

Important Accident Insurance Information

The Student Accident Insurance that your school purchases is designed to help ease the parent's financial burden in case of an accident at school. However, there are internal limits in the plan, and in some cases the insurance might not cover all of a claim. The school has been provided "Certificates of Coverage" which describe the benefit structure of the plan. Please obtain one of these "Certificates" if you wish to review the coverage.

Additional "Certificates of Coverage" and Claim Forms can be printed off from the Student Assurance Services, Inc. website: <www.sas-mn.com>.

If you have a Accident/Claim

- 1) Make sure you visit a licensed doctor within **60 days** of the accident.
- 2) Pick up a Claim Form from the school, or from: <www.sas-mn.com>. Read it completely and follow the instructions on the back.
- 3) Make sure to return the completed claim form directly to Student Assurance Services, Inc. within 90 days of the accident (or a reasonable time thereafter, not to exceed 1 year). The sooner we get the claim form, the sooner we can process your claim.
- 4) Make sure:
 - The claim form is filled out completely
 - You send copies of the original itemized bills that you receive from the doctor/hospital.
 - If you have other insurance for your family, send an "Explanation of Benefits" (EOB) from them. We are secondary to other insurance that you currently have.
- 5) For claims questions, please call toll free 1-(800)-328-2739.

CERTIFICATE OF COVERAGE
Archdiocese of Kansas City, Kansas
Grades PK-8 and CYO Activities Grades PK-12

PART A COVERAGE

School-Time Coverage - the student is covered:

1. While on the school premises during the hours and on the days school is in regular session; and during the hours and on the days when school is not in session while the Insured is participating in or attending any School Sponsored and Supervised Activity.
2. While away from the School premises, other than traveling, if participating in a School Sponsored and Supervised Activity.
3. While traveling directly to or from: residence and school for regular school sessions; and any School Sponsored and Supervised activity in school provided transportation.

PART B BENEFITS

When injury covered by this policy results in treatment by a Licensed Physician within sixty (60) days from the date of accident, the Company will pay the Usual and Customary charges incurred for necessary services and supplies as listed below, for charges actually incurred within one year from the date of injury up to a maximum benefit of \$25,000. This policy will pay benefits regardless of Other Valid Group Coverage, if the covered claim expense is less than \$50. If the covered claim expense exceeds \$50, and if there be Other Valid Group Coverage not with this insurer, providing benefits for the same loss on a provision of service basis or on an expense incurred basis, benefits shall be paid first by the company or service contract whose policy or service contract has been in effect, with respect to the insured, for the longer period of time at the date of such loss. This plan does not cover penalties imposed for failure to use providers preferred or designated by your primary coverage.

BENEFITS AND LIMITATIONS

1. PHYSICIAN'S SERVICES -
 - a) for surgical operations (fractures, dislocations or repair of lacerations) - the Usual and Customary charges incurred.
 - b) for nonsurgical care (other than physical therapy treatments) - the Usual and Customary charges incurred.
2. PHYSICAL THERAPY TREATMENTS - shall include any form of diathermy, ultrasonic, whirlpool or heat treatments, EMS, adjustments, manipulation or massage and/or office visit connected therewith - the Usual and Customary charges incurred.
3. HOSPITAL CARE -
 - a) Inpatient Care - the usual and customary daily charge for the hospital's semi-private room and all miscellaneous charges incurred. Intensive Care - the Usual and Customary charges incurred.
 - b) Outpatient Care - the Usual and Customary charges incurred.
4. RADIOLOGY SERVICES (including charges for reading) - the Usual and Customary charges incurred.
5. DENTAL TREATMENT the Usual and Customary charges incurred for repair and/or replacement of each sound and natural tooth.
6. AMBULANCE SERVICES - the Usual and Customary charges incurred.
7. ORTHOPEDIC APPLIANCES (including Durable Medical Equipment) - the Usual and Customary charges incurred.
8. PRESCRIPTION DRUGS (take home) - the Usual and Customary charges incurred.
9. EYEGLASSES AND HEARING AIDS (Replacement when broken as the result of a covered injury when medical treatment is required) - up to \$150.
10. MOTOR VEHICLE INJURY EXPENSES - up to \$1,000 per injury as scheduled above.

PART C EXCLUSIONS

No benefits will be allowed for:

1. The practice or play of interscholastic sports, including travel to or from such practice or play.
2. Any sickness, disease, infection (unless caused by an open cut or wound), aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, or orthodontics.
3. Injuries for which benefits are paid under Workmen's Compensation or Employers Liability Laws.
4. Replacement of contact lenses.
5. The services of a second or subsequent Licensed Physician when not requested in writing by the attending Physician.
6. Any injury involving a two or three wheeled motor vehicle or snowmobile.
7. Accidental injuries as a result of a motor vehicle accident where benefits may be payable under any medical expense provision of any automobile insurance policy under which the insured may be covered, to the extent payable under the automobile policy.

PART D ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

When injury covered by this policy results in the following specific losses within 180 days from the date of accident, the Company will pay indemnity in the amount (the largest applicable thereto) as specified below for any one injury, and shall be in addition to any other benefits for such accident. Loss of a Hand or Foot means loss by severance at or above the wrist or ankle joint. Loss of sight must be entire and irrecoverable.

Loss of Life	\$ 2,000
Loss of both Hands, both Feet or Sight of both Eyes	\$10,000
Loss of one Hand, one Foot or Sight of One Eye	\$ 2,000

PART E DEFINITIONS

1. The term "School-Sponsored and Supervised Activity" means any activity which is exclusively sponsored by the Policyholder and which is under the immediate supervision of an employee of the Policyholder.
2. "Hospital" means an institution licensed by the State (if required), which is operated for the care of resident inpatients and has a graduate nurse on duty, has a laboratory and operating room where major surgery is performed, has a staff of one or more Licensed Physicians available at all times, and is not primarily a clinic, sanitarium, nursing home, or rest home.

3. "Licensed Physician" means any medical practitioner, other than a member of the Insured's immediate family, licensed to practice medicine in the State in which he practices.
4. The term "Residence" means the building and grounds where the Insured resides.
5. "Accident" means an unexpected, external and sudden event that is independent of any other cause.
6. "Injury" means an injury to the body of the Insured directly caused by specific accidental contact with another body or object during the Insured's term of coverage under the Master Policy. It is unrelated to any pathological, functional, or structural disorder. The accident must result in a loss beginning during the Insured's term of coverage under the Master Policy.

The term "Injury" also means a reinjury incurred while the policy is in force with respect to the Insured, for which the Insured has remained treatment free for a period of 180 days prior to the effective date of the Master Policy.

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

- a. the reinjury occurs while the Master 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 reinjury.

A reinjury that is incurred within 180 days of the original injury, will be considered a continuation of the original injury.

PART F GENERAL POLICY PROVISIONS

ENTIRE CONTRACT; CHANGES: This policy, including the endorsements and a copy of the application, if any, of the policyholder and persons insured shall constitute the entire contract between the parties, and that any statement made by the policyholder or by a person insured shall in the absence of fraud, be deemed a representation and not a warranty, and that no such statements shall be used in defense to a claim under the policy, unless contained in a written application. Such person, his or her beneficiary, or assignee, shall have the right to make written request to the insurer for a copy of such application and the insurer shall, within fifteen (15) days after the receipt of such request at its home office or any branch office of the insurer, deliver or mail to the person making such request a copy of such application. If such copy shall not be so delivered or mailed, the insurer shall be precluded from introducing such application as evidence in any action based upon or involving any statement contained therein.

NOTICE OF CLAIM: Written notice of claim must be given to the Company within thirty (30) days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given in behalf of the Insured or the beneficiary to the Company at its Home Office, in Minnetonka, Minnesota, or to any authorized agent of the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company.

CLAIM FORMS: The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proofs covering the occurrence, the character and the extent of loss for which claim is made.

PROOFS OF LOSS: Written proof of loss must be furnished to The Company within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

TIME PAYMENT OF CLAIMS: Indemnities payable under this policy will be paid as they accrue immediately upon receipt of due written proof of such loss.

PAYMENT OF CLAIMS: All benefits under the policy shall be payable to the person insured, or to his designated beneficiary or beneficiaries, or to his estate, except that if the person insured be a minor, such benefits may be made payable to his parents, guardian, or other person actually supporting him. Unless the Company is requested otherwise in writing not later than the time of filing proofs of loss, such indemnities may be paid directly to the hospital or person rendering such services; but it is not required that the services be rendered by a particular hospital or person. Payment so made shall discharge the Company's liability with respect to the amount of insurance so paid.

PHYSICAL EXAMINATION AND AUTOPSY: The Company at its own expense shall have the right and opportunity to examine the person of the Insured when and so often as it may reasonably require during the pendency of claim hereunder and also the right and opportunity to make an autopsy in case of death, where it is not prohibited by law.

OTHER INSURANCE WITH THIS COMPANY: Insurance effective at any time on the Insured under a like policy or policies in this Company is limited to the one such policy elected by the Insured, his beneficiary or his estate, as the case may be.

LEGAL ACTIONS: No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this policy and no such action shall be brought after the expiration of five (5) years after the time written proof of loss is required to be furnished.

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the statutes of the state in which the Policyholder is located on such date is hereby amended to conform to the minimum requirements.

PART G ADDITIONAL POLICY PROVISIONS

EFFECTIVE DATE: The insurance with respect to each Insured person shall become effective on the later of the following dates:

- (a) the date on which the required premium is actually received by the Policyholder, the Company or its authorized agent; or
- (b) the Master Policy effective date.

EXPIRATION DATE: The insurance with respect to each Insured person shall expire on the earlier of the following dates:

- (a) the date at the close of the period for which the premium is paid; or
- (b) the Master Policy expiration date.

NON-INTERRUPTION OF COVERAGE: Notwithstanding any provision contained in this policy to the contrary, each insured under this Policy, who would be eligible for coverage under a new policy at the commencement of the new school term, shall be protected by this policy without interruption of coverage until ten (10) days after the new term commences or until the premium for the new policy is paid, whichever is earlier.

FACILITY OF PAYMENT: If Other Valid Coverage makes benefit payments that should have been made by the Company pursuant to the Master Policy, the Company may make payment to the Other Valid Coverage to satisfy its obligation under the Master Policy.

RIGHT OF RECOVERY: If the amount of any benefit payment made by the Company is more than the amount needed to satisfy its obligation under the Master Policy, the Company may exercise its right to recover such excess payment from: any person(s) to or for whom or with respect to whom the payments were made; or any organization providing Other Valid Coverage.