



# Full Excess Intercollegiate Athletic and Student Accident Insurance Plan

## 2011-2012

This brochure is a brief description of the benefits provided under the policy. The master policy contains complete details of the provisions, limitations, and exclusions. The master Policy is on file at Texas College.

Underwritten By: United States Fire Insurance Company

### COVERED PERSONS

All traditionally enrolled students and student-athletes, student-mangers, and student-trainers of Texas College. Any medical costs not covered under this plan are the financial responsibility of student.

### SCHEDULE OF BENEFITS

- Hospital Room and Board
- Intensive Care Room and Board
- Hospital Miscellaneous Charges
- Outpatient Hospital Expenses
- Surgical Benefits
- Doctors Visits
- X-Ray and Laboratory
- Nursing Services
- Physiotherapy Benefits
- Ambulance Services
- Medical Equipment Rentals
- Medical Services and Supplies
- Dental Treatment (Injury Only)
- Prescription Drugs

**Student:** \$3,000 per Covered Injury

**Student-Athlete Mandatory:** \$3,000 per Covered Injury

**Student-Athlete:** \$22,000 per Covered Injury

**Expenses are Paid at** 100% Usual, Reasonable, and Customary Charges (URC)

*Note: All medical expenses are payable in excess of any other valid and collectible healthcare plans.*



### COVERED ACTIVITIES

**Student-Athlete:** Taking part in a regularly scheduled athletic game or competition; or a practice session for an athletic team or club; Traveling to or from such a game, competition or practice session provided he is: raveling with the athletic team or club; and Under the direct and immediate supervision of: the athletic team or club; or an adult authorized by the athletic team or club; or traveling directly, without interruption: between his home and a scheduled game, competition or practice session; in a vehicle which is designated or furnished by the athletic team or club; operated by a properly licensed, adult driver; or under the direct supervision of the athletic team or club; or in a vehicle other when: or operated by a properly licensed driver; and travel time does not exceed an hour each way.

**Student:** On the School premises: while School is in session including recess and lunch periods; or while School is not in session, if the Covered Person is involved in a Supervised or Sponsored Activity.



### EXCLUSIONS

(1) Is caused by or results from the Covered Person's own:

(a) Intentionally self-inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.);

(b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.);

(c) Commission or attempt to commit a felony;

(d) Participation in a riot or insurrection;

### EXCLUSIONS CONTINUED

(e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or

(f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;

(2) Is caused by or results from:

(a) Declared or undeclared war or act of war;

(b) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.);

(c) Aviation, except as specifically provided in this Policy;

(d) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted, unless a Sickness Expense Rider is inforce under this Policy.

This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.

(e) Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:

(i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and

(ii) The Covered Person was within a 25-mile radius of the site of the release either:

1) At the time of the release; or

2) Within 24 hours of the start of the release;



## ADDITIONAL EXCLUSIONS

1. Normal health checkups;
2. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Policy, and rendered within 6 months of the Accident;
3. Services or treatment rendered by a doctor, nurse or any other person who is: (a) Employed or retained by the Policyholder; or (b) Who is the Covered Person or a member of his immediate family;
4. Charges which:(a) The Covered Person would not have to pay if he did not have insurance; or(b) Are in excess of Usual, Reasonable and Customary charges.
5. An Injury that is caused by flight in:(a) An aircraft, except as a fare-paying passenger; (b) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or(c) An ultra light, hang-gliding, parachuting or bungi-cord jumping;
6. 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;
7. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
8. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
9. Injury that is: (a) The result of the Covered Person being Intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or (b) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
10. Any Sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food, unless a Sickness Expense Rider is in force under this Policy;
11. An Injury resulting from participation in or practice for non-School sponsored skiing, ice hockey, lacrosse, soccer or football;



12. Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in this Policy;
13. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
14. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
15. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
16. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request;
17. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
18. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
19. 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;
20. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
21. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
22. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
23. Rest cures or custodial care;
24. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
25. Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits;
26. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;
27. Services and supplies furnished by the Student Camp Daycare Policyholder's infirmary, its employees, or doctors who work for the School Camp Daycare Policyholder's;
28. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound;
29. Prescription medicines unless specifically provided for under this Policy.

## IMPORTANT DEFINITIONS

**Usual, Reasonable and Customary** means with respect to fees or charges, fees for medical services or supplies which are; Usually charged by the provider for the service or supply given; and the average charged for the service or supply in the locality in which the service or supply is received; or with respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

**Supervised or Sponsored Activity** means a Policyholder or School authorized function: in which the Covered Person participates; which is organized or under its auspices. Which is within the scope of customary activities for such entity and is shown on the schedule of benefits



### Claims Administrator:



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