

# SUMMARY OF COVERAGE

Policy Form GH-2200  
Kansas City, Kansas Archdiocese

The Archdiocese is participating in a medical insurance policy that will provide benefits for accidental bodily injury while:

- I. Participating in CYO Activities which are exclusively Sponsored and Supervised by the Archdiocese, as a representative of the Policyholder and under the direct and immediate supervision of an employee of the Policyholder.
- II. Traveling directly to or from such activities or competition in a vehicle designated by the Policyholder and under the supervision of an employee of the Policyholder.

### MEDICAL BENEFITS

When injury covered by this policy results in treatment by a Licensed Physician within 60 days from the date of injury, the Company will pay the Usual and Customary Expenses incurred for necessary Services and Supplies as listed below, for expenses actually incurred within one year from the date of injury up to the specified Maximum Medical Benefit of \$25,000 per injury.

The Company's liability for benefits payable on account of expense incurred, for any hospitalization, medical, surgical, and other services resulting from covered Injury of the covered person, shall be limited to that part of the expense, if any, which is in excess of the total benefits payable for the same loss, on a provision of service basis or on an expense incurred basis under any medical or service contract, self-funded plan, automobile medical payment coverage, or any plan under federal, state or local law (except Medicaid). If one or more of the other policies, plans or service contracts provides benefits on an excess insurance or an excess coverage basis, benefits should be paid first by the company or service plan whose policy or service contract has been in effect for the longer period of time at the date of such loss.

#### PHYSICIAN'S SERVICES -

- a) for surgical operations (Surgeon, Assistant Surgeon, Anesthesia) - 100% of the U&C charges incurred.
- b) for nonsurgical care (other than physiotherapy treatments) - the U&C charges incurred.

**PHYSIOTHERAPY** - the U&C charge for any form of therapeutic or manual treatment provided by a physician, including but not limited to: physical or mechanical therapy, diathermy, ultrasonic, whirlpool or heat treatments, EMS, or manipulation - and/or office visit connected therewith.

#### HOSPITAL CARE -

- a) Inpatient Care - the usual daily charge for the hospital's semi-private room, plus 100% of U&C miscellaneous charges incurred. Intensive care - the U&C charges incurred.
- b) Outpatient Care (includes Day Surgery Facility and Emergency Room) - 100% of the U&C miscellaneous charges incurred.

**RADIOLOGY SERVICES (includes x-ray, Mri, CAT scan, bone scan, and charges for reading)** - 100% of the U&C charges incurred.

**DENTAL TREATMENT (in lieu of all other medical benefits)** - the U&C charges incurred for repair and/or replacement of each sound and natural tooth.

**AMBULANCE SERVICES** - 100% of the U&C charges incurred.

**ORTHOPEDIC APPLIANCES - including Durable Medical Equipment (when prescribed by a physician for healing)** - the U&C charges incurred.

**PRESCRIPTION DRUGS (take home)** - the U&C charges incurred.

**EYEGASSES AND HEARING AIDS (Replacement when broken as the result of a covered injury when medical treatment is required)** - the U&C charges up to \$150.

**MOTOR VEHICLE INJURY EXPENSES** - same as any injury.

### ACCIDENTAL DEATH AND DISMEMBERMENT

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.

Loss of Life	\$ 2,000
Loss of an Eye	\$ 2,000
Double Dismemberment	\$10,000
Single Dismemberment	\$ 2,000

## EXCLUSIONS - No Benefits Will Be Allowed For:

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: 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, orthodontics.
2. Injuries for which benefits are payable under Worker' Compensation or Employer's Liability Laws.
3. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder.
4. Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.
5. Intentionally self-inflicted Injuries; Injuries sustained while fighting or brawling, or violating or attempting to violate any existing city, state, or federal law; Injuries resulting from use of alcohol, drugs or narcotics, unless administered on the advice of physician.
6. Treatment for re-Injury, EXCEPT when the Insured is treatment free for a period of 180 days prior to the Policy Effective Date.
7. Replacement of contact lenses, or prescriptions or examinations thereof.
8. No benefits are payable for accidental bodily Injuries arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any automobile policy.
9. No benefits are payable for KSHSAA interscholastic activities.

**NOTICE: THE POLICY CONTAINS A PROVISION LIMITING COVERAGE TO USUAL AND CUSTOMARY CHARGES. THIS LIMITATION MAY RESULT IN ADDITIONAL OUT-OF-POCKET EXPENSES FOR THE INSURED.**

**This is a Limited Benefit Policy. Accident Only Insurance. Non-Renewable.  
The certificate of coverage is available at our website: [www.sas-mn.com](http://www.sas-mn.com)**

## CLAIM PROCEDURE

Filing of the claim is the parent's responsibility.

1. Parents notify the CYO administrator and obtain a claim form immediately. The administrator will fill out Part A.
2. Parents complete Part B. Answer all questions.
3. Dental accidents are often covered by health insurance, please submit charges for all dental accidents to your family health insurance first.
4. Parents submit copies of your itemized bills to your own family insurance first, even if you have a large deductible. You will be sent a report called an Explanation of Benefits (EOB).
5. Parents send the claim form, copies of itemized bills and the EOB to:  
**STUDENT ASSURANCE SERVICE, INC.  
PO BOX 196 • STILLWATER MN 55082**
6. The claim will be completed when all of the above documents have been provided. Should you have a question as to the status of a claim, you can contact Student Assurance Services, Inc. at 1-800-328-2739, between 8:00am - 4:30pm C.S.T..

**NOTE:** The Insured must have been treated by a licensed physician within **60 days** of the date of injury. Proof of claim must be submitted within 90 days from the date of accident, or a reasonable time thereafter not to exceed one year. Itemized bills should be submitted within 90 days from the date of treatment or a reasonable time thereafter not to exceed one year. The company is responsible only for expenses incurred within one year from date of injury.

THIS BROCHURE IS A SUMMARY OF THE MASTER INSURANCE POLICY ISSUED TO AN EDUCATIONAL INSTITUTION. IF THERE IS A DISCREPANCY BETWEEN THIS BROCHURE AND THE MASTER POLICY, THE MASTER POLICY LANGUAGE SHALL GOVERN.

Underwritten by  
**SECURITY LIFE INSURANCE  
COMPANY OF AMERICA  
MINNETONKA, MN**

Administered by  
**STUDENT ASSURANCE SERVICES, INC.  
PO BOX 196 • STILLWATER, MN 55082  
(800) 328-2739 - (651) 439-7098  
[www.sas-mn.com](http://www.sas-mn.com)**