

EXCLUSIONS

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

1. Injury due to: acts of war; suicide or intentionally self-inflicted Injury, while sane or insane; active service in the armed forces of any country; violating or attempting to violate the law, the taking part in any illegal occupation; fighting or brawling except in self defense, or loss in consequence of being legally intoxicated as defined by the laws of the state in which the loss occurs; or under the influence of any drugs or narcotic unless administered by or on the advice of a Physician;
2. An Insured having a blood alcohol level of .10% (by weight or volume) or the applicable prohibited blood alcohol level in the state in which the loss occurs;
3. An Injury that is caused by: (a) flying in an aircraft except as a fare-paying passenger; (b) hang-gliding or parachuting; (c) travel in or upon (i) a snowmobile; (ii) any two-wheeled motor vehicle; or (iii) any off-road motorized vehicle not requiring licensing as a motor vehicle; or (d) any accident where the Insured is the operator and does not hold a valid motor vehicle operator's license (except in a Driver's Education Program);
4. Committing or attempting to commit any illegal activity;
5. Care, treatment or services provided by persons retained or employed by the Policyholder, the School, or any Insured's Immediate Family Member; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder or the School, or for which a charge is not made;
6. Expenses incurred for eye examinations, eyeglasses, contact lenses or hearing aids or the fitting, repair or replacement of these items, except as provided under Covered Medical Services;
7. Medical expenses for which the Insured is entitled to benefits under any (1) Worker's Compensation act; or (2) mandatory no-fault automobile insurance contract.

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. **Other Valid and Collectible Group Insurance** – means all other valid and collectible hospital, medical, dental or surgical coverage providing benefits for Covered Medical Services and Covered Dental Expenses of the kind described in this Policy. Other Valid and Collectible Group Insurance includes but is not limited to individual, group or blanket insurance policies; hospital or medical service plan contracts; HMO (within 0 miles radius of the Insured College or University hereunder) or other prepayment plans; employee benefit plans; any plan arranged through an employer, labor union, employee welfare benefit plan, employee benefit association or trustee; any group plan created or administered by the federal or a state or local government or its agencies; or automobile medical payments, no-fault insurance or any other insurance. "Other insurance" shall not include accidental death and dismemberment insurance of any kind.

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.

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.
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
4801 Main Street, Suite 350
Kansas City, MO 64112
(800) 892-5974 X 649

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.

Policy Form SSA2000GPM

22725758

2011-2012 PARK UNIVERSITY

Intercollegiate Sports Injury Insurance Plan

Designed Especially for
Students Participating in
University Sponsored
Intercollegiate Sports Activities



PARK
UNIVERSITY SM

www.park.edu/sac

Underwritten By:
**Monumental Life
Insurance Company**

Cedar Rapids, Iowa
an AEGON company

Policy #: CMO207H

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 satisfied 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 and Collectible Insurance 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 and Collectible Insurance 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 and Collectible Insurance in the absence of coverage under the Policy or any Other Valid and Collectible Insurance. 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.

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.

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 Charge 100% 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.*