

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 the NCHSAA website, or Marsh & McLennan Agency (919-719-9588). 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/email to K&K Insurance (contact info on form) within 180 days of the accident.
3. Any bills not filed with the claim form should be sent to K&K Insurance identified with the covered person'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.

Excess Provision

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance. Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury which has been paid or is payable by other valid and collectible group insurance or under an automobile insurance policy. Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as a result of the Covered Person's failure to comply with policy provisions or requirements. Important: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

Exclusions and Limitations

The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced.

We will not pay Benefits for:

1. An Injury or Loss that is:
 - a. caused by war or any act of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of military nature (which does not include acts of terrorism);
 - b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;
 - c. caused by participating in a riot or violent disorder;
 - d. the result of an Insured's taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;
 - e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician's instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being "under the influence."; or
 - f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.
2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policyholder chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.
3. Any Accident where the Insured is the operator and does not possess

- a current and valid motor vehicle operator's license (except in a Driver's Education Program).
4. An Accident that occurs while:
 - a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
 - b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to automobiles, trucks, motorcycles, ATV's, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.
 5. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.
 6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

Additional exclusions for the Accident Medical Expense Benefit and any applicable Riders:

We will not pay Benefits for:

1. Expenses Incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is:
 - a. employed or retained by the Policyholder, or its subsidiaries or affiliates;
 - b. the Insured, or the Insured's Family Member.
2. Expenses Incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.
3. Expenses Incurred for charges which are in excess of Reasonable Charges.
4. Services or supplies for the treatment of an Occupational Injury or Sickness, which are paid under the North Carolina Workers Compensation Act only to the extent such services or supplies are the liability of the employee, employer or Workers' Compensation insurance carrier according to a final adjudication under the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
5. That part of medical expenses payable by any automobile insurance Policy without regard to fault.
6. Expenses Incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).
7. Expenses Incurred for the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless Injury has caused impairment of sight or hearing or unless repair or replacement of existing eye glasses, contact lenses or hearing aids is necessary as a result of a covered Injury.
8. Expenses Incurred for 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 as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits, if applicable.
9. Expenses Incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.
10. Expenses Incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.
11. Expenses Incurred for supervision of an anesthetist.
12. Expenses Incurred for Durable Medical Equipment rental in excess of the purchase price.
13. Expenses Incurred for subsequent repairs and replacement of prosthetic devices.



1722_12/18

Policy# 6A-JXS-301839-00

2018/2019 Officials Excess Accident Insurance Program for Registered NCHSAA Officials



North Carolina High School Athletic Association

Marsh & McLennan Agency LLC Company

Contact: **Arlene Nunn**
Email: arlene.nunn@marshmma.com
Office Phone: (919)-719-9588

Michele Wood
Email: michele.wood@marshmma.com
Office Phone: (919)-719-9573

2301 Sugar Bush Road, Suite 600
Raleigh, NC 27612
24 Hour Claim Service: (800) 237-2917
www.marshmma.com

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

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.

Basic Schedule of Benefits

The policy covers registered NCHSAA officials while officiating during covered events which includes competition at any level, including travel to or from any Covered Activity. Travel does not include temporary residence at a hotel or similar facility. The policy provides benefits for loss due to a covered Injury up to the Maximum Benefit for each Injury. Provided that medical treatment by a qualified, licensed physician begins within 180 days from the date of the Injury, benefits will be payable for Covered Medical Expenses incurred within 52 weeks from the date of the Injury up to the maximum benefit per service as shown below. Policy benefits are not payable for any expenses incurred which are paid or payable by other valid and collectible insurance. Reasonable Charges are based on data provided by Context4 Healthcare schedules using the 75th percentile.

Maximum Benefit:	\$25,000 (For Each Injury)
Deductible:	\$250 (For Each Injury)
Coinsurance:	70%

Inpatient

Room & Board:	70% of Reasonable Charges / Semi-private room rate
Hospital Miscellaneous:	70% of Reasonable Charges
Registered Nurse:	70% of Reasonable Charges
Physician's Visits:	70% of Reasonable Charges
<i>(Benefits are limited to one visit per day and do not apply when related to surgery)</i>	

Outpatient

Day Surgery Miscellaneous:	70% of Reasonable Charges
<i>(Usual and Customary Charges are based on the Outpatient Surgical Facility Charge Index.)</i>	
<i>(No more than one procedure through the same incision will be paid)</i>	
Physician's Visits:	70% of Reasonable Charges
<i>(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)</i>	
Physiotherapy:	70% of Reasonable Charges / \$1,000.00 maximum
<i>(Benefits are limited to one visit per day)</i>	
Emergency Room:	70% of Reasonable Charges
<i>(Use of room and supplies; treatment must begin 72 hours from the time of injury)</i>	
X-Rays:	70% of Reasonable Charges
CAT Scan/MRI:	70% of Reasonable Charges
Laboratory:	70% of Reasonable Charges
Prescription Drugs:	70% of Reasonable Charges
Orthopedic Braces & Appliances:	70% of Reasonable Charges

Other

Surgery:	70% of Reasonable Charges
<i>(Specified surgery based on data provided by Ingenix, Inc.) (No more than one procedure through the same incision will be paid)</i>	
Anesthetist/Assistant Surgeon:	70% of Reasonable Charges
Ambulance:	70% of Reasonable Charges
<i>(Ground transportation only)</i>	
Consultant:	70% of Reasonable Charges
Dental:	70% of Reasonable Charges / \$1,000.00 maximum
<i>(Benefits are paid on Injury to sound, natural teeth only.)</i>	

Accidental Death & Specified Loss

One amount, the greatest, may be payable to the Covered Person within 180 days from the date of accident in lieu of other benefits under the policy.

Loss	Payment
Accidental Death	\$10,000
Irreversible Brain Damage	\$10,000
Both Hands, Both Feet or Sight of Both Eyes	\$10,000
One Hand or One Foot and Sight of One Eye	\$10,000
One Hand or One Foot or Sight of One Eye	\$5,000
Hemiplegia	\$5,000
Irreversible Coma	\$10,000
Quadriplegia	\$10,000
One Hand and One Foot	\$10,000
Speech or Hearing	\$5,000
Paraplegia	\$5,000

Key Definitions

Injury A bodily injury which is:

1. directly and independently caused by specific Accidental contact with another body or object;
2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

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 (800) 441-3996.

Facts About the Policy

1) The Master Policy on file with the NCHSAA is a Non-Renewable one year term policy. 2) This is a limited benefit policy.

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