Accident Insurance Program 2014-2015



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Underwritten by:
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ELIGIBILITY

Any enrolled student of the school who participates in interscholastic sports and activities under the jurisdiction of the Association. For all eligible participants, coverage is included while participating in school scheduled, sponsored and supervised games and practice sessions, including supervised travel to and from such games and practice sessions, cheerleading, band, drill team, choral music, speech, debate, and student government.

COVERAGE

Full Excess: The Company will pay benefits to the applicable maximum for covered accident medical services expenses that are not recoverable from another Plan Providing Accident Medical Expense Benefits. If the Insured is not covered by another Plan Providing Accident Medical Expense Benefits, the excess provision shall not apply and benefits are payable to the limits described in this brochure.

DEFINITIONS

Brain Death means irreversible unconsciousness with total loss of brain function and complete absence of electrical activity of the brain even though the heart is still beating.

Coma means a profound state of unconsciousness from which the insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a physician.

Deductible means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services, otherwise payable under the program that must be incurred by the Insured before Accident Medical Expense benefits become payable. Accident Medical Expense benefits are not payable for charges applied to the Deductible.

Hospital means a facility that: 1. is operated according to law for the care and treatment of injured and sick people; 2. has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; 3. has 24-hour nursing service by registered nurses (R.N.s); and 4. is supervised by one or more physicians. A Hospital does not include: 1. a nursing, convalescent, or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care; 2. a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or 3. any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces except if there is a legal obligation to pay.

Injury means bodily injury caused by an Accident that: 1. occurs while the Policy is in force as to the person whose injury is the basis of claim; 2. occurs while such person is participating in a Covered Activity; and 3. results directly and independently of all other causes in a covered loss.

Medically Necessary means a Covered Accident Medical Service that: 1. is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; 2. meets generally accepted standards of medical practice; and 3. is ordered by a physician and performed under his or her care, supervision or order.

Paralysis/Paralyzed means the complete loss of function in a part of the body as a result of neurological damage, as determined by a physician.

Usual and Customary Charges (U&C) means a charge that: 1. is made for a Covered Accident Medical Service; 2. does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; 3. is a negotiated fee; and 4. does not include charges that would not have been made if no insurance existed.

\$2,000,000 ACCIDENT MEDICAL EXPENSE BENEFIT

If, as a result of a covered Injury, an Insured, while insured for this Accident Medical Expense Benefit under the Policy, requires care and treatment rendered by a Physician, the Company will pay the Usual and Customary Charges which are deemed Medically Necessary provided that the first expense for such Injury is incurred no later than 180 days after the date of the accident and the Deductible is incurred within 2 years after the date of the accident causing the Injury. This benefit is payable subject to the Covered Accident Medical Services provision up to the \$2,000,000 Accident Medical Expense Benefit Maximum Amount per Injury, \$10,000, Accident Deductible, and the 10-Year Maximum Benefit Period shown in the Policy. No benefits will be paid for loss due to sickness or disease.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

If Injury to the Insured results within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, benefits will be paid as shown below.

Loss of Life.....	\$10,000
Both Hands or Both Feet or Sight of Both Eyes.....	\$20,000
One Hand and One Foot.....	\$20,000
One Hand and the Sight of One Eye.....	\$20,000
One Foot and the Sight of One Eye.....	\$20,000
Speech and Hearing in Both Ears.....	\$20,000
One Hand or One Foot or Sight of One Eye.....	\$10,000
Speech or Hearing in Both Ears.....	\$10,000
Hearing in One Ear.....	\$ 5,000

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

HEART AND/OR CIRCULATORY BENEFIT

If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a Covered Activity, the Company will pay an Accidental Death Benefit of \$10,000 provided that: 1. the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 48 hours after such participation; and 2. such Insured has not, prior to the date of such participation in the Covered Activity been medically advised that he/she has been diagnosed with, or has received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident.

SEAT BELT AND AIR BAG BENEFIT

If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured is operating, or riding as a passenger in, an automobile and wearing a properly fastened, original, factory-installed seat belt, the Company will pay an additional Accidental Death Benefit of \$5,000. In addition, if a Seat Belt Benefit is payable and the Insured is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact, the Company will pay an additional Accidental Death Benefit of \$5,000.

\$100,000 CATASTROPHE CASH BENEFIT

If a covered Injury to the Insured results in Paralysis or Coma within 180 days of the date of the accident that caused the Injury, and continues for a Waiting Period of 6 consecutive months, is determined by a Physician to be permanent and irreversible at the end of the Waiting Period, and results in Disability, benefits will be paid as shown below. If Injury to the Insured results in Brain Death within 365 days of the date of the accident that caused the Injury and is determined and certified by a Physician, benefits will be paid as shown below.

TABLE OF LOSSES

Loss	Percent of Maximum Benefit Amount
Coma.....	100%
Brain Death.....	20%
Paralysis: Quadriplegia (Both Upper & Lower Limbs).....	100%
Paraplegia (Both Lower Limbs).....	100%
Hemiplegia (One Lower Limb & One Upper Limb).....	100%
Uniplegia (One Lower Limb or One Upper Limb).....	50%

Paralytic conditions not stated above will be paid in proportion with comparable severity to those described above.

A Lump-Sum benefit will be paid based on the Table of Losses up to **\$20,000** after said conditions continue for **6 consecutive months**. Thereafter, a monthly benefit will be paid based on the Table of Losses up to **\$1,333.33** for the lifetime of the Insured, not to exceed **60 months**, so long as the Insured remains Paralyzed, in a Coma, or has incurred Brain Death*.

***Lump Sum Benefit Amount Only**

EXCLUSIONS

The Policy does not cover any loss in whole or in part by, or resulting in whole or in part from the following:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
3. the Insured’s commission of or attempt to commit a felony.
4. declared or undeclared war, or any act of declared or undeclared war.
5. participation in any team sport or any other athletic activity, except participation in a Covered Activity as defined by the policy.
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation if the Insured is: a. riding as a passenger in any aircraft not licensed for the transportation of passengers for hire. b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
8. any condition for which the Insured is entitled to benefits under any Workers’ Compensation Act or similar law.

9. the Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Physician.
10. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless due to a covered Injury. Applicable to Accident Medical Expense Only.
11. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement as a result of Injury up to the Dental Maximum shown in the Benefits. Applicable to Accident Medical Expense Only.
12. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eye glasses or contact lenses unless due to a covered Injury. Applicable to Accident Medical Expense Only.
13. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless due to a covered Injury. Applicable to Accident Medical Expense Only.
14. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense). Applicable to Accident Medical Expense Only.
15. any charge for medical care for which the Insured is not legally obligated to pay. Applicable to Accident Medical Expense Only.
16. care, treatment or services provided by an Insured or by an Immediate Family Member. Applicable to Accident Medical Expense Only.
17. routine physical exam and related medical services. Applicable to Accident Medical Expense Only.
18. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals while confined in a hospital. Applicable to Accident Medical Expense Only.
19. plastic or cosmetic surgery, except for reconstructive surgery on an injured part of the body. Applicable to Accident Medical Expense Only.

CLAIMS PROCEDURES

In case of accident, notify the school immediately. Secure a *Notification of Injury* (claim) form from the school, attach itemized bill(s) to completed claim form and mail to Jerry Lyons Agency. **CLAIMS FOR BENEFITS MUST BE FILED WITHIN 90 DAYS FROM DATE OF LOSS, OR AS SOON AS REASONABLY POSSIBLE. THE COMPANY MUST BE NOTIFIED OF A LOSS WITHIN 30 DAYS OF SUCH LOSS.**

When an Insured is eligible under the policy for benefits in excess of other coverage and the Insured has other coverage that is primary under an HMO, PPO, or similar health service program, a penalty will apply if he or she does not use the facilities or services of the HMO, PPO, or similar health service program. In such case, the benefits otherwise payable under the Excess provision in the policy will be reduced by 50%. This reduction shall not apply to emergency treatment required within 24 hours of an accident when the accident occurs outside the geographic area served by an HMO, PPO, or similar health service program.



2014-2015

MHSAA CATASTROPHIC ACCIDENT INSURANCE CLAIMS

The Mississippi High School Activities Association (MHSAA) provides a catastrophic accident insurance policy for students who participate in any of the MHSAA regulated and supervised extra-curricular activities in grades 7-12.

Coverage includes all MHSAA regulated sports, cheerleading, band, chorus, debate, speech and student government activities.

Students are covered while participating in practices, competitions, and travel on a direct route to and from a covered activity.

This accident insurance has a \$10,000 deductible and is secondary to any other valid and collectible insurance covering the student. This plan is primary if there is no other valid and collectible insurance.

INFORMATION NEEDED TO PROCESS A CLAIM

- 1) A "Notification of Injury" form (Claim Form), filled out completely.
- 2) All itemized bills.
- 3) Explanation of Benefits (EOB) forms from the primary insurance carrier (if there is one), including all discounts, etc.

Note: Covered and payable charges incurred must exceed \$10,000 before this plan becomes effective.

If any conflict exists between this document and the policy, the policy shall govern.

Mississippi Plan Administrator:

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