

Accidents aren't supposed to happen... *but they do.*

WHO IS COVERED AND WHEN

Eligibility:

All day students attending Day Care, Pre-School, Kindergarten or Before and After School Programs (public or private) are eligible.

When Covered:

Insurance coverage is provided for covered Injuries incurred during the hours and days when the Program is in session and while attending or participating in Program sponsored and supervised activities on or off school premises. Coverage is provided for traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from the Insured's home premises and the site of such activities.

SCHEDULE OF BENEFITS

Coverage for Injuries due to Accident Only

Accident Medical Maximum: \$25,000

Accident Medical Deductible: None

Loss Period: 90 days after accident date

Benefit Period: 52 weeks from accident date

Accidental Death Benefit: \$10,000

Single Dismemberment Benefit: \$10,000

Double Dismemberment Benefit: . . . \$20,000

Loss Period: Loss within 365 days of Injury
(no loss period applicable in PA)

RATE PER PERSON: \$3.25

PRODUCT AVAILABILITY

- **In Maryland only Primary Coverage is available.**
- **In Pennsylvania only \$100 Primary Excess Coverage is available**
- **Coverage is not available in Florida and New York on this Policy Form. Please contact the Policy Administrator for details.**

DEFINITIONS

Under “**Mandatory Coverage**” all youth participants and/or adult participants/staff are covered and the premium is paid by the Day Care, Pre school, Kindergarten, or Before & After School Program Sponsor.

“**Injury**” means accidental bodily Injury: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes.

“**Hospital**” means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare.

Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

“**Usual and Customary Charges**” are those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

BENEFITS

Accident Medical Expense: When a covered injury to an Insured results in treatment by a physician or surgeon beginning within the loss period shown above, after the accident; We will pay benefits as shown above. Only eligible medical expenses incurred by the Insured within the benefit period shown above, from the date of the accident are covered. Benefits for any one accident shall not exceed in the aggregate the maximum Medical Benefit. Eligible Medical Expenses are as follows: (a) treatment by a Legally Qualified Physician; (b) care or service from a Hospital or Ambulatory Surgical Center; (c) services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage; (d) professional ambulance service ; (e) orthopedic appliances.

Full Excess Coverage: Benefits are payable for covered expenses that are not recoverable from any other insurance policy, service contract or workers' compensation.

Primary Coverage: Benefits are payable for covered medical expenses from the first dollar of expense incurred. Benefits are paid in addition to and without regard to payments from other insurance.

Primary Excess Coverage Over \$100: Benefits are payable for the first \$100 of covered expenses, without regard to other insurance. Thereafter, benefits are payable for covered expenses over \$100 that are not recoverable from any other insurance policy, service contract or workers' compensation. In **Pennsylvania** benefits are payable for covered expenses over \$100 that are not recoverable from any other group insurance policies or service contracts.

ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFITS

Benefits are paid for losses incurred within 365 days (no loss period applicable in Pennsylvania) from the date of Injury. The benefits as shown above (the largest applicable amount) are paid in addition to the medical benefit. "Loss" means, with regard to hands and feet, actual severance above the wrist or ankle joint, with regard to sight, speech or hearing the total and irrevocable loss thereof. Loss means, with regard to thumb and index finger of the same hand, severance of two or more entire phalanges of both the thumb and index finger.

EXCLUSIONS AND LIMITATIONS

In Maryland, and Pennsylvania the following exclusions are applicable: This policy does not cover: 1. Suicide or attempt-

ed suicide, sane or insane; 2. Injuries caused by an act of declared or undeclared war; 3. Injuries covered by worker's compensation or employer's liability laws; 4. Injuries resulting from air travel, except while as a passenger for transportation only; 5. The cost of dental treatment, except as specifically provided for injuries to sound, natural teeth; (6) treatment of hernia; or (7) injuries sustained while traveling other than described herein.

In all other states, except Florida and New York, the following exclusions are applicable: This policy does not cover: 1. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only); 2. Injuries caused by an act of declared or undeclared war; 3. Injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation; 4. Injuries received while under the influence of any controlled substance, unless administered on the advise of a Legally Qualified Physician; 5. Injuries received while Intoxicated; 6. Injuries covered by workers' compensation or employer's liability laws; 7. Injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded); 8. Injuries received while acting as a pilot or crew member; 9. Injuries resulting from air travel, except while as a passenger for transportation only; 10. Injuries sustained while traveling other than as specifically stated herein; 11. The cost of dental treatment, except as specifically provided for injuries to sound, natural teeth.

FAST PRIORITY CLAIM SERVICE

Claims will be paid by Mutual of Omaha Special Risk Services Department. Mutual of Omaha has years of experience in handling special risk and student accident/medical insurance claims. There is an 800 number for schools, parents and providers to use. We offer fast, accurate claims processing. The **claim procedure is prompt and efficient**. Each school is supplied with claim forms. When there is a school-related Injury, the school's responsibility is to verify the student's name and the circumstances of the Accident. Once the claim is filed by the parents and/or providers of the service, there is no further school involvement.

Mail your claim form to:

**Mutual of Omaha Special Risk Services
P.O. Box 31156
Omaha, NE 68131**

Marketing Agent

**National Servicing Agent
Special Markets Insurance Consultants, Inc.
Stevens Point, WI**

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

This brochure has been designed to illustrate the highlights of this insurance. All information in this brochure is subject to the provisions of Policy Form T5MP, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between this brochure and the policy, the policy will prevail.