

K-12 Catastrophic Accident Insurance

Our K-12 Catastrophic Accident Insurance helps schools meet their responsibility to help ensure the safety of students and athletes during sponsored activities. Even with careful planning and precautions, serious accidents and catastrophic injuries can happen at any time — both on and off school grounds. When they do, this coverage offers an additional layer of insurance protection for students and athletes, helping them manage unexpected or increased medical costs.



Various Coverage Options

Class 1

All students including interscholastic athletes, intramural sports participants, student coaches, student managers, student trainers, athletic trainers, head coaches, and assistant coaches.

Class 2

All interscholastic athletes, cheerleaders, band members, majorettes, student coaches, student managers, student trainers, athletic trainers, head coaches, and assistant coaches.

Class 3

All interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants, gym class, participants, student coaches, student managers, student trainers, athletic trainers, head coaches, assistant coaches, and student participants of school sponsored non-sport extracurricular activities.

Class 4

All students and intramural sports participants, excluding coverage for interscholastic athletes.



Summary of Benefits

How Benefits Are Paid

Coverage is available on an Excess Basis and includes a \$25,000 deductible. Excess coverage means that Accident Medical Expense Benefits are reduced by amounts already paid or payable by any Other Plan of insurance. If a participant has no Other Plan of insurance, then Accident Medical Expense Benefits are paid on a primary basis. Primary coverage means that Accident Medical Expense Benefits apply regardless of other insurance coverage that may be available.

Accidental Death, Dismemberment & Paralysis – \$15,000

Pays lump sum benefits if a covered accident results in loss of life, limb, sight, speech, hearing, or paralysis within one year of the date of the Accident.

Accident Medical Expense Benefit – Options for coverage up to \$1,000,000, \$5,000,000, or \$7,500,000

Helps pay the cost of Medical Expenses resulting from an Accidental Bodily Injury. Accident Medical Expense Benefits are only payable:

- For Reasonable and Customary Charges for Medical Services, up to the Maximum Benefit Amount;
- For Medically Necessary Medical Services; and
- If an Insured incurs expenses for care or treatment within 60 days of the Accident causing the Accidental Bodily Injury.
- The benefit period for all plans is 10 years.

Additional Benefits

Catastrophic Cash – \$500,000

Pays lump sum benefit of up to \$100,000 followed by annual payments of \$40,000 to be paid for up to 10 years, in the event of paralysis or coma.

Family Adjustment Expense – \$10,000

Reimburses up to the Maximum Benefit Amount if, as a result of an Accident, an Insured Person is determined to be Catastrophically Disabled.

Home Alteration or Vehicle Modification – \$25,000

Reimburses the Insured Person for expenses incurred for altering home (e.g., installing ramps) and/or modifying vehicles (e.g., wheelchair lift). Expenses must be incurred within 24 months of the injury.

Loss of Life – Heatstroke – \$10,000

Accidental Death Benefit is payable if the Insured Person suffers death due to heatstroke within 52 weeks after participating in the covered activity.

Loss of Life – Heart or Circulatory Malfunction – \$10,000

Accidental Death Benefit is payable if the Insured Person suffers death due to heart or circulatory malfunction within 52 weeks after participating in the covered activity.

Medical Expenses – Heart or Circulatory Malfunction – \$10,000

Medical Expenses are payable if the Insured Person suffers an injury due to heart or circulatory malfunction within 52 weeks after participating in the covered activity.

Rehabilitation Expense – \$10,000

Reimburses Rehabilitation Expenses up to the Maximum Benefit Amount if Accidental Bodily Injury causes an Insured Person to suffer a covered loss which requires such Insured Person to obtain rehabilitation as determined necessary by a physician.

Coverage Definitions, Exclusions, and Limitations

“Accident” or **“Accidental”** means a sudden, unforeseen, and unexpected event which: (1) happens by chance; (2) arises from a source external to an Insured; (3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; (4) occurs while the Insured is covered under the policy which is in force; and (5) is the direct cause of loss.

“Accidental Bodily Injury” means bodily injury which: 1) is Accidental; 2) is the direct cause of a loss; and 3) occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury also means a Repetitive Motion Injury, a Heart or Circulatory Malfunction, or Heatstroke.

“Medically Necessary” means a medical or dental service, supply or course of treatment which: (1) is ordered or prescribed by a Physician; (2) is appropriate and consistent with the patient's diagnosis; (3) is in accord with current accepted medical or dental practice; and (4) could not be eliminated without adversely affecting the patient's condition.

“Insured Person” means a person, qualifying as a Class member under Section I of the Schedule of Benefits: 1) for whom insurance is elected and 2) and on whose behalf premium is paid.

“Medical Services” means Medically Necessary services, including but not limited to: (1) medical care and treatment by a Physician; (2) Hospital room and board and Hospital care, both inpatient and outpatient; (3) drugs and medicines required and prescribed by a Physician; (4) diagnostic tests and x-rays prescribed by a Physician; (5) transportation in an Emergency Transportation Vehicle from the location where such Insured becomes injured to the nearest Hospital where appropriate medical treatment can be obtained; (6) dental care and treatment due to Accidental Bodily Injury; (7) physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage and the office visit associated with such therapy; (8) treatment performed by a licensed medical professional when prescribed by a Physician, if hospitalization would have been otherwise required; (9) rental of Durable Medical Equipment; (10) artificial limbs and other prosthetic devices; (11) orthopedic appliances or braces; (12) eyeglasses, contact lenses and other vision or hearing aids; and (13) home health care.

“Other Plan” means any other insurance or payment source for Medical Services or disability, including but not limited to health coverage, disability insurance, worker's compensation insurance; or coverage provided or required by any law or statute, including, automobile insurance “fault” or “no-fault”, employer sick leave or salary continuation plan, or similar benefit provided or required by governmental plan or program.

“Physician” means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: 1) an Insured Person; 2) an Immediate Family Member; 3) an Insured Person's employer or business partner; or 4) the Policyholder.

“Reasonable & Customary” means the lesser of: (1) the usual charge made by Physicians or other health care providers for a given service or supply; or (2) the charge We reasonably determine to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished.

“Loss” means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Quadriplegia, Paraplegia, Hemiplegia, Loss of Speech, Uniplegia, or Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident.

“Quadriplegia” means complete and irreversible loss of all motion and all practical use of both arms and legs that lasts longer than 365 days, as determined by a Physician approved by Us.

“Hemiplegia” means complete and irreversible loss of all motion and all practical use of both arms and legs that lasts longer than 365 days, as determined by a Physician approved by Us.

“Paraplegia” means complete and irreversible loss of all motion and all practical use of both legs that lasts longer than 365 days, as determined by a Physician approved by Us.

“Uniplegia” means complete and irreversible loss of all motion and all practical use of one arm or one leg that lasts more than 365 days, as determined by a Physician approved by Us.

Coverage Exclusions and Limitations

- An Insured Person being in, entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.
- An Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical, diagnostic, or surgical treatment thereof. This exclusion does not apply to an Insured Person's bacterial infection caused by an accident or from accidental consumption of a substance contaminated by bacteria or accidental ptomaine poisoning.
- An Insured Person's commission of any felony, or assault, or participation in an illegal occupation, riot, insurrection, or civil commotion.
- Any occurrence while an Insured Person is incarcerated after conviction.
- An Insured Person being intoxicated at the time of an accident. Intoxication is defined by the laws of the jurisdiction where such accident occurs. If such jurisdiction does not have a law to define intoxication, then under this policy it will mean a blood alcohol content of .08 or greater.
- An Insured Person being under the influence of any narcotic or other controlled substance or intentionally ingesting or inhaling any poison gas or fumes at the time of an accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a physician.
- An Insured Person operating a motor vehicle without the required license, permit restriction, or in violation of a license restriction to operate such motor vehicle in the jurisdiction where the accident occurred.

- An Insured Person being in, entering, or exiting any aircraft:
 - 1) owned, leased or operated by the policyholder or on the policyholder's behalf; or 2) operated by an employee of the policyholder on the policyholder's behalf.
- An Insured Person's participation in bungee jumping, parachuting, skydiving, ultralight, hang-gliding, paragliding, or parasailing.
- An Insured Person being engaged in or participating in a motorized vehicular race or speed contest or a practice for a race or speed contest.
- An Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.
- An Insured Person's suicide, attempted suicide, or intentionally self-inflicted injury.
- War, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these, the destruction or seizure of property for a military purpose, or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss. Undeclared war does not include acts of terrorism.

Limitation on Accident Medical Expense

The Benefit Amount for Accident Medical Expense does not apply to charges and services:

- for which an Insured Person has no obligation to pay;
- for any injury where Worker's Compensation benefits or occupational injury benefits are payable;
- for any injury occurring while fighting, except in self defense;
- for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice;
- for treatment by a person employed or retained by the Policyholder;
- personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, internet access, barber services or guest meals while confined in a Hospital;
- routine physical exams that are not the result of an Accidental Bodily Injury.

Additional exclusions, limitations, or conditions may also apply to specific benefits or hazards. Please review the policy for additional details.

Contact Us

To learn more or to request a quote, contact The Young Group.

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