

Exclusions and Limitations

We will not pay benefits for covered expenses incurred for:

1. the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids;
2. treatment by a person employed or retained by you or your subsidiaries or affiliates and for which no charge is normally made; or
3. care or treatment by a person who ordinarily live in the insured's home or is a parent, grandparent, spouse, brother, sister, or child of either the insured or the insured's spouse.

Nor will we pay benefits for loss or covered expenses resulting from:

4. intentional self-destruction or an attempt at it, or intentional self-inflicted injury while sane or insane (if a Missouri contract, while sane);
5. war or an act of war, declared or undeclared; or
6. air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.
7. being intoxicated or under the influence of a narcotic unless it is administered on the advice of a doctor; and
8. participation in a scheduled competitive event or meet by a person who is receiving benefits under the contract, unless he or she has a written statement from a doctor permitting such participation.

How to File a Claim

NOTE: Medical treatment must be received from a qualified, licensed Physician within 180 days from the date of accident.

1. Obtain a claim form quickly from our website, or from your school office, or call K&K Insurance Group, Inc. (800-237-2917). Answer all questions in detail and include signatures to avoid claim from being returned for incomplete info.
2. Attach all bills to the completed form and mail to the insurance company within 180 days of the accident.
3. Any bills not filed with the claim form should be sent to the company identified with the student's name, school district, and date of accident. Bills that cannot be attached to the initial form must be submitted within 180 days of the date of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.
4. If you have other insurance file simultaneous claims with your other insurance carrier and K&K Insurance Group, Inc. to avoid a delay in benefit payments.

This plan is underwritten by an A.M. Best A+ Rated Carrier



This is a brief summary of the benefits and not a contract. The Master Policy has been provided to your school district that contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits. The Master Policy is the contract and will govern and control the payment of benefits.

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2013/2014 Catastrophic Accident Insurance Program for High School Interscholastic Athletics and Activities



North Carolina High School Athletic Association

Mandy Lance

INSURANCE ADMINISTRATOR

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Underwritten by an A.M. Best A+ Rated Carrier

NON-RENEWABLE ONE YEAR TERM INSURANCE BLANKET ACCIDENT POLICY EXCESS INSURANCE

This policy is not intended to be issued where other medical insurance exists. If other medical insurance does exist at the time of the claim, then the amount of benefits payable by such other medical insurance will become the Deductible amount of this policy if such benefits exceed the Deductible amount shown in the Schedule of Benefits.

READ YOUR CERTIFICATE CAREFULLY

Blanket Catastrophic Interscholastic Athletics / Activities

Who is covered: Student athletes, student managers, student athletic trainers, student cheerleaders and student participants and coaches at Covered Activities.

Covered Activities: Covered Activity means an interscholastic competition that is authorized, sanctioned or scheduled by the Plan Sponsor or by the state high school athletics authority, including school supervised practice, game related activity and related travel. Travel means team or group travel arranged and supervised by the school to or from any Covered Activity.

Benefits for Accidental Death and Specific Loss

If, as a result of injury, an insured suffers a loss or condition listed below within one year from the date of the accident causing the injury, we will pay, subject to the overall maximum for any one accident, the benefit which applies to the insured as specified in the following table.

Loss of:	Amount Payable
Life	\$10,000
Each Arm	\$7,500
Each Leg	\$7,500
Each Foot	\$5,000
Sight of Each Eye	\$5,000
Speech	\$5,000
Hearing of Each Ear	\$2,500
Thumb and Index Finger of the Same Hand	\$2,500

Condition:

Coma or Brain Death	\$10,000
Paralysis of:	
Both upper and lower limbs	\$10,000
Both lower limbs	\$10,000
One lower and one upper limb	\$10,000
One lower or one upper limb	\$5,000

Benefits for Medical Expenses

The deductible is \$25,000 which is reduced by payments made by any payment made under another carrier's plan covering the same loss. The deductible must be satisfied within two years of the date of Injury in order for benefits to become payable. This coverage will pay 100% of reasonable and customary charges for Covered Expense after the deductible is satisfied and which are incurred during the benefit period. The first expense must be incurred within 180 days of the date of the Injury. The Benefit Period is five years. The maximum amount payable for all expenses resulting from the same Injury is \$2,000,000.

This coverage is paid in excess of benefits paid by other insurance. It will not pay benefits for covered expenses to the extent that they are collectible under

- (1) another insurance contract or prepayment plan;
- (2) a trustees, union, employer, or employee benefit plan;
- (3) Workers' Compensation (or a similar occupational law);
- or (4) a government plan (except Medicaid and other public assistance plans), including one set forth by statute (such as Medicare).

Covered Expenses are:

1. professional ambulance service;
2. hospital or surgical center care;
3. medical treatment;
4. nursing care provided by a licensed nurse;
5. X - rays and lab exams;
6. prescription drugs and therapeutic services and supplies;
7. dental treatment as a result of injury to sound, natural teeth; and
8. the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement:
 - (a) physical, occupational, respiratory, and speech therapy,
 - (b) the services of a home health aide, and
 - (c) medical supplies.

Mandated Benefits

Benefits are provided as mandated by the state of North Carolina for Benefits for Emergency Services. Details of these benefits may be found in the Master Policy on file with the Policyholder.

Key Definitions

Injury means a bodily injury which meets all of the following conditions: (1) it is caused solely by an accident which happens while the contract is in force on the insured and while he or she is taking part in a covered activity; (2) it results in loss or expense covered by the contract; and (3) neither the injury, the loss, nor the expense may result from sickness, disease, or bodily infirmity, or from any cause other than the accident.

Reasonable and customary charges means the charges are (1) reasonable in terms of services, care, or treatment provided; and (2) customary in that charges made by a provider are in line with charges made by providers of similar training and experience for a similar service within the same area.

Doctor means a person duly licensed and legally qualified to diagnose and treat injury. Such person must be providing services within the scope of his or her license. The term "doctor" does not include the insured person.

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a detailed copy of our privacy practices by calling us toll-free at (866) 313-4512 or by visiting us at www.k12StudentInsurance.com.