



2009-2010 Athletic Accident Insurance Plan

ELIGIBILITY:

The institution provides athletic accident coverage for all full-time students who participate in intercollegiate athletics during the 2009-10 academic year.

COVERAGE:

This plan will cover a student athlete from the first to the last date a student athlete is required to be on campus for participation in a covered event.

EXCESS COVERAGE PROVISION:

Benefits are available for covered expenses after all other plans providing medical expense benefits have considered the expenses.

HOW DOES THIS PLAN WORK?

- ◇ There is no deductible under this plan.
- ◇ This plan will pay a maximum limit of \$25,000 at 100% of the usual, reasonable and customary (URC) for athletic accidents.
- ◇ This plan will pay a maximum limit of \$5,000 at 100% of the URC for athletic related conditions. Please refer to the athletic accident plan description for a full description of this benefit as it does not include pre-existing conditions.
- ◇ Initial medical treatment must be received within 90 days from the date of the accident.

WHAT IS COVERED UNDER THIS PLAN?

- ◇ The following expenses are covered by the plan: inpatient and outpatient medical care, treatment by a doctor, x-ray services, laboratory services, ambulance, ambulatory surgical center, prescription medicines, and therapeutic services or supplies
- ◇ Treatment of injury to natural teeth.
- ◇ Athletic Related Conditions (ARC): An ARC condition (only as it relates to intercollegiate sports) includes but is not limited to misuse, overuse, strains, tendonitis, bursitis, degenerative diseases, stress fracture, heat stroke and similar conditions. Such conditions must manifest itself while the covered person is insured by this policy and while practicing, playing or traveling to or from an intercollegiate sports event as a member of the sports team.

EXCLUSIONS & LIMITATIONS

NOTICE: This plan contains certain Exclusions and Limitations. Please obtain a copy of the plan description in order to determine if services would be covered under this Plan.

Please download a complete plan description on your Institutions website or call NAHGA Claim Services at 800-952-4320.

HOW TO FILE A CLAIM:

- 1) Report your accident to the Athletic Trainer immediately.
- 2) File all charges with your primary insurance carrier first. If you are insured by an HMO/PPO, you must obtain pre-authorization for all services rendered or benefits will be reduced by 50%.
- 3) If the other insurance does not pay the entire bill, secure a claim form and instructions from the Athletic Trainer, fill in the necessary information, attach all itemized medical and hospital bills along with the explanation of benefits from your primary carrier (if you have other insurance) and mail them to the address on the claim form or below:

NAHGA Claim Services

PO Box 189

Bridgton, ME 04009

Phone: 800-952-4320 Fax: 207-647-4569

E-mail: eiia@nahga.com

- 4) Identify all subsequent information relating to your claim with your name, the institution name, the policy number and the initial date of injury.

Plan Administered by:



Underwritten by:

United States Fire Insurance Company,
By Fairmont Specialty, a Division of Crum & Forster



This card provides a brief outline of coverage and does not limit nor amplify the coverage described in the master policy which contains complete terms and provisions. A copy of the master policy is on file with the Institution.

ARC-IC-09