

**Voluntary Student Accident Insurance**  
[School Name- - - - -]  
Variable field- - - - -]



**PLAN ADMINISTRATOR**



**Health Special Risk, Inc.**  
HSR Plaza II  
4100 Medical Pkwy.  
Carrollton, TX 75007-1517

Toll-free: 866.409.5733, ext. 5660  
Fax: 972.512.5819  
[www.healthspecialrisk.com](http://www.healthspecialrisk.com)

HSR is an independent licensed insurance agency and is authorized to sell this student accident insurance on behalf of Mutual of Omaha Insurance Company.

**OFFERED THROUGH**



Insurance for Students, Inc.  
5295 Town Center Road, Suite 101  
Boca Raton, Florida 33486

Phone: 954.771.5883  
Toll-free: 800.356.1235  
Fax: 954.772.0872  
[ifs@insuranceforstudents.com](mailto:ifs@insuranceforstudents.com)

**UNDERWRITTEN BY**



**Mutual of Omaha**

Coverage underwritten by:  
Mutual of Omaha Insurance Company  
Mutual of Omaha Plaza  
Omaha, NE 68175



2015-2016  
**MIAMI DADE COUNTY PUBLIC SCHOOLS**  
**Required Student Athletic Accident Insurance Coverage**

**Coverage underwritten by: Mutual of Omaha Insurance Company; Mutual of Omaha Plaza; Omaha, NE 68175**

**ELIGIBILITY:**

Participating school/district High School athletes, student participants, student managers & student trainers of the following teams / events: Badminton, Baseball, Basketball, Bowling, Cheerleaders, Cross Country, Football, Girls Flag Football, Golf, Lacrosse, Soccer, Softball, Swimming, Tennis, Track & Field, Volleyball, Water Polo and Wrestling.

**COVERAGE OPTIONS**

**AT SCHOOL COVERAGE:** Insurance coverage is provided: (a) on school premises during the hours and days when school is in session, (b) on school premises when school is not in session if participating in or attending any school sponsored event or activity; and (c) while attending or participating in school sponsored and supervised activities off school premises (i.e. day field trips) and (d) while participating in interscholastic athletics. Coverage is provided while 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 school premises when school is in session. No coverage is provided for participation in High School Football. Because the Policyholder requires coverage for students/athletes under an At School including Interscholastic Athletic program, benefits will be payable under that program before being considered under a 24-Hour or At School Voluntary program.

**FOOTBALL ONLY:** Insurance coverage is provided for High School Football athletes while: (a) practicing for or playing in regularly scheduled football games under the supervision of a regularly employed coach or trainer of the Policyholder school/district; (b) participating in weight lifting and conditioning sessions during the regularly scheduled season; (c) participating in off-season workouts, play-off games & Spring Football Training as defined and sanctioned by the state interscholastic governing body; (d) participating in off-season conditioning sessions under the supervision of a regularly employed coach or trainer of the Policyholder school/district; (e) participating in All Star Games and (f) traveling during a covered event as a member of a group in transportation furnished or arranged by the Policyholder school/district.

**COVERAGE PERIOD** – Coverage under the At School program begins on the date of premium receipt but not before the start of the school year activities. At School Coverage ends at the close of the regular nine-month school term, except for events sponsored and supervised by the school during the summer. Coverage for interscholastic athletics begins on the date specified by the state interscholastic governing body as the first official day of practice for each fall interscholastic sport and/or activity. Coverage for winter and spring interscholastic sports begins on the date of premium receipt but not before the start of the school year activities.

**BENEFITS**

**ACCIDENT MEDICAL EXPENSE:** When a covered injury to an Insured results in treatment by a physician or surgeon beginning within 60 days of the date of the accident; we will pay benefits as shown in the **Schedule of Benefits**, in excess of the Medical Deductible, if any. Only eligible medical expenses incurred by the Insured within 104 weeks from the date of the accident are covered. Benefits for any one accident shall not exceed in the aggregate the maximum Medical Benefit of \$25,000 (\$2,000 for Motor Vehicle Accidents, other than 2 or 3 wheeled). We will pay the Medical Expenses an Insured incurs for covered services that exceed amounts payable by any Other Insurance Plan, subject to the Deductible, Benefit Percentage, and Benefit Period.

**ACCIDENTAL DEATH AND SPECIFIC LOSS:** Benefits are paid for losses incurred within 180 days from the date of Injury. The following benefits (the largest applicable amount) are paid in addition to the medical benefit:

	<u>Basic Plan</u>	<u>Football Plan</u>
Loss of Life .....	\$1,500.00.....	\$1,000.00
Loss of both hands, both feet, sight in both eyes, speech and hearing .....	\$7,500.00.....	\$1,000.00
Loss of one hand, one foot, sight in one eye, speech or hearing .....	\$1,000.00.....	\$ 500.00
Loss of Thumb and Index Finger of the Same Hand.....	\$ 500.00.....	\$ 500.00

**DEFINITIONS**

*Allowable Expense* means a Medical Expense otherwise payable under the policy that is not in excess of the 80<sup>th</sup> percentile identified on Context4HealthCare (the "Database"). When there is, in Our determination, minimal data available from the Database for a Medical Expense, We will determine the amount to pay by calculating the unit cost for the applicable service category using the Database and multiplying that by the relative value of the Medical Expense based upon a commercially available relative value scale selected by Us. In the event of an unusually complex medical procedure, a Medical Expense for a new procedure or a Medical Expense that otherwise does not have a relative value that is in Our determination applicable, We will assign a relative value. The Medical Expenses We pay may not reflect the actual charges of a provider and does not take into account the provider's training, experience or category of licensure. A provider may charge the Insured the difference between what the provider charges and the amount We pay under the policy. The Database will be updated by us as information becomes available from the supplier, up to twice each year. We may modify the Database in Our discretion to reflect Our experience. We have the right, in Our discretion, to substitute or replace the Database with another database or databases of comparable purpose, with or without notice.

*Injury* means bodily harm which: (1) requires treatment by a Physician; (2) results in loss due to an Accident, independent of Sickness and all other causes; and (3) occurs within the Scope of Coverage.

*Hospital* means an institution which: (1) is operated pursuant to law; (2) is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis; (3) is under the supervision of a staff of Physicians; (4) provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.); and (5) has medical, diagnostic and treatment facilities, with major surgical facilities on its premises or available to it on a prearranged basis. Hospital does not include: (1) a clinic or facility for: (a) convalescent, custodial, educational or nursing care; (b) the aged, drug addicts or alcoholics; (c) rehabilitation; or (2) a military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless: (a) the services are rendered on an emergency basis; and (b) the individual has a legal liability to pay for the services given in the absence of insurance.

### **EXCLUSIONS AND LIMITATIONS**

We will not pay benefits for a loss due to or expenses incurred for:

(1) intentionally self-inflicted injury, suicide while sane or insane; (2) voluntary self-administration of any drug or chemical substance not prescribed by or not taken according to the directions of the Insured's Physician; (3) Injury caused by, attributable to, or resulting from the Insured's Intoxication; (4) Injury caused by, attributable to, or resulting from the Insured's use of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage; (5) operating a motor vehicle under the influence of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage; (6) operating a motor vehicle while having a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Injury occurred; (7) commitment of or an attempt to commit a felony, or engagement in an illegal activity; (8) participation in a riot or insurrection; (9) any Injury that results from fighting, brawling, assault or battery; (10) an act of declared or undeclared war; (11) active duty service in any Armed Forces; (12) operating, learning to operate, or serving as a pilot or crew member of any aircraft unless specified in the INSURED RISKS section of this policy; (13) mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); (14) parachuting, except for self-preservation; (15) snow skiing, scuba diving, bob-sledding, bungee jumping, ballooning, flight in an ultralight aircraft, sky diving, hang-gliding, glider flying, sailplaning, or parasailing; (16) participation in professional or amateur racing; (17) injuries associated with activities or travel outside the United States; (18) sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning; (19) dental treatment or dental X-rays, except as otherwise provided, and only when Injury occurs to sound natural teeth; (20) any loss for which benefits are paid under state or federal worker's compensation, employers' liability, or occupational disease law; (21) charges which the Insured would not have to pay if the Insured did not have insurance; (22) a charge which is in excess of the Allowable Expense; (23) cosmetic surgery, except reconstructive surgery due to a covered Injury; (24) participation in semi-professional and professional sports, play or practice, or any related travel; (25) participation in practice or play of any sports activity, including travel to and from games and practice, unless specified in this policy; (26) assistant surgeon services, unless specified in this policy; (27) elective treatment or surgery that is not prescribed by a Physician and is not Medically Necessary, health treatment, or examination where no Injury is involved; (28) Pre-existing Conditions; (29) any Heart or Circulatory Malfunction; (30) loss caused by or resulting from nuclear radiation or the release of nuclear energy; (31) services or treatment incurred to the extent that they are paid or payable under any Other Insurance Plan; (32) services or treatment incurred to the extent that they are paid or payable under any automobile insurance policy without regard to fault. This exclusion does not apply in any state where it is prohibited; (33) travel in or upon: (a) a snowmobile; (b) any two or three wheeled motor vehicle; (c) any off-road motorized vehicle not requiring licensing as a motor vehicle in the jurisdiction where operated; (34) any Accident in which the Insured is operating a motor vehicle without a current and valid motor vehicle operator's license (except in a driver's education program); (35) treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy.

**RETAIN THIS DESCRIPTION FOR YOUR RECORDS. Retain this student accident insurance flyer, and your canceled check or money order receipt as your record of coverage. This flyer has been designed to illustrate the highlights of this insurance. All student accident insurance information is subject to the provisions of Policy Form SR2014 FLLG. Exclusions and Limitations will apply. Should there be any discrepancy between the policy and this student accident information, policy provisions will prevail.**

**STUDENT ACCIDENT INSURANCE SCHEDULE OF BENEFITS**

<b>INPATIENT:</b>	<b>BASIC PLAN No Medical Deductible</b>	<b>MIAMI DADE FOOTBALL PLAN \$250 Medical Deductible*</b>
<b>Room &amp; Board</b>	\$1,000 aggregate maximum per day	\$1,000 per day maximum
<b>Hospital Miscellaneous</b>	100% of Allowable Expense	Paid under Hospital Room & Board
<b>Registered Nurse</b>	100% of Allowable Expense	100% of Allowable Expense
<b>Physician's Nonsurgical Visits</b>	Up to \$45 first day; \$40 per day thereafter (limited to one visit per day)	Up to \$45 first day; \$40 per day thereafter (limited to one visit per day)
<b>OUTPATIENT:</b>		
<b>Hospital Outpatient Surgery – Facility Charge</b>	100% of Allowable Expense	100% of Allowable Expense
<b>Physician's Nonsurgical Visits</b>	Up to \$45 first day; \$40 per day thereafter (limited to one visit per day)	Up to \$45 first day; \$40 per day thereafter (limited to one visit per day)
<b>Physiotherapy</b>	Up to \$30 per visit/10 visit maximum	Up to \$30 per visit/20 visit maximum
<b>Emergency Room</b>	100% of Allowable Expense (treatment must be rendered within 72 hours from time of injury)	100% of Allowable Expense (treatment must be rendered within 72 hours from time of injury)
<b>X-Ray Services (includes charges for reading)</b>	\$75 maximum	100% of Allowable Expense; \$75 maximum
<b>Cat Scan</b>	\$375 maximum	\$375 maximum
<b>MRI</b>	\$750 maximum	\$750 maximum
<b>Laboratory</b>	No Benefits	No Benefits
<b>Injections</b>	No Benefits	No Benefits
<b>Prescription Drugs</b>	No Benefits	100% of Allowable Expense
<b>Orthopedic Braces and Appliances</b>	\$250 maximum	100% of Allowable Expense
<b>INPATIENT AND/OR OUTPATIENT:</b>		
<b>Surgeon's Fees</b>	100% of Allowable Expense (specified surgery based on the Florida Workers' Compensation Schedule)	100% of Allowable Expense (specified surgery based on the Florida Workers' Compensation Schedule)
<b>Anesthetist</b>	100% of Allowable Expense	100% of Allowable Expense
<b>Assistant Surgeon</b>	100% of Allowable Expense	100% of Allowable Expense
<b>Ambulance</b>	\$250 maximum	\$250 maximum
<b>Consultant</b>	Paid under Physician's visit	100% of Allowable Expense
<b>Dental (injury to sound, natural teeth only)</b>	Up to \$500 per tooth/\$1,000 maximum (includes orthodontia as a result of a covered injury)	Up to \$500 per tooth/\$1,000 maximum (includes orthodontia as a result of a covered injury)
<b>Dental X-Rays</b>	\$15 per tooth/\$40 full mouth	\$15 per tooth/\$40 full mouth
<b>Replacement of Eyeglasses, Contact Lenses and Hearing Aids</b>	100% of Allowable Expense (When broken as a result of a covered injury)	100% of Allowable Expense (When broken as a result of a covered injury)
<b>Hearing Aids</b>	Paid under Orthopedic Braces and Appliances	Paid under Orthopedic Braces and Appliances
<b>Home Health Care</b>	40 non-surgical visits per policy year (Services must be rendered within 7 days after hospital stay or outpatient surgery. Physician must recommend treatment)	40 non-surgical visits per policy year (Services must be rendered within 7 days after hospital stay or outpatient surgery. Physician must recommend treatment)
<b>Food Poisoning</b>	Paid as any other Injury (Food Poisoning must be caused by school supplied food)	No Benefits

The \$250 Medical Deductible will be waived if: (1) necessary surgery is performed on an Outpatient basis; (2) diagnostic laboratory or X-Ray services are performed on an Outpatient basis for Pre-Admission Testing within 7 days prior to hospital admission; (3) a mandatory second surgical opinion is obtained for the necessity of non-emergency surgery [note this waiver applies only to charges for second surgical opinion].

**PLAN & RATE OPTIONS**

<b>COVERAGE PLANS</b>	<b>BASIC PLAN RATES</b>	<b>MIAMI DADE FOOTBALL PLAN RATES</b>
High School Football	Not Available	\$76.00
Spring High School Football	Not Available	\$23.00
At School including Interscholastic Athletics excluding Football (Middle & High School)	\$30.00	Not Available