

Catastrophic Accident Medical Insurance Program



Marketing Agent

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Underwritten by
Gerber Life Insurance Company

GER_0315-CAT-0040

Coverage not available in all states. Please contact National Representative.

WHO IS ELIGIBLE & WHEN THEY ARE COVERED

(As per the selections made on the enrollment form)

Class 1 - All students including interscholastic athletes, intramural sports participants, student coaches, student managers and student trainers while: (a) on school premises during the hours and days when school is in session; (b) participating in interscholastic sports practice and games or while conditioning on school premises for interscholastic sports; (c) acting as a student coach, student manager or student trainer during an interscholastic sports practice or game; (d) participating in cheerleading practice for an interscholastic sport or while cheerleading at an interscholastic game; (e) participating in band or majorette practice and while performing as a band member or majorette at a school sponsored event; (f) participating in a school sponsored intramural sports game; (g) participating in a school sponsored gym class activity or (h) participating in a school sponsored non-sport extracurricular activity on or off school premises such as Drama Club, Chess Club, and Field Trips*.

Class 2 - All interscholastic athletes, cheerleaders, band members, majorettes, student coaches, student managers and student trainers while: (a) participating in interscholastic sports practice and games or while conditioning on school premises for interscholastic sports; (b) acting as a student coach, student manager or student trainer during an interscholastic sports practice or game; (c) participating in cheerleading practice for an interscholastic sport or while cheerleading at an interscholastic game; (d) participating in band or majorette practice or while performing as a band member or majorette at a school sponsored event.

Class 3 - All interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants, gym class participants, student coaches, student managers, student trainers and student participants of school sponsored non-sport extracurricular activities while: (a) participating in interscholastic sports practice and games or while conditioning on school premises for interscholastic sports; (b) acting as a student coach, student manager or student trainer during an interscholastic sports practice or game; (c) participating in cheerleading practice for an interscholastic sport or while cheerleading at an interscholastic game; (d) participating in band or majorette practice or while performing as a band member or majorette at a school sponsored event; (e) participating in a school sponsored intramural sports game; (f) while participating in a school sponsored gym class activity or (g) while participating in any school sponsored non-sport extracurricular activity on or off school premises such as Drama Club, Chess Club, and Field Trips*.

Class 4 - All students and intramural sports participants, excluding coverage for interscholastic athletes while: (a) on school premises during the hours and days when school is in session; (b) participating in a school sponsored intramural sports game; (c) participating in a school sponsored gym class activity and (d) participating in any school sponsored non-sport extracurricular activity on or off school premises such as Drama Club, Chess Club, and Field Trips*.

*No more than 7 consecutive nights. Trips of longer duration may need additional premium charged. Please contact your agent for more details.

Except where specifically stated otherwise, the Policy covers the Insured only for Injury sustained while: 1) Participating in or attending any Regularly Scheduled Activity of the School. The activity must be supervised by a person authorized by the School; 2) Traveling directly (uninterruptedly) to and from a Regularly Scheduled Activity with other members as a group. The travel must be supervised by a person authorized by the School; and 3) Traveling directly (uninterruptedly) to and from the Insured's Residence and the meeting place for the purpose of participating in the Regularly Scheduled Activity.

DEFINITIONS

Accident means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Insured is covered under the Policy.

Hospital means an institution that meets all of the following: 1) it is licensed as a Hospital pursuant to applicable law; 2) it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; 3) it is managed under the supervision of a staff of medical doctors; 4) it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.); 5) it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; and 6) it charges for its services.

Hospital also means a psychiatric hospital as defined by Medicare. It must be eligible to receive payments under Medicare. A Hospital is mainly not a place for rest, a place for the aged, a place for the treatment of drug addicts or alcoholics, or a nursing home.

Partial Disability or Partially Disabled means the inability of the Insured who was engaged in an occupation before he became Totally Disabled, to perform all of the material duties of that occupation and to earn more than the maximum monthly earnings shown in the Schedule of Benefits.

Reasonable Expense means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. Such services and supplies must be recommended and approved by a Physician.

Total Disability or Totally Disabled means the Insured has suffered permanent loss of one or more of: 1) speech; 2) hearing in both ears; 3) sight in both eyes; 4) use of both arms; 5) use of both legs; 6) use of one arm and one leg; or 7) motor or cognitive function resulting from brain stem or other neurological injury; and that permanent loss results in Insured's inability to: a) perform activities of daily living including eating, transferring, dressing, toileting, bathing, and continence without human supervision or assistance; or b) perform each and every duty of his occupation during the Initial Benefit Period; or c) perform each and every duty of any business or occupation for which he is reasonably fitted by education, training or experience, during the subsequent Benefit Period.

HOSPITAL AND PROFESSIONAL SERVICES BENEFITS

Gerber Life Insurance Company, herein called the Company, will pay Reasonable Expenses incurred for a covered Injury. The Injury must be treated within the number of days stated in the Schedule of Benefits. Services must be given: (1) by a Physician; (2) for Medically Necessary treatment; and (3) within the time limit stated in the Schedule of Benefits. Benefits are paid to the maximum stated in the Schedule of Benefits for any one Injury for Reasonable Expenses which are in excess of the Deductible. Benefits under this provision are subject to all other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions.

HOW BENEFITS ARE PAID

(This provision does not apply in Idaho & South Dakota. Coverage is primary.)

The Company will pay Reasonable Expenses that are not recoverable from any Other Plan. The Company will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or similar provisions. The amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. This Blanket Student Accident Insurance is secondary to all other policies.

This provision will not apply if the total Reasonable Expenses incurred for Hospital and Professional Services Benefits is less than the amount stated in the Schedule of Benefits under Excess Coverage Applicability.

ACCIDENTAL DEATH, DISMEMBERMENT, LOSS OF SIGHT, SPEECH AND HEARING

When a covered Injury results in any of the Losses to the Insured which are stated in the Schedule of Benefits for Accidental Death, Dismemberment, Loss of Sight, Speech and Hearing then the Company will pay the benefit stated in the schedule for that Loss. The Loss must be sustained within 365 days after the date of the Accident.

The maximum benefit payable under this provision is stated in the Schedule of Benefits under Maximums and Benefit Period: 1) Life; 2) Both Hands or Both Feet or Sight of Both Eyes; 3) Loss of One Hand and One Foot; 4) Loss of One Hand and Entire Sight of One Eye; 5) Loss of One Foot and Entire Sight of One Eye; 6) Loss of One Hand or Foot; 7) Loss of Sight in One Eye; 8) Loss of Speech; 9) Loss of Hearing (both ears); 10) Loss of Speech and Hearing (both ears); and 11) Loss of Thumb and Index Finger of the Same Hand.

Half of the maximum benefit will be paid for the Loss of one Hand, one Foot or the Sight of One Eye.

Loss of Hand or Foot means the complete Severance through or above the wrist or ankle joint. Loss of Sight means the total, permanent Loss of Sight in One Eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means. Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means. Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means. Loss of Thumb and Index Finger of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). Severance means the complete separation and dismemberment of the part from the body.

If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount the Company will pay is the maximum benefit.

Benefits paid under this provision will be paid in addition to any other benefits provided by the Policy.

Benefits under this provision are subject to all other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions.

HEART OR CIRCULATORY MALFUNCTION BENEFIT

(Benefits are not available in Connecticut)

The Company will pay the benefit amount shown in the Schedule of Benefits, subject to all applicable conditions and Exclusions, if an Insured suffers a sudden heart or circulatory malfunction, that results in death or Injury, and the first symptoms of the malfunction are medically diagnosed while the Insured is covered under the Policy and within 72 hours of a Regularly Scheduled Activity.

Exclusions The benefits will not be payable if in the past 1 year (6 months in Idaho), the Insured was medically diagnosed as having treatment, or received treatment for:

1. a heart or circulatory malfunction ;
2. hypertension, angina, cerebral vascular incident or other heart or circulatory condition

Benefits under this provision are subject to all other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions.

ADDITIONAL ENHANCED FEATURES

Adjustment Expense Benefits (Benefit not available in VA)
Ancillary Illness or Injury Expense Benefit (Benefit not available in CT or NJ)
Assimilation Benefit
Catastrophic Total Disability Benefit
Partial Disability Benefits

Resumption of Disability Benefit
Post-Incident Crisis Management Benefit
Special Expense Benefit
Vocational Rehabilitation Benefit

EXCLUSIONS

No Benefits are payable for Hospital and Professional Services for the following: 1) Injuries which are not caused by an Accident. 2) Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis. 3) Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three-, or four-wheeled recreational motor vehicle or snowmobile. 4) Aggravation, during a Regularly Scheduled Activity, of an Injury the Insured suffered before participating in that Regularly Scheduled Activity, unless the Company receives a written medical release from the Insured's Physician. 5) Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the Football and/or Sports Coverage provision has been paid. 6) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association. 7) Treatment performed by a member of the Insured's Immediate Family or by a person retained by the School. 8) Injury caused by war or acts of war; suicide or intentionally self-inflicted Injury, while sane or insane (in Missouri while sane); violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered by or on the advice of a Physician. 9) Medical expenses for which the Insured is entitled to benefits under any (a) Workers' Compensation act; or (b) mandatory no-fault automobile insurance contract; or similar legislation. 10) Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain. 11) Expenses incurred for experimental or investigational treatment or procedures.

NOTICE OF CLAIM

Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company, with information sufficient to identify the Named Insured shall be deemed notice to the Company. Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss.

In the event of an Accident, students should:

1. Secure treatment at the nearest medical facility of their choice.
2. Obtain a receipt (if payment of any bills were made) and itemized copy of charges from the provider of medical services and send copies of their itemized bills, primary insurance Explanation of Benefits and the fully completed and signed accident claim form to the claims office – mail all correspondence to WEB-TPA, P.O. Box 2415, Grapevine, TX 76099-2415
3. Call 1-866-975-9468 toll free with any Claims questions.

IMPORTANT NOTICE – THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

This brochure has been designed to illustrate the highlights of this insurance and it does not include all coverage details. All information in this brochure is subject to the provisions of Policy Form COL-11, underwritten by Gerber Life Insurance Company. If there is any conflict between this brochure and the Policy, the Policy will prevail.

Note: Please see the Master Policy for complete and individual state details.

CATASTROPHIC ACCIDENT MEDICAL SCHEDULE OF BENEFITS – ENHANCED

Maximum Aggregate Limit of Liability:	\$5,000,000
Maximum Medical Expense Amount:	\$5,000,000
Accidental Death, Dismemberment, Loss of Sight, Speech and Hearing Benefit:	\$15,000
Single Dismemberment:	\$10,000
Double Dismemberment:	\$15,000
Loss Period:	
For Hospital and Professional Services	Treatment must begin within 180 days after the Accident occurs. (Does not apply in IN)
For Accidental Death, Dismemberment or Loss of Sight	Loss must be sustained within 365 days after the date of the Accident
Benefit Period:	Services must be received within 10 years from the date of the Accident
Excess Coverage Applicability:	Full Excess (Primary in ID & SD)
Deductible (Medical Expenses payable under any Other Plan will be used to satisfy or reduce the Deductible.):	\$25,000
Deductible Establishment Period	2 Years

Hospital/Facility Services - Inpatient

Hospital Room and Board:	100% of RE up to the semi-private room rate
Hospital Intensive Care:	100% RE*
Inpatient Hospital Miscellaneous:	100% RE*
Confinement in an Extended Care Facility (per calendar year):	\$365,000 maximum

Hospital/Facility Services - Outpatient

Outpatient Hospital Miscellaneous (Except Physician's services and x-rays paid as below):	100% RE*
Hospital Emergency Room:	100% RE*
Free-Standing Ambulatory Surgical Facility:	100% RE*
Hospital Emergency Room Physician:	100% RE*

Physician's Services

Surgical:	100% RE*
Assistant Surgeon:	100% RE*
Anesthesiologist:	100% RE*
Physician's Non-Surgical Treatment (except as in below)	100% RE*
Physician's Outpatient Treatment in Connection with Physical Therapy and/or Spinal Manipulation:	\$25,000 maximum

Other Services

Registered Nurses' Services	100% RE*
Prescriptions (dispensed by a licensed pharmacist) – Outpatient:	100% RE*
Laboratory Tests – Outpatient:	100% RE*
X-Rays (includes interpretation):	100% RE*
Diagnostic Imaging (MRI, CAT SCAN, ETC.) Includes Interpretation:	100% RE*
Ground Ambulance:	100% RE*
Air Ambulance:	100% RE*
Durable Medical Equipment (includes orthopedic braces and appliances):	\$25,000 maximum
Dental Treatment	100% RE*
Combined Home Health and Custodial Care (per calendar year):	\$100,000 maximum

In Connecticut benefits payable are limited to 80 visits in any calendar year or in any continuous period of twelve months, except in the case of an Insured diagnosed by a Physician as terminally ill with a prognosis of 6 months or less to live, the yearly benefit for medical social services shall not exceed \$200.00. Annual deductible of \$50.00 and subject to a coinsurance provision of not more than 75% of the RE* for such services.

Treatment Of Mental Or Nervous Disorders (Coverage not available in CT):

Physician Fees (Amount Per Visit / Visits Per Day / Visits Per Calendar Year)	\$ 50 / 1 / 50
Inpatient Hospital maximum stay	up to 45 days

Prosthetic Devices Benefit: RE* during the first two years after the covered accident is \$100,000.
RE* is payable immediately thereafter and shall not exceed \$100,000 (\$200,000 if amputation of the leg above the knee).
The maximum benefit amount payable is \$200,000 (\$300,000 if amputation of the leg above the knee).

Heart or Circulatory Malfunction (Coverage not available in CT): \$10,000 maximum for loss of life
Adjustment Expense Benefit (services must begin within 1 year of the date of Accident): \$30,000 maximum / \$0.00 in VA
Medically Necessary Family Counseling (not available in CT): \$70 per visit / 20 visit maximum

Training: \$2,500 maximum
Travel: \$2,000 maximum

Lost Earnings (not available in CT): 75% of gross loss earnings / \$500 per week maximum / 13 weeks maximum
Ancillary Illness or Injury Expense: \$2,000 maximum per calendar year Deductible to a \$100,000 combined maximum
(not available in CT or NJ) for all Injuries and Illnesses

Assimilation Benefit: \$50,000 maximum / up to 2 Immediate Family Members / services begin within 1 year
from the date of Accident / Deductible must be met within 1 year of the date of Accident

Catastrophic Total Disability Benefit (must begin within 12 months from the date of Accident)
Total Disability Expense (per month): \$1,500 for 1st 12 months / \$1,500 after 1st 12 months / 10 year benefit period
Partial Disability Expense (per month): \$1,000 / 10 year benefit period / average gross earnings \$2,500 for 6 months
\$1,000 maximum after-tax monthly compensation

Post-Incident Crisis Management Expense: \$10,000 Per Incident Aggregate Benefit to cover all persons affected
Special Expense Benefit \$125,000 maximum
Vocational Rehabilitation Benefit: \$100 maximum per hour / \$20,000 maximum

***RE means Reasonable Expense**

****Within the coverage documents issued, one of the options above will match the selections made by your authorized representative within the enrollment form for coverage.**

CATASTROPHIC ACCIDENT MEDICAL SCHEDULE OF BENEFITS – MEDICAL ONLY

Maximum Aggregate Limit of Liability:	\$5,000,000
Maximum Medical Expense Amount:	\$5,000,000
Accidental Death, Dismemberment, Loss of Sight, Speech and Hearing Benefit:	\$15,000
Single Dismemberment:	\$10,000
Double Dismemberment:	\$15,000
Loss Period:	
For Hospital and Professional Services	Treatment must begin within 180 days after the Accident occurs (Does not apply in IN).
For Accidental Death, Dismemberment or Loss of Sight	Loss must be sustained within 365 days after the date of the Accident
Benefit Period:	Services must be received within 10 years from the date of the Accident
Excess Coverage Applicability:	Full Excess (Primary in ID & SD)
Deductible (Medical Expenses payable under any Other Plan will be used to satisfy or reduce the Deductible.):	\$25,000
Deductible Establishment Period	2 Years
Hospital/Facility Services - Inpatient	
Hospital Room and Board:	100% of RE up to the semi-private room rate
Hospital Intensive Care:	100% RE*
Inpatient Hospital Miscellaneous:	100% RE*
Confinement in an Extended Care Facility (per calendar year):	\$365,000 maximum
Hospital/Facility Services - Outpatient	
Outpatient Hospital Miscellaneous (Except Physician's services and x-rays paid as below):	100% RE*
Hospital Emergency Room:	100% RE*
Free-Standing Ambulatory Surgical Facility:	100% RE*
Hospital Emergency Room Physician:	100% RE*
Physician's Services	
Surgical:	100% RE*
Assistant Surgeon:	100% RE*
Anesthesiologist:	100% RE*
Physician's Non-Surgical Treatment (except as in below)	100% RE*
Physician's Outpatient Treatment in Connection with Physical Therapy and/or Spinal Manipulation:	\$25,000 maximum
Other Services	
Registered Nurses' Services	100% RE*
Prescriptions (dispensed by a licensed pharmacist) – Outpatient:	100% RE*
Laboratory Tests – Outpatient:	100% RE*
X-Rays (includes interpretation):	100% RE*
Diagnostic Imaging (MRI, CAT SCAN, ETC.) Includes Interpretation:	100% RE*
Ground Ambulance:	100% RE*
Air Ambulance:	100% RE*
Durable Medical Equipment (includes orthopedic braces and appliances):	\$25,000 maximum
Dental Treatment	100% RE*
Combined Home Health and Custodial Care (per calendar year):	\$100,000 maximum
<p>In Connecticut benefits payable are limited to 80 visits in any calendar year or in any continuous period of twelve months, except in the case of an Insured diagnosed by a Physician as terminally ill with a prognosis of 6 months or less to live, the yearly benefit for medical social services shall not exceed \$200.00. Annual deductible of \$50.00 and subject to a coinsurance provision of not more than 75% of the RE* for such services.</p>	
<p>Treatment Of Mental Or Nervous Disorders (Coverage not available in CT):</p>	
Physician Fees (Amount Per Visit / Visits Per Day / Visits Per Calendar Year)	\$ 50 / 1 / 50
Inpatient Hospital maximum stay	up to 45 days
Prosthetic Devices Benefit:	RE* during the first two years after the covered accident is \$100,000.
	RE* is payable immediately thereafter and shall not exceed \$100,000 (\$200,000 if amputation of the leg above the knee).
	The maximum benefit amount payable is \$200,000 (\$300,000 if amputation of the leg above the knee).
Heart or Circulatory Malfunction (Coverage not available in CT):	\$10,000 maximum for loss of life

***RE means Reasonable Expense**

**Within the coverage documents issued, one of the options above will match the selections made by your authorized representative within the enrollment form for coverage.