

2020-2021 CHARLOTTE-MECKLENBURG SCHOOLS

HIGH SCHOOL FOOTBALL PLAN \$50,000 Maximum

This plan covers accidents occurring while participating in High School football practice or competition. Coverage will begin on the first day of tryouts and continue through the regular football season and include team conditioning practices which are school supervised throughout the school year. Travel is also covered when going directly to or from such practice or competition. Refer to the Plan Highlights below for benefits and limitations. Treatment by a qualified licensed physician must begin within 60 days of the date of the accident. THIS POLICY WILL PAY ACCORDING TO THE LIMITS OF THE POLICY FOR ONLY THOSE COVERED CHARGES IN EXCESS OF EXPENSES PAID BY ANY OTHER INSURANCE.

Plan Highlights

Maximum Benefit	\$50,000 (For each injury)
Hospital Room & Board	\$500 per day
Hospital Miscellaneous	Reasonable Charges/\$5,000 maximum
Intensive Care Unit	\$1,000 per day
Outpatient Surgery Expense	\$2,000 maximum
Anesthetist/Assistant Surgeon	30% of Surgery Allowance
Day Surgery Miscellaneous (Facility)	\$2,000 maximum
Hospital Emergency Room (includes all services/supplies except x-rays and laboratory tests)	\$500 maximum
Physician Expense	\$50 first day/\$30 each subsequent visit
Inpatient Registered Nurses	100% of Reasonable Charges
Physiotherapy Expense	\$40 first visit/\$30 each subsequent visit (5 visit maximum)
X-Ray Expense	\$300 maximum
Laboratory Tests	\$125 maximum
MRI/Cat Scan Expense	\$300 maximum
Ambulance Expense	\$400 maximum
Orthopedic Braces & Appliances	\$300 maximum
Dental Accident Expense	\$300 per sound, natural tooth
Replacement of eye glasses, contact lenses or hearing aids that are broken as a result of a covered injury	100% of Reasonable Charges

This is only a partial description of the insurance plan. Please refer to Policy for details.

Policy Exclusions and Limitations for Accident Only Coverages

The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced. **We will not pay Benefits for:**

1. An Injury or Loss that is:
 - a. caused by war or any act of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of military nature (which does not include acts of terrorism);
 - b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;
 - c. caused by participating in a riot or violent disorder;
 - d. the result of an Insured's taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;
 - e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician's instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being "under the influence."; or
 - f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.
2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policyholder chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.
3. Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
4. An Accident that occurs while:
 - a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
 - b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving.
5. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to automobiles, trucks, motorcycles, ATV's, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.
6. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.
7. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

Additional exclusions for the Accident Medical Expense Benefit and any applicable Riders: *We will not pay Benefits for:*

1. Expenses Incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is:
 - a. employed or retained by the Policyholder, or its subsidiaries or affiliates;
 - b. the Insured, or the Insured's Family Member.
2. Expenses Incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.
3. Expenses Incurred for charges which are in excess of Reasonable Charges.
4. That part of medical expenses payable by any automobile insurance Policy without regard to fault.
5. Expenses Incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).
6. Expenses Incurred for the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless Injury has caused impairment of sight or hearing or unless repair or replacement of existing eye glasses, contact lenses or hearing aids is necessary as a result of a covered Injury.
7. Expenses Incurred for new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits, if applicable.
8. Expenses Incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.
9. Expenses Incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.
10. Expenses Incurred for supervision of an anesthetist.
11. Expenses Incurred for Durable Medical Equipment rental in excess of the purchase price.
12. Expenses Incurred for subsequent repairs and replacement of prosthetic devices.
13. Expenses Incurred for any condition covered by any Workers' Compensation Act, Occupational Disease law or similar law.

Accident Only Definitions:

Injury A bodily injury which is:

1. directly and independently caused by specific Accidental contact with another body or object;
2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.
2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within 48 hours of having taken part in a Covered Activity; and
3. Such Insured has not, within one year prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.

For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:

1. Malfunction must occur before age 65 while the Insured is taking part in a Covered Activity; and

For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a Physician and occur within 30 days of participation in a Covered Activity.

All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered as one Injury.

Accidental Death & Specific Loss Benefits:

The Aggregate Limit is \$500,000 and is the maximum amount payable for claims incurred for all Insureds under the Policy which are caused by any one Incident that occurs when the Policy is in force. If this limit is not sufficient to pay the total of all such Claims, then the Benefit payable to any one Insured will be determined in proportion to our total aggregate limit of liability. This Aggregate Limit of Liability applies only to Accidental Death and Specific Loss Benefits.

Life	\$10,000
Both arms or both legs	\$15,000
Both hands and both feet	\$15,000
One arm and one leg	\$15,000
One hand and one foot	\$15,000
Either both hands or both feet	\$15,000
Speech and hearing in both ears	\$15,000
The sight of both eyes	\$15,000
The sight of one eye and either one hand or one foot	\$15,000
Either one arm or one leg	\$5,000
Either one hand or one foot	\$5,000
Speech or hearing in one ear	\$5,000
Sight of one eye	\$3,000
Hearing in one ear	\$2,500
Both the Thumb and index finger of one hand	\$2,500

UNDERWRITTEN BY: **NATIONWIDE LIFE INSURANCE COMPANY**
 ADMINISTERED BY: **K&K INSURANCE GROUP, INC.**
 Claims Service: 800.237.2917
 Claims EMAIL: kk.PAclaims@kandkinsurance.com

**Claim forms may be
 obtained from the
 Football Coach
 or
 Athletic Director**

AGENT: **McGriff Insurance Services, Inc.**
PHONE: (800) 476-4339 ext. 1345
EMAIL: Gail.Gray@McGriffInsurance.com