

**2015-2016  
NAIA CATASTROPHIC  
INSURANCE PLAN SUMMARY**

**Name of Policyholder:** National Association of Intercollegiate Athletics (NAIA)  
**Policy Number:** SB20CC-P-050556  
**Policy Date:** August 1, 2017 to August 1, 2018

**Aggregate Limit of Indemnity** \$5,000,000.00  
 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.

**Covered Accident Deductible:** **\$25,000.00**

- Eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the Covered Accident Deductible.
- If an insured person receives any benefits for eligible medical expenses under a Reducing Benefit Policy, the amount of the Covered Accident Deductible will be increased by the difference between: (a) the amount of benefits for eligible medical expenses that would be payable under the Reducing Benefit Policy if no other valid and collectible insurance or similar benefit program is available to the insured person and (b) the benefits actually paid by the Reducing Benefit Policy.

**Full Excess Medical, Dental, Rehabilitative and Custodial Care Expense Benefits:**

Benefit Percentage 100%  
 Deductible Establishment Period 24 Months  
 Maximum Benefit Period Lifetime  
 Maximum Benefit Amount \$5,000,000.00

Maximum for Medically Necessary Hospital Inpatient Services and Supplies Included in Medical Maximum

Maximum for confinement in an Extended Care Facility per Calendar Year \$250,000.00

Daily Room and Board Limit  
 Private or Semi-Private Room Average Semi-Private rate of Hospital in which Confined  
 Intensive Care Usual and Customary Charges

Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year \$100,000.00\*  
 \*(Effective January 1 of each year this benefit amount will be increased annually by 2%)

Treatment of Mental or Nervous Disorders:  
 Doctor Fees –  
 Amount per Visit/Visits per Day/Visits per Calendar Year \$50/ 1 / 50  
 Inpatient Hospital Up To 45 Days

Maximum Spinal Manipulative Services Benefit  
 Maximum Amount per Calendar Year \$1,000.00

Maximum Physical Therapy Benefit  
 Maximum Amount per Calendar Year \$50,000.00

Maximum Prosthetic Limitation  
 Benefit Amount payable during the first two (2) Years after covered accident \$100,000.00  
 Benefit Amount payable for each consecutive ten (10) Year benefit period immediately thereafter \$100,000.00  
 If amputation of the leg above the knee \$200,000.00  
 Maximum Benefit Amount \$500,000.00  
 If amputation of the leg above the knee \$750,000.00

**Date of Recovery Benefit**

Maximum Benefit Period	24 Months from the date of the Injury
Maximum Benefit Amount	\$150,000.00

**Catastrophic Disability Benefit**

First 12 Months	\$1,500.00 per Month
After first 12 Months	\$1,500.00 per Month
Percentage Increase after first 12 Months	4%
Catastrophic Disability Maximum Period Payable	Lifetime

**Partial Disability Benefit**

Percentage Increase after first 12 Months	\$1,000.00 per Month
Average Gross Monthly Earnings Limit for Partial Disability	4%
After-Tax Monthly Compensation	\$2,500.00 for 6 Months
Partial Disability Maximum Period Payable	\$500.00
	Lifetime

**Adjustment Expense Benefit:**

Training of Family Member	Must be rendered within 24 Months after the Covered Accident
Maximum Expense for Training	\$2,500.00
Travel for Immediate Family Members	Must occur within 24 Months after the Covered Accident
Maximum Expense for Travel per Family Member	\$2,000.00
Lost Earnings	
% of Gross Lost Earnings	75%
Maximum Lost Earnings per Week	\$500.00
Maximum Number of Weeks	13 within a 24 Month period after the Covered Accident
Maximum Lifetime Benefit	\$50,000.00

**Special Expense Benefit**

Limit during first 10 Years following the date of the Covered Accident	\$125,000.00
Limit for each 10 Year Period Thereafter	\$50,000.00

**College Education Benefit:**

Loss Establishment Period	5 Years
Maximum Aggregate Lifetime Benefit	\$120,000.00

**Accidental Death, Dismemberment, Loss of Sight/Speech or Hearing Benefit**

Principal Sum	\$15,000.00
Loss Establishment Period	365 Days

**Loss of Life Due To Heart or Circulatory Malfunctions Benefit:**

Maximum Benefit Amount	\$15,000.00
Loss Establishment Period	90 Days

**ELIGIBILITY**

All student athletes, student coaches, student managers, student trainers, cheerleaders participating in intercollegiate varsity sports and/or competitive cheer/dance teams recognized by the Policyholder and for which premium has been paid by the Participating School. Also eligible are guest recruits of the Participating School's athletic department who are participating in activities that are on campus and supervised by the Participating Schools athletic department.

**COVERED EVENT**

Coverage is provided for participation in scheduled intercollegiate and interscholastic 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 towards 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 and interscholastic scheduled games and supervised practice sessions which are on campus and for which the guest was invited.

For competitive cheer/dance teams, if applicable, coverage is provided during authorized, organized and supervised cheer/dance competitions as well as related supervised practices that are governed by the Policyholder. Supervision must be provided by a safety-certified official coach or advisor of the Insured Person's Participating School, other than a member of the cheer unit or other undergraduate student. The coach or advisor must have a current safety certification from a nationally recognized credentialing program for safety certification and the activity must be in compliance with that program's safety rules

A graduate student can be considered a coach or advisor if officially designated by the school as the official coach or advisor and the school has given the graduate student the authority to authorize, organize and directly supervise covered events. The safety certification requirement does not apply with respect to activities that are held solely by dance team members.

## **DEFINITIONS**

**Catastrophic Disability or Catastrophically Disabled** means, for the first 12 months: (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 (b) the irrecoverable loss suffered by the Insured Person, due to a Covered Accident, of: (1) speech; (2) hearing of both ears; (3) sight in both eyes; (4) use of both arms; (5) use of both legs; (6) use of one arm and one leg; or (7) severely diminished mental capacity due to brain stem or other neurological Injury such that the Insured Person is unable to perform normal daily functions. For any period thereafter, Catastrophic Disability or Catastrophically Disabled means: (a) the inability of the Insured Person, due to a Covered Accident, to engage in any gainful occupation or employment for compensation or profit for which he or she is or may become reasonably fitted by education, training, or experience; and (b) the irrecoverable loss suffered by the Insured Person, due to a Covered Accident, of: (1) speech; (2) hearing of both ears; (3) sight in both eyes; (4) use of both arms; (5) use of both legs; (6) use of one arm and one leg; or (7) severely diminished mental capacity due to brain stem or other neurological Injury such that the Insured Person is unable to perform normal daily functions.

**Covered Accident**, with respect to all benefits under this policy, except death benefits, means an accident which directly results in bodily Injury (not excluded from coverage by the policy Exclusions and Limitations) 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 dates shown in the Plan of Insurance and while he or she is participating in a Covered Event or performing directly assigned duties in connection with the Covered Event; and which occurs during Covered Travel to and from the location of a Covered Event; which occurs during a temporary stay at the location of a Covered Event held away from the location of the Insured Person's Participating School while the Insured Person is engaged in an activity or travel authorized by the Insured Person's Participating School; or which occurs by a cardiovascular accident or stroke or other similar traumatic event caused by exertion while participating in a Covered Event.

**Covered Loss** means Reasonable and Customary:

- Medical Expense;
- Dental Expense;
- Rehabilitation Expense;
- Custodial Care Expense;
- Adjustment Expense;
- Special Expense; or
- Loss of Life Due To Heart or Circulatory Malfunction Benefit.

An expense will be a Covered Loss under this policy or certificate after all adjustments (including but not limited to discounts, write-offs and negotiated fees), only to the extent that it is for Medically Necessary services, and not excluded under the Exclusions and Limitations section of the policy or certificate. Further, for those Insured Persons who have satisfied the Covered Accident Deductible, Covered Loss shall not include any expenses Incurred after the respective Date of Recovery, except for the removal of Internal Fixation mechanical devices inserted as a result of a Covered Accident but not to exceed 5 years from the date of Injury. Covered Loss also means Disability Benefits as described in Part D of this policy or certificate payable as a result of a Covered Accident.

**Date of Recovery** means:

- for those Insured Persons not Catastrophically Disabled, the earlier of:
  - the date the Insured Person receives medical clearance to participate in a Covered Event; and
  - the date immediately following a period of 24 months during which the Insured Person received no Medically Necessary treatment or service as a result of the Covered Accident for which benefits had been received under this policy; or
- for those Insured Persons who were Catastrophically Disabled, the date such Insured Person no longer qualifies as Catastrophically Disabled as defined herein.

**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, convalescence 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.

**Internal Fixation** means a surgical procedure that stabilizes and joins the ends of fractured bones by mechanical devices such as metal plates, pins, rods, wire or screws.

**Reducing Benefit Policy** means an insurance policy or service contract with a maximum benefit amount that is reduced by the sum of the benefits paid by any other valid and collectible insurance or similar benefit program.

#### **DATE OF RECOVERY BENEFIT**

If an Insured Person is medically released by a Doctor to resume participation in a Covered Event and surgical treatment for the Covered Accident occurs within twelve (12) months of the Date of Recovery, we will pay Medical, Dental, Rehabilitative and Custodial Care Expenses incurred after the Date of Recovery up to \$150,000.00 within 24 months from the date of the Injury, subject to the Medical, Dental, Rehabilitative and Custodial Care Expense Benefit limits.

#### **EXCLUSIONS AND LIMITATIONS**

No benefits are payable for: (1) Illness or disease or medical or surgical treatment thereof, including diagnosis, except: (a) as may be specifically provided for in the policy; (b) as may result from an Injury sustained in a Covered Accident; (c) a cardiovascular accident, stroke or other similar traumatic event caused by exertion while participating in a Covered Event; (d) the aggravation of a condition such as tendonitis, strains, sprains and other similar conditions caused by exertion while participating in a Covered Event; (2) infection, except bacterial infection which results from the accidental ingestion of a contaminated substance or pyogenic infection which results from an accidental bodily Injury; (3) suicide or intentionally self-inflicted Injury while sane; (4) an act of declared or undeclared war; (5) participation in a riot or engagement in or attempt to commit a felony or being engaged in an illegal activity; (6) 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; (7) charges which exceed the Reasonable and Customary charges; (8) charges Incurred for dental work unless the Insured Person sustains a Disablement which results in damage to his or her natural teeth; (9) 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; (10) charges Incurred for services or supplies not specifically provided for in the policy; (11) charges which would not have been made in the absence of insurance or which the Insured Person is not legally obligated to pay; (12) charges Incurred for cosmetic procedures, unless made necessary by a Disablement; (13) 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; (14) charges Incurred for care, treatment or service, which is not Medically Necessary to the diagnosis or treatment of a Disablement; (15) charges Incurred for the professional services of a person who either resides with or is an Immediate Family member; (16) charges Incurred for experimental or investigational treatment or procedures; (17) charges Incurred for articles of clothing which are intended for use more than once; (18) 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; (19) the use by the Insured of drugs or narcotics unless used as prescribed by a Doctor for a condition other than drug addiction; (20) routine medical examination and related medical services; (21) charges which are recoverable from any other insurance policy, service contract, Workers' Compensation or other arrangements of insured or self-insured group coverage; (22) elective treatment or surgery, health treatment, or examination where no Injury or Sickness is involved; (23) drugs that promote fertility, treat infertility, enable sexual performance or provide sexual enhancement.

**This document summarizes the provisions of the master policy issued to the NAIA. If there is any conflict between the policy and this piece, policy provisions will prevail.**