

ELIGIBILITY

Any enrolled student who attends Archdiocesan pre-kindergarten, kindergarten, elementary or secondary school is eligible. Any student while participating in CYO activities is also eligible.

COVERAGE

COMPULSORY SCHOOL TIME ACCIDENT COVERAGE FOR ALL STUDENTS

– Insurance coverage for covered Injuries during the hours and days when school is in session and while: (a) participating in school sponsored and supervised activities occurring on or off school premises, including participation in CYO activities; or (b) traveling to and from such activities in transportation furnished or arranged by the school. Includes participation in Summer Activities and travel to and from school and excludes participation in High School Interscholastic Sports and Football.

PRIMARY

Benefits are payable up to the policy maximum for Covered Accident Medical Service(s) expenses.

\$25,000 STUDENT ACCIDENT MEDICAL EXPENSE BENEFITS

When a covered Injury to an insured results in treatment by a physician beginning within 90 days after the date of the accident, the Company will pay Usual and Customary Charges up to \$25,000 per Injury. Only covered accident medical service expense(s) incurred by the insured within 730 days from the date of the accident are payable.

INPATIENT HOSPITAL SERVICES – Daily Room and Board, Intensive Care Room and Board, Miscellaneous Services during hospital confinement, including all services billed by the facility

OUTPATIENT HOSPITAL SERVICES – Emergency Room when hospital confinement is not required, including all services billed by the facility, and Ambulatory Medical Centers and outpatient operating room

PHYSICIAN'S SERVICES – Surgery including pre- and post-operative care, Anesthesia (including administration) and Assistant Surgeons when medically necessary, Physician's visits other than for Physiotherapy or similar treatment when no surgery benefit is paid beginning on the first day treatment is rendered, and Consultants and second opinions when required by attending Physician for confirming or determining a diagnosis, but not for treatment

X-RAY, MRI AND LABORATORY SERVICES – X-rays including fee for interpretation and/or reading of x-rays (Dental x-rays are payable under dental services benefits shown below.), Laboratory Services and MRI/CatScan

ADDITIONAL SERVICES – Physiotherapy or similar treatment including Diathermy, Ultrasound, Microtherm, Manipulation, Massage and Heat, Registered or licensed nurse in or out of Hospital when medically necessary and prescribed by a Physician, Ambulance to initial treatment facility, Durable Medical Equipment when prescribed by a Physician including rental of crutches or a wheelchair, Drugs and Medications, when prescribed by a Physician, Eye glasses, Contact Lenses and Hearing Aids: Replacement of broken glasses

and/or frames, contact lenses and hearing aids resulting from a covered injury requiring medical or surgical treatment

DENTAL SERVICES – Treatment, repair or replacement of each injured natural tooth. This will include Expenses incurred for initial braces when required for treatment of a Covered Injury, examination, diagnosis, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma.

EXTENDED DENTAL SERVICES – Replacement of caps, crowns, dentures or orthodontic appliances (including braces) when damaged in a covered accident. When a dentist certifies within the benefit period that treatment will continue beyond the expense incurral period, deferred benefits will be paid to a maximum of \$1,000.00 per accident. If there is more than one way to treat a particular dental problem, benefits will be paid for the least expensive procedure if it meets accepted dental standards.

ACCIDENT MEDICAL PLANS INCLUDE ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If Injury to the Insured results within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the Maximum Amount shown below for that Loss. For Loss of:

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| • Life | \$15,000 |
| • Both Hands or Both Feet or Sight of Both Eyes | \$30,000 |
| • One Hand and One Foot | \$30,000 |
| • One Hand and the Sight of One Eye | \$30,000 |
| • One Foot and the Sight of One Eye | \$30,000 |
| • Speech and Hearing in Both Ears | \$30,000 |
| • One Hand or One Foot or Sight of One Eye | \$15,000 |
| • Speech or Hearing in Both Ears | \$15,000 |
| • Hearing in One Ear | \$7,500 |
| • Thumb and Index Finger of the Same Hand | \$7,500 |

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

DEFINITIONS

Ambulatory Medical Center - means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

Hospital - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Injury - means bodily injury caused by an accident that: (1) occurs while the Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Insured - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) for whom premium has been paid; and (3) while covered under the Policy.

Medically Necessary - means a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

Usual and Customary Charge(s) - means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; (3) does not include charges that would not have been made if no insurance existed.

EXCLUSIONS AND LIMITATIONS

This Policy does not cover any loss or Injury resulting or caused, in whole or part, from: 1) Suicide or attempted suicide; self-destruction or attempted self-destruction; while sane or insane 2) Intentionally self-inflicted injury 3) War or any act of war or invasion; declared or undeclared. 4) Sickness; disease; bodily or mental infirmity; or any bacterial or viral infection; or medical or surgical treatment thereof, except for any bacterial infection that results from: accidental ingestion of contaminated food substances; or pyogenic infections that result from an accidental external cut or wound. 5) Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline. 6) Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician. 7) Intoxication or being under the influence of any drug or narcotic. Intoxication is defined by the laws of the jurisdiction where such Accident occurs. Violation of or attempt to violate any duly-enacted law or regulation; or commission or attempt to commit an assault; felony; or other illegal activity. 8) Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy. Injuries paid under Workers' Compensation, Employer's liability laws; or similar occupational benefits; or while engaging in activity for monetary gain from sources other than the Policyholder. 9) Travel or activity outside the United States. 10) Travel in or on any off road and on road motorized vehicle not requiring licensing as a motor vehicle. -- In addition to the exclusions above, We will not pay Accident Medical Expense or Additional Accident Benefits for any loss, treatment or services resulting from or contributed to by: 1) Treatment by persons employed or retained by a Policyholder; or by any Immediate Family; or member of the Covered Person's household. 2) Treatment of sickness; disease; or infections except pyogenic infections or viral or bacterial infections that result from the accidental ingestion of contaminated food substances. 3) Damage to or loss of dentures or bridges; or damage to existing orthodontic equipment (except as specifically covered by the Policy). 4) Expense incurred for treatment of temporomandibular; or craniomandibular joint dysfunction; and associated myofacial pain (except as provided by the Policy). 5) Injury paid by Workers' Compensation; Employer's Liability Laws; or similar occupational benefits; or while engaging in activity for monetary gain from sources other than the Policyholder. 6) Injury or loss contributed to by the use of drugs unless administered by a Doctor. 7) Injury or death to which a contributing cause is the Covered Person's violation or attempt to violate any duly-enacted law; or the commission or attempt to commit an assault or a felony; or that occurs while the Covered Person is engaged in an illegal occupation. 8) Covered medical expenses for which the Covered Person would not be responsible for in the absence of this Policy. 9) Any elective treatment; surgery; health treatment; or examination; including any service; treatment; or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States. 10) Blood, blood plasma; or blood storage; except expenses by a Hospital for processing or administration of blood. 11) Cosmetic surgery; except for reconstructive surgery needed as the result of an Injury.

CLAIMS PROCEDURES – In case of accident, notify school immediately. Secure claim form from school, attach itemized bill(s) to completed claim form and mail to address indicated on claim form. **CLAIMS FOR BENEFITS MUST BE FILED WITHIN 90 DAYS FROM DATE OF LOSS.** The Company must be notified of a loss within 30 days of such loss.

This is only a brief description of the coverage available under the Master Policy. The Policy may contain reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage are contained in the Master Policy. If there is any conflict between the contents of this document and the Master Policy, the Master Policy shall govern. Individual policies will not be issued or sent to you. A master Policy will be issued to the Finance Office of the Archdiocese of Cincinnati and is on file for your review.

STUDENT/ATHLETIC ACCIDENT PROGRAM 2014-2015

**Most Reverend Dennis M. Schnurr
and Successors, Roman Catholic
Archbishop of the Archdiocese of
Cincinnati as Trustee of the
Properties Under his Jurisdiction**

Program Manager:
Gallagher Student Health & Special Risk
500 Victory Road
Quincy, MA 02171
Ph: 877-345-8928

Claims Administrator
BMI Benefits, LLC.
P O Box 511
Matawan, NJ 07747
Ph: 1-800-445-3126
Fax 732-583-9610

IMPORTANT NOTICE:

The Plan provides **ACCIDENT** insurance only. It does **NOT** provide basic hospital, basic medical or major medical for sickness coverage.

This plan is underwritten by Arch Insurance Company, a Missouri Corporation (NAIC # 11150). Executive offices are located at One Liberty Plaza, New York, NY 10006