

MUTUAL OF OMAHA INSURANCE COMPANY

INFORMATION  
AND  
INSTRUCTIONS

for

BLANKET ATHLETIC ACCIDENT  
INSURANCE PLAN

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Prepared especially  
for  
FAYETTE COUNTY PUBLIC SCHOOLS  
LEXINGTON, KENTUCKY

## I. PERSONS COVERED

The athletic insurance shall cover on a blanket basis all players, managers, statisticians, cheerleaders, and helpers in any capacity while trying out and/or participating in an athletic program named below and while participating in out-of-season conditioning programs and summer activities as long as out-of-season conditioning programs and summer activities are under the supervision of a Board of Education employee (see 1 and 2 in this Section). It shall also cover travel directly to and from practice, competition, and out-of-season conditioning programs and summer activities, provided such group is at the time under the supervision of the proper adult authority.

1. Eighth grade middle school students moving up to high school will be covered automatically for out-of-season conditioning programs and summer activities.
2. Cheerleaders and helpers will be covered during summer activities as long as they are under the supervision of a Board of Education employee.

## II. BENEFITS

Benefits will be paid to cover the usual and reasonable expenses incurred for treatments and services of a legally qualified physician, surgeon, dentist and hospital or ambulatory surgical center for covered injuries up to a maximum of \$25,000.00 for any one injury, subject to the terms and conditions of the policy. There is a \$1,500 per injury maximum for Physical Therapy.

## III. ACCIDENT MEDICAL EXPENSE INSURANCE

The maximum amount payable for an Insured person resulting from any one accident is \$25,000.00. Treatment must start within 60 days of the injury. Expenses eligible for consideration include the reasonable customary and necessary charges that were provided by a qualified physician, surgeon, hospital, medical care or service, dental treatment to teeth, employment of a registered graduate nurse or someone other than a member of the Insured's family. All eligible expenses must be incurred within 104 weeks after the date of the accident.

## IV. EXCESS PROVISIONS

- (1) Benefits are secondary to any other insurance plan providing medical expense benefits for the covered injury. If the Insured is not covered by

- another medical expense insurance plan, the secondary provision shall not apply and benefits are payable to the limits of the policy (\$25,000).
- (2) This plan will not cover expenses payable under the Insured's HMO or PPO. We will pay benefits in excess of coverage provided by the Insured's HMO or PPO. If the Insured chooses not to use an authorized medical vendor (under HMO or PPO), we will pay expense incurred that we would have honored had they used the proper medical vendor.

#### V. EXCLUSIONS and LIMITATIONS

The Policy does not cover loss resulting from or for:

- (a) suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane;
- (b) injuries caused by an act of declared or undeclared war;
- (c) injuries received while in the armed service;
- (d) injuries received while acting as a pilot or crew member;
- (e) injuries resulting from air travel, except while as a passenger for transportation only;
- (f) injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation;
- (g) injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician;
- (h) injuries received while Intoxicated as specifically defined in the policy provisions; or
- (i) injuries sustained while traveling other than as specifically stated in the policy.

#### VI. STEPS FOR FILING A CLAIM

- A. Pick up claim form from school principal's office.
- B. Have a school official complete and sign the school's portion of the claim form.
- C. Parent or Guardian must complete their portion of the form. Please be sure to sign authorization.
- D. Mail completed form and itemized bills you have at this time to:

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

- E. Send all itemized bills and evidence of other insurance payment to:

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

This brief Summary is a guide to the main benefits of the plan and is not the Contract or part of one. Complete terms and provisions are set forth in the master policy.

Arranged by:  
**ROBERTS INSURANCE**  
527 W. Main St., PO Box 1177  
Richmond, KY 40476  
(859) 623-7684  
1-877-757-2581  
FAX (859) 623-0242

All inquiries should be directed to the above agent or Mutual of Omaha at  
1-800-524-2324.

Underwritten by:  
**MUTUAL OF OMAHA INSURANCE COMPANY**  
Omaha, NE