

# Catastrophic Accident Insurance

*For Registered Officials*



Underwritten by  
Mutual of Omaha Insurance Company

Policy Number: 054218  
605333



This plan is provided through  
American Specialty Insurance and Risk  
Services, Inc. of Fort Wayne, Indiana.

## Eligibility

All registered North Carolina High School Athletic Association officials while officiating during covered events, which includes competition at any level. (100% participation)

## Sponsored and Supervised Activity Coverage

Benefits in this policy will be paid for an insured while:

- Participating in a Sponsored and Supervised Activity as shown on the Schedule
- Traveling in transportation:
  - Proceeding directly to and from and without interruption between approved locations authorized by the policyholder.

## Benefits for Medical Expenses

AGGREGATE LIMIT OF LIABILITY:	\$1,000,000.00
DEDUCTIBLE – (Reducing):	\$25,000.00
DEDUCTIBLE ESTABLISHMENT PERIOD:	24 months
<b>BENEFITS:</b>	
<b>Medical Expense Benefit-Full Excess:</b>	
Benefit Percentage	100%
Maximum Benefit Period	The sooner of the “Date of Recovery” or five years from accident date
Maximum Benefit Amount	\$1,000,000.00
Maximum for Medically Necessary Hospital Inpatient Services and Supplies	Included in Medical Maximum
Maximum for confinement in an Extended Care Facility per calendar year	\$365,000.00
<b>Daily Room and Board Limit</b>	
Private or Semi-private Room	Average semi-private rate for hospital where confined
Intensive Care	Allowable expense
Combined Home Health Care and Custodial Care Maximum Benefit per calendar year	\$100,000.00
Custodial Care Maximum Benefit per calendar year subject to the Combined Home Health Care and Custodial Care Maximum Benefit per calendar year	\$0.00
Home Health Care Maximum Benefit per calendar year subject to the Combined Home Health Care and Custodial Care Maximum Benefit per calendar year	\$100,000.00
<b>Treatment of Mental or Nervous Disorders</b>	
Doctor fees:	
Amount per visit	\$90.00
Visits per day	1
Number of visits per calendar year	50
Inpatient hospital	Up to 45 days
<b>Maximum Spinal Manipulation Benefit</b>	
Maximum amount per calendar year	\$1,000.00
<b>Maximum Outpatient Physical Therapy Benefit</b>	
Maximum amount per calendar year	\$50,000.00
<b>Maximum Prosthetic Limitation</b>	
Benefit amount payable during the first two years after covered accident	\$100,000.00
Benefit amount payable for the remainder of the benefit period immediately thereafter	\$100,000.00
If amputation of the leg is above the knee	\$200,000.00
Maximum Benefit Amount	\$500,000.00
If amputation of the leg is above the knee	\$750,000.00

Accidental Death and Specific Loss and Paralysis Benefit	
Principal Sum	\$10,000.00
Loss Establishment Period	365 Days
Quadriplegia is total paralysis of four limbs	100% of Principal Sum
Paraplegia is total paralysis of both lower limbs	100% of Principal Sum
Hemiplegia is total paralysis of an upper and lower limb	100% of Principal Sum
Uniplegia is total paralysis of one upper limb or one lower limb	50% of Principal Sum
Loss Establishment Period	60 days and continuing for at least one year from the date of loss of function

## Accidental Death and Specific Loss Benefit



The benefit amounts shown below will be paid, based upon the Principal Sum shown on the Schedule, for accidental death and specific loss which:

- Results solely from an injury to the insured that occurs during a Sponsored and Supervised Activity and from no other contributory cause
- Is sustained within the Loss Establishment Period

If an insured sustains more than one such loss as the result of one accident, only the largest benefit will be paid to which the insured is entitled. This amount will not exceed the Principal Sum that applies for the insured.

Table of Benefits for Accidental Death and Specific Loss

Loss	Benefit Amount
Loss of Life	100% of Principal Sum
Loss of Both Hands	100% of Principal Sum
Loss of Both Feet	100% of Principal Sum
Loss of Entire Sight of Both Eyes	100% of Principal Sum
Loss of One Hand and One Foot	100% of Principal Sum
Loss of One Hand and Entire Sight of One Eye	100% of Principal Sum
Loss of One Foot and Entire Sight of One Eye	100% of Principal Sum
Loss of Speech and Hearing	100% of Principal Sum
Loss of Entire Sight of One Eye	50% of Principal Sum
Loss of Speech or Hearing	50% of Principal Sum
Loss of One Hand or One Foot	50% of Principal Sum
Loss of Thumb and Index Finger	25% of Principal Sum
Quadriplegia (Paralysis of Four Limbs)	100% of Principal Sum
Paraplegia (Paralysis of Both Lower Limbs)	100% of Principal Sum
Hemiplegia (Paralysis of an Upper and Lower Limb)	100% of Principal Sum
Uniplegia (Paralysis of a Limb)	50% of Principal Sum

## Definitions

**Hospital means** an accredited facility licensed by the proper authority of the area in which it is located to provide care and treatment for the condition causing confinement. A hospital will include a duly licensed state tax-supported institution regardless of whether or not it has an operating room and related equipment for the performance of surgery.

Hospital does not include a facility or institution or part of a facility or institution which is licensed or used principally as a clinic, convalescent home, rest home, nursing home or home for the aged, halfway house or board and care facilities.

**Injury or Injuries means** bodily harm which:

- Requires treatment by a physician
- Results in loss due to an accident, independent of sickness and all other causes
- Occurs during a Sponsored and Supervised Activity

Bodily harm does not include a pre-existing condition or a repetitive-motion injury.

**Insured means:**

- A person as identified by the policyholder/sponsoring organization and shown in the Eligibility section of the Schedule.

**Physician means** a legally qualified physician, Nurse Practitioner, or Physician's Assistant practicing within the scope of his or her license as recognized in the state where services are rendered. Physician does not include:

- The insured
- An immediate family member
- A person living with the insured
- A person employed or retained by the policyholder/sponsoring organization

## Exclusions and Limitations

No benefits are payable for:

1. Any heart or circulatory malfunction
2. Repetitive motion injuries or the aggravation thereof
3. Bacterial infection, except infection of and through a wound accidentally sustained
4. Loss from intentional self-inflicted injury, suicide while sane or insane
5. Loss from commitment of or an attempt to commit a felony, or engagement in an illegal activity
6. Loss from an act of declared or undeclared war, not including acts of terrorism
7. Loss from active participation in a riot or insurrection
8. Loss from travel or flight in or descent from any aircraft, unless the insured is a passenger for authorized group or team travel on a regularly scheduled flight on a commercial airline, or is a passenger on an aircraft chartered solely for the purpose of travel which has a valid airworthiness certificate from the jurisdiction in which operated and which is being operated by a duly licensed pilot
9. Charges which exceed the Allowable Expense
10. Charges incurred for dental work unless the insured sustains an injury which results in damage to his or her natural teeth
11. Charges incurred for television, telephone, water pitcher, and other personal convenience items, or expenses for other persons, except as may be specifically provided for elsewhere in this policy
12. Charges incurred for services or supplies not specifically provided for in the policy
13. Charges which would not have been made in the absence of insurance or which the insured is not legally obligated to pay
14. Charges incurred for cosmetic procedures, unless made medically necessary by an injury
15. Charges incurred for eyeglasses, contact lenses, or hearing aids or for any examination or fitting related to these devices unless made medically necessary by an injury
16. Charges incurred for care, treatment, or service which is not medically necessary to the diagnosis or treatment of an injury
17. Charges incurred for the professional services of a person who either lives with the insured or is an immediate family member
18. Charges incurred for experimental or investigational drug or treatment
19. Charges incurred for articles of clothing which are intended for use more than once
20. Routine medical examination and related medical services
21. Charges which are recoverable from any other insurance policy, service contract, or other arrangements of insured or self insured group coverage
22. Services or supplies for treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act
23. Charges for mental or nervous disorders, except as specifically provided in the policy
24. Elective treatment or surgery, health treatment or examination where no injury is involved
25. Acts of aggression, assault or battery (only if instigated by the insured)
26. Fighting or brawling (other than an act of aggression instigated by an insured)
27. Drugs that promote fertility, treat infertility, enable sexual performance, or provide sexual enhancement
28. Injuries associated with activities or travel outside the United States unless the injury occurred as part of an activity held outside the United States and the treatment is not considered an experimental or investigational drug or treatment in the United States;
29. Sickness, disease, bodily or mental infirmity, or medical or surgical treatment thereof, or bacterial or viral infection, regardless of how contracted (Does not exclude bacterial infection that is the natural and foreseeable result of an injury or accidental food poisoning)
30. Treatment in any Veterans Administration or federal hospital, unless there is a legal obligation to pay;
31. Pre existing condition
32. Active duty service in any Armed Forces
33. Operating a motor vehicle under the influence of a controlled substance unless administered on the advice of a physician and taking the prescribed dosage
34. 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
35. Services or treatment incurred to the extent they are paid or payable under any other insurance plan
36. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other insurance plan

### Nonduplication of Benefits

If any item of expense is payable under more than one provision of this policy, only the largest benefit to which the insured is entitled will be paid.

This brochure illustrates the highlights of this insurance only and is not a contract. All information herein is subject to the provisions of Policy Form 054218, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between the brochure and the policy, policy provisions will prevail.

## Coverage Questions?

Insurance Administrator: Marsh & McLennan Agency LLC Company

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