

**2008-2009
PARK UNIVERSITY**

**Intercollegiate Sports
Injury
Insurance Plan**

**Designed Especially for
Students Participating in
University Sponsored
Intercollegiate Sports Activities**



PARK
UNIVERSITY SM

Underwritten By:
**Monumental Life
Insurance Company**
Cedar Rapids, Iowa
Policy #: CMO207E

WHO IS COVERED

All student athletes who are participating in Park University sponsored and supervised intercollegiate sports activities are covered by this insurance Plan. Student athletes will be covered up to the maximum policy limits for Injury sustained during intercollegiate athletic competitions; travel to and from intercollegiate sporting activities; and year-round conditioning or weight training programs for intercollegiate sports, provided such activities are supervised and sponsored by the University. All Intercollegiate sports activities must be within the National Association of Intercollegiate Athletics guidelines for the rules of practice and sports participation. Coverage will be continuous with no lapse for students who were covered under the student athletic Plan during the preceding policy year. Coverage is provided for Student Trainers, Cheerleaders and University Coaches, as long as they are not covered by Worker's Compensation Insurance.

DEDUCTIBLES

There is a \$500 disappearing deductible which must be met before this plan will pay benefits. Amounts paid by other carriers will be used to satisfy the deductible under this plan.

PRE-EXISTING CONDITIONS

Coverage for pre-existing medical conditions requires a physician's approval prior to participation in intercollegiate sporting activities. If medical clearance is not obtained, any claim filed for Injury resulting from the pre-existing condition will not be covered.

HEART AND CIRCULATORY BENEFIT

Subject to Policy limitations, this Plan will cover treatment for acute onset of conditions relating to the heart and/or circulatory system which have resulted from Injury during play, practice or conditioning for intercollegiate sports, including, but not limited to, heart attack, stroke, brain circulatory malfunctions and heat exhaustion. For the purposes of this Heart and Circulatory Benefit only, such conditions will be considered an "Injury".

OTHER INSURANCE & HMO/PPO DENIAL BENEFIT

The Policy will pay benefits regardless of other valid coverage if the covered claim expense is less than \$100.00. If the covered claim expense exceeds \$100, benefits shall be paid first by other valid coverage. If other valid coverage has a non-duplication of benefits provision, the Policy will provide the lesser of the covered benefits specified in the Medical Expense Benefits schedule, or the eligible and covered expenses not collectible from other valid coverage in the absence of coverage under the Policy or any other valid coverage.

Covered expenses denied under any other group medical Plans, Health Maintenance Organizations (HMO) or Preferred Provider Organizations (PPO) as 'out of network' or due to "location" are payable under the Policy subject to all Policy terms, limits and conditions.

MEDICAL EXPENSE BENEFITS INJURY ONLY

When Injury covered by the Policy results in treatment by a Licensed Physician within 30 days from the date of Accident the Company will pay the Usual and Customary Charge incurred for necessary Services and Supplies as listed below, for charges actually incurred within two years from the date of the Injury up to a maximum benefit of \$25,000 after a \$500 deductible.

SERVICES AND SUPPLIES

Physician's Services

- 1. For surgical operations Charge100% of Usual and Customary Charge
(fractures, dislocations or repair of lacerations)
- 2. For non-surgical care 100% of Usual and Customary Charge 100% of Usual and Customary Charge
See Physical Therapy Treatment Limitations

Hospital Care

- 1. **Room and Board** Semi-private Room Rate
the usual daily charge for the hospital's most common semi-private room rate not to exceed the Usual and Customary Charge per day.
- 2. **Hospital Miscellaneous Expenses** 100% of Usual and Customary Charge
*Charges for the operating room, Lab tests, x-rays, supplies, etc.
See Physical Therapy Treatment Limitations*
- 3. **Outpatient Hospital Care**100% of Usual and Customary Charge
See Physical Therapy Treatment Limitations

Other Covered Services and Supplies

- 1. **Dental Treatment** \$500 maximum per tooth
Repair and/or replacement of sound, natural teeth
- 2. **Orthopedic Appliances** 100% of Usual and Customary
- 3. **Ambulance Services** 100% of Usual and Customary

Physical Therapy Treatment Limitations

- 1. *Physical Therapy Treatment is limited to \$50 for each treatment and/or office visit and a maximum of one treatment or office visit per day.*
- 2. *Physical Therapy Treatment is limited to a maximum of 10 treatments per Injury for both physicians and hospital services.*
- 3. *Physical Therapy services includes any form of diathermy, ultrasonic, whirlpool or heat treatments, EMS, adjustments, manipulation or massage.*

EXPANDED MEDICAL BENEFIT

For purposes of the Policy, "Injury" has been expanded to include the following conditions resulting from the practice or play of intercollegiate sports: repetitive motion injuries, strains, sprains, hernia, tennis elbow, tendonitis, bursitis, and muscle tears. For the purposes of this benefit only, such conditions will be considered an "Injury" and will be covered subject to Policy limits.

EXCLUSIONS

We do not pay any benefits for loss caused by any of the following:

1. intentionally self-inflicted Injury, suicide or attempt at suicide while sane or insane (For Missouri Residents: self-inflicted injuries, suicide or attempt at suicide while sane);
2. an Insured's voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless used as prescribed by the Insured's Physician for the Insured;
3. an Insured having a blood alcohol level of .10% (by weight or volume);
4. any sickness or bodily illness (Bacterial infections resulting from an accident are covered.);
5. air travel except on a commercial aircraft operating on a regular scheduled passenger route;
6. committing or attempting to commit any illegal activity;
7. the cost of medical service or treatment given by persons employed or retained by the Policyholder;
8. eyeglasses or contact lenses or their prescriptions; or hearing aids;
9. Injury covered by Worker's Compensation or similar legislation or automobile no-fault law;
10. loss caused by any active participation in a riot, armed conflict, insurrection or war, either declared or undeclared, occurring on or after the Effective Date.

DEFINITIONS

1. **Accident** - a sudden unforeseen event or series of events which results in Injury to a Covered Person as a result of the event or events; occurs while coverage is in effect for the Covered Person; and occurs during a covered activity.
2. **Health Care Plan** - any policy or other arrangement for benefits or services for medical or dental care or treatment under: a) group or blanket insurance, whether on an insured or self funded basis; b) group hospital or medical service organizations; c) group Health Maintenance Organization Plans; d) group labor management Plans; e) employee benefit organization Plan; f) group professional association Plans; g) any other group employee Welfare benefit Plan as defined in the Employee Retirement Income Security Act of 1974 as amended.
3. **Injury** - bodily Injury caused by an Accident occurring while the Policy is in force as to the Covered Person whose Injury is the basis of the claim and which results, directly and independently of all other causes, in loss covered by the Policy.

The term Injury also means the treatment of a re-Injury, incurred while the Policy is in force with respect to the Insured, for which the Insured has been treatment free for

a period of at least 180 days prior to the effective date of the Master Policy.

If benefits have been paid under the Policy for an Injury incurred while the Policy is in force with respect to the Insured, a re-Injury will be considered a new Injury if:

- a. The re-Injury occurs while the Policy is in force with respect to the Insured; and
 - b. The Insured remains treatment free for a period of 180 days between the date of last treatment for the original Injury and the date of the re-Injury. A re-Injury that is incurred within the 180 days of the original Injury will be considered a continuation of the original Injury.
4. **Physician** - a duly licensed medical practitioner: acting within the scope of his or her license; and who is not the Covered Person or a member of the Covered Person's immediate family.
 5. **School-Sponsored and Supervised Activity** - means exclusively sponsored by Park University and under the immediate supervision of an authorized employee of Park University.

CLAIM PROCEDURE

For all athletic injuries, notify a member of the Sports Medicine Staff in the Sports Medicine Office at 816-584-6353 for assistance and claim forms. Written notice of claim must be given to Bollinger, Inc. within 30 days of the occurrence or commencement of any loss covered by the Policy or as soon thereafter as is reasonably possible.

Bollinger, Inc., upon receipt of notice of a claim, will furnish the necessary forms required to file proof of loss. Proof of loss must be filed within 90 days from the date of loss.

PLAN ADMINISTRATOR

BOLLINGER, INC.

101 JFK Parkway

P.O. Box 727

Short Hills, NJ 07078-0727

To check claim status, please call 1-866-267-0092

LOCAL BROKER

Beth Schupp

Aon Consulting

PO Box 26725, Kansas City, MO 64196

1-800-892-5974, ext. 249

Please keep this brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be contained in this brochure. The Master Policy is the contract and will govern and control the payment of benefits.