



**LIFETIME CATASTROPHIC ACCIDENT  
INSURANCE COVERAGE  
2023 – 2024**



**For Further Information; Please contact:**



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## **MINNESOTA STATE HIGH SCHOOL LEAGUE 2023-2024 CATASTROPHIC ACCIDENT INSURANCE GENERAL SUMMARY**

The Minnesota State High School League has purchased excess catastrophic accident insurance for the 2023-2024 school year, effective 08/01/2023. This plan is provided through American Specialty Insurance and Risk Services, of Fort Wayne, Indiana. Coverage is underwritten by Mutual of Omaha Insurance Company in Omaha, Nebraska.

### **ELIGIBILITY:**

All student athletes, student managers, student trainers, student cheerleaders and students participating in interscholastic competition and pre and post game related activities.

### **INSURED RISK:**

Unless otherwise stated on the Schedule, We will pay benefits for a loss only once, even if coverage was provided under more than one insured risk.

### **SPONSORED ACTIVITY COVERAGE**

We will pay the benefits in this policy for an Insured while:

- participating in a Sponsored and Supervised Activity;
- participating in preseason tryouts or regularly scheduled athletic games or competition or practice sessions;
- traveling in transportation:
  - paid for or reimbursed by the Policyholder/ Sponsoring Organization; or
  - proceeding directly to and from and without interruption between approved locations authorized by the Policyholder/Sponsoring Organization.

**DESCRIPTION OF COVERAGE** Benefits are payable for Injury Medical Expenses incurred by an Insured following a covered accident subject to: (a) the \$50,000.00 Covered Accident Deductible (it must be satisfied within 24 months from the date of the accident), and (b) the Lifetime Maximum Benefit Period and (c) the Maximum Benefit Amount of \$2,000,000.00. Coverage is excess of Other Insurance Plans. Benefit Highlights include:

1. \$10,000.00 Accidental Death, Dismemberment, Loss of Sight, Speech or Hearing Benefit.

2. \$125,000.00 Combined Home Health Care and Custodial Care Benefit per calendar year.

3. Special Expense Benefit: Includes those reasonable and customary expenses incurred for special items to accommodate the insured person's physical disability or adaptation/modification of the insured person's housing or motor vehicle. All special items, modification or adaptation expenses must be approved by the doctor to be medically necessary and appropriate for the insured person. The benefit maximum is \$125,000.00 during the first ten years following the date of the accident and \$50,000 during each ten year period thereafter.

4. \$50,000.00 Adjustment Expense Benefit: Includes those allowable expenses incurred: (a) for training a member of the Immediate Family to perform Rehabilitative or custodial functions necessary to the care of the insured; (b) for travel expenses for Immediate Family members between their home and the insured's place of treatment; and (c) for lost earnings by the insured's parents, due to and in connection with a covered accident.

5. College Education Benefit: Maximum college education benefit of \$60,000.00. The insured must commence or recommence undergraduate study within 10 years after the date of the covered accident. The College Education Benefit will terminate at the earlier of: a) the date the Insured Person completes the requirements for any undergraduate degree; b) the twentieth (20<sup>th</sup>) anniversary of the date of the commencement or re-commencement of undergraduate study; and, c) the date the Maximum Aggregate Benefit has been met.

### **NONDUPLICATION OF BENEFITS**

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

See the benefit Schedule attached for additional details.

## EXCLUSIONS AND LIMITATIONS (EXCAT004-MN)

No benefits are payable for:

1. Repetitive Motion Injuries or the aggravation thereof;
2. bacterial infection, except infection of and through a wound accidentally sustained;
3. loss from intentionally self-inflicted injury;
4. loss from commitment of or an attempt to commit a felony, or engagement in an illegal activity;
5. loss from an act of declared or undeclared war;
6. loss from participation in a riot or insurrection;
7. 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;
8. charges which exceed the Allowable Expense;
9. charges incurred for dental work unless the Insured sustains an Injury which results in damage to his or her natural teeth;
10. 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;
11. charges incurred for services or supplies not specifically provided for in the policy;
12. charges which would not have been made in the absence of insurance or which the Insured is not legally obligated to pay;
13. charges incurred for cosmetic procedures, unless made Medically Necessary by an Injury;
14. 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;
15. charges incurred for care, treatment, or service which is not Medically Necessary to the diagnosis or treatment of an Injury;
16. charges incurred for the professional services of a person who either lives with the Insured or is an Immediate Family Member;
17. charges incurred for Experimental or Investigational Drug or Treatment;
18. charges incurred for articles of clothing which are intended for use more than once;
19. routine medical examination and related medical services;
20. charges which are recoverable from any other insurance policy, service contract, Workers' Compensation, or other arrangements of insured or self-insured group coverage;
21. elective treatment or surgery, health treatment, or examination where no Injury is involved;
22. drugs that promote fertility, treat infertility, enable sexual performance, or provide sexual enhancement;
23. 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;
24. Pre-existing Condition;
25. Injury caused by, attributable to, or resulting from the Insured's Intoxication;
26. Injury caused by, attributable to, or resulting from the Insured's use of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage.

### CLAIMS ADMINISTRATION

Claims will be paid by the Mutual of Omaha Special Risk Services Department. The claim procedure is prompt and efficient and there is a toll-free number for schools, parents and providers to use. Each member school will receive claim forms. When there is a school-related Injury, the school's responsibility is to verify the student's name and the circumstances of the Accident. Once the claim is filed by the parents and/or providers of the service, there is no further school involvement.

Mail the completed claim form to:

**Mutual of Omaha Special Risk Services**  
**P.O. Box 31156**  
**Omaha, NE 68131**

Call our toll-free number with Claim questions: **1-800-524-2324**

**The above is a general summary of the insurance. The policy on file with the MSHSL contains all of the provisions, exclusions, and qualifications of the insurance benefits. If any discrepancy exists between this summary and the policy, the policy will govern and control the payment of benefits. Copies of the policy are available from the office of the MSHSL.**

**Coverage Underwritten by: Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza, Omaha, NE 68175**

## POLICY SCHEDULE OF BENEFITS

<b>AGGREGATE LIMIT OF LIABILITY:</b>	\$2,000,000.00
<b>DEDUCTIBLE - (Reducing):</b>	\$50,000.00
<b>DEDUCTIBLE ESTABLISHMENT PERIOD:</b>	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 Lifetime
Maximum Benefit Amount	\$2,000,000.00
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
Daily Room and Board Limit	
Private or Semi Private Room	Average Semi Private rate of Hospital in which
confined Intensive Care	Allowable Expense
Combined Home Health Care and Custodial Care	
Maximum Benefit per Calendar Year	\$125,000.00
Custodial Care Maximum Benefit per Calendar Year	
subject to the Combined Home Health Care and	
Custodial Care Maximum Benefit per Calendar Year	\$100,000.00
Home Health Care Maximum Benefit per Calendar Year	
subject to the Combined Home Health Care and Custodial	
Care Maximum Benefit per Calendar Year	\$125,000.00
Treatment of Mental or Nervous Disorders	
Doctor Fees –	
Amount per Visit	\$90.00
Visits per Day	1
Number of Visits per Calendar Year	50
Inpatient Hospital	Up To 45 Days
Maximum Spinal Manipulation Benefit	
Maximum amount per Calendar Year	\$1,000.00
Maximum Outpatient Physical Therapy Benefit	
Maximum amount per Calendar Year	\$50,000.00
Maximum Prosthetic Limitation	
Benefit Amount payable during the first two (2) Years after covered accident	\$100,000.00
Benefit Amount payable for each consecutive ten (10) year 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
<b>Disability Benefit</b>	
Total Disability Benefit	\$1,500.00 per Month
Monthly Gross Earnings Limit for Total Disability	\$2,500.00 for 6 Months

Total Disability Maximum Period Payable	Lifetime
Partial Disability Benefit	\$1,000.00 per Month
Monthly Gross Earnings Limit for Partial Disability	\$2,500.00 for 6 Months
Partial Disability Maximum Period Payable	Lifetime

**Adjustment Expense Benefit**

Maximum Benefit	\$50,000.00
Training of Family Member	Must be rendered within 24 months after the Covered Accident
Maximum Expense for Training	\$10,000.00

Travel for Immediate Family Members	Must occur within 24 months after the Covered Accident
Maximum Expense for Travel per Family Member	\$5,000.00

Lost Earnings	
% of Gross Lost Earnings	75%
Maximum Lost Earnings per Week	\$500.00
Maximum Number of Weeks	30 within a 24 month period after the Covered Accident

**Special Expense Benefit**

Limit during first 10 years following the date of the Covered Accident	\$125,000.00
Limit for each 10 year period thereafter	\$50,000.00

**College Education Benefit**

Loss Establishment Period	10 Years
Benefit Period	refer to the College Education Benefit language
Maximum Aggregate Benefit	\$60,000.00

**Catastrophic Cash Benefit**

Maximum Benefit Amount	\$10,000.00
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Quadriplegia (Paralysis of four limbs)	100% of Maximum Benefit Amount
Paraplegia (Paralysis of both lower limbs)	100% of Maximum Benefit Amount
Hemiplegia (Paralysis of an upper and lower limb)	100% of Maximum Benefit Amount
Loss Establishment Period	60 days from date of Injury
Paralysis Waiting Period	12 consecutive months

**Loss of Life Due to Heart or Circulatory Malfunctions Benefit**

Maximum Benefit Amount	\$10,000.00
Loss Establishment Period	90 Days

**Accidental Death and Specific Loss Benefit**

Principal Sum	\$10,000.00
Loss Establishment Period	180 Days