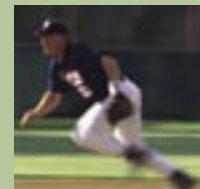
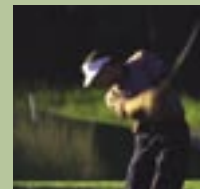




Catastrophic Athletic Injury

*Accident Insurance
for College Club and
Intramural Sports*



NATIONAL ASSOCIATION OF
INTERCOLLEGIATE ATHLETICS



NAIA Lifetime Catastrophic Athletic Injury Insurance

BENEFIT SUMMARY

THE NAIA COUNCIL OF PRESIDENTS is responsible for supervising the Association's membership insurance programs. It is dedicated to the development and continued availability of quality insurance coverages for member institutions and their student athletes.

In 1985 a unique insurance program approved by the NAIA became available for the first time to NAIA member institutions. It offered significant and continuing benefits to student athletes who suffer catastrophic injuries while participating in intercollegiate athletics. In 1995 the program was reevaluated by the NAIA, benefits were enhanced, and Mutual of Omaha Insurance Company became the insurer of the program.

ELIGIBILITY

All Student Athletes participating in Club or Intramural sports.

COVERAGE

Coverage for Club sports is provided for participation in scheduled games, supervised practice sessions and during authorized group or team travel that is paid for or reimbursed by the participating school in connection with such games or practice sessions.

Coverage for Intramural sports is provided for participation in scheduled intramural games only.

BENEFITS

Accidental Death, Dismemberment, or Loss of Sight, Speech or Hearing

We will pay the benefit amounts shown below, based upon the Principal Sum shown in the Plan of Insurance, for Accidental Death, Dismemberment or Loss of Sight, Speech or Hearing which results solely from an Injury to the Insured which occurs during a covered event, and from no other contributory cause, and is sustained within the Loss Establishment Period of 365 days after the date of the Injury.

If an Insured sustains more than one such loss as the result of one Accident, we will pay only one amount, the largest to which he or she is entitled. This amount will not exceed the Principal Sum that applies for the Insured.

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). Loss of speech or hearing means their total and irrecoverable loss. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrecoverable loss.

ACCIDENT MEDICAL EXPENSE

We will pay benefits for Medical Expenses incurred by an Insured within 24 months following a Covered Accident that are in excess of the Covered Accident Deductible. Benefits will not exceed the Maximum Benefit Limit shown in the Schedule of Benefits. Medical Expense means the Reasonable and Customary charges: (a) of a professional ambulance service for Medically Necessary transportation to and from a Hospital; (b) of a Doctor for Medically Necessary care and treatment; (c) of a Hospital for Medically Necessary inpatient services, including room and board (not exceeding the semi-private room rate for each day of confinement unless a private room is Medically Necessary); (d) for Medically Necessary inpatient services and supplies, including intensive care services, and daily Hospital charges for personal Hospital services (including television, radio, telephone, barber, and beauty services); (e) for Medically Necessary outpatient and emergency room care and treatment; (f) for confinement in an Extended Care Facility; (g) for Home Health Care; (h) for medical or surgical services, prescription drugs, and other medical supplies commonly used for therapeutic or diagnostic services, which are Medically Necessary and prescribed by a Doctor operating within the scope of his or her license; (i) for care and treatment of mental and nervous disorders by a Doctor; (j) for treatment of subluxation or dislocation of the spine or treatment for the general purpose of correction of nerve interference and its effects, by manual or mechanical means when interference results from or is related to distortion or misalignment of or in the vertebral column; (k) physical therapy; and (l) prosthetic devices.

*Questions should be directed to the Administrator,
Summit America Insurance Services, LC
1-800-955-1991*

Loss	Benefit Amount
Loss of Life	\$10,000
Loss of Both Hands	\$10,000
Loss of Both Feet	\$10,000
Loss of Entire Sight of Both Eyes	\$10,000
Loss of One Hand and One Foot	\$10,000
Loss of One Hand and Entire Sight of One Eye	\$10,000
Loss of Speech and Hearing (Both Ears)	\$10,000
Loss of Speech or Hearing (Both Ears)	\$5,000
Loss of One Hand	\$5,000
Loss of One Foot	\$5,000
Loss of Entire Sight of One Eye	\$5,000
Loss of Thumb and Index Finger of the Same Hand	\$2,500

DISABILITY BENEFITS

Total Disability Benefit: If an Insured Person becomes Totally Disabled and has satisfied the Covered Accident Deductible, We will pay Total Disability Benefits as shown in the Schedule of Benefits. Thereafter, as shown in the Schedule of Benefits, we will pay a Total Disability Benefit for each subsequent month which will be increased by a percentage, as shown in the Schedule of Benefits, after the benefit has been paid for 12 months and after each subsequent 12-month period while the Insured Person remains Totally Disabled. Benefits will begin on the later of: (a) the date the Insured Person's Academic Class graduates; or (b) the end of the Academic Year in which the Insured Person became Totally Disabled; or (c) the date the Covered Accident Deductible is satisfied. Payment of the Total Disability Benefit will continue for so long as the Insured Person remains so disabled or the end of the Maximum Period Payable shown in the Schedule of Benefits; whichever is later.

Partial Disability Benefit: If an Insured Person becomes Partially Disabled immediately following a period of Total Disability for which Total Disability Benefits were paid, We will pay the Partial Disability Benefit shown in the Schedule of Benefits. The monthly Partial Disability Benefit amount will be increased by a percentage shown in the Schedule of Benefits after that benefit has been paid for 12 months and after each subsequent 12-month period while the Insured Person remains Partially Disabled. Partial Disability will end when the Insured Person is no longer Partially Disabled; or the Insured Person's average gross monthly earnings exceed \$2,500 for six consecutive months.

Resumption of Disability: If Total Disability or Partial Disability Benefits as provided herein cease and the Insured Person again becomes Totally Disabled or Partially Disabled as a result of the same Covered Accident which caused the earlier period of disability, benefits will resume after the new period of disability has persisted three consecutive months.

ADJUSTMENT EXPENSE BENEFITS

We will pay the Adjustment Expense Incurred on behalf of the Totally Disabled Insured Person after the Covered Accident Deductible is satisfied, subject to the maximum benefit shown in the Schedule of Benefits. Adjustment Expenses are the Reasonable and Customary Expenses Incurred for (benefit amounts are shown in the Schedule of Benefits): (a) Medically Necessary Family Counseling for the Immediate Family of the Insured Person. (b) The training of a member of the Immediate Family of the Insured Person to perform rehabilitative or custodial functions necessary to the care of the Insured Person. (c) Travel by the Insured Person's Immediate Family members between their home and the Insured Person's place of treatment. Travel is limited to not more than two members of the Insured Person's Immediate Family at one time. (d) Lost earnings by the Insured Person's parents, guardians or spouse, due to, and in connection with, a Covered Accident. Lost earnings will be reimbursed for one parent/guardian or the spouse of the Insured Person.



SPECIAL EXPENSE BENEFIT

We will pay for those Reasonable and Customary Expenses Incurred, after the Covered Accident Deductible has been satisfied, by an Insured Person who is Totally Disabled as a result of a Covered Accident for special items approved by the Insured Person's Doctor to accommodate his or her physical disability. Benefits will not exceed the Maximum Benefit Amount shown in the Schedule of Benefits. Special Expense items or modifications must be approved by the Doctor as being appropriate and as being Medically Necessary to accommodate the physical disability of the Insured Person.

ANCILLARY ILLNESS OR INJURY EXPENSE BENEFIT

We will pay benefits for the Medically Necessary Medical Expenses and Dental Expenses Incurred, after the Covered Accident Deductible has been satisfied, as a result of an accidental bodily Injury or Illness to a Totally Disabled Person which occurs during the period he or she is receiving benefits in connection with a Covered Accident. Benefits will not exceed the Maximum Benefit Amount shown in the Schedule of Benefits.

COLLEGE EDUCATION BENEFIT

The College Education Benefit provides payment for the full cost of attendance for a Totally Disabled Insured Person to complete his or her undergraduate degree: (a) at the school or alternate institution such person was attending at the time of the Covered Accident; or (b) for other covered persons, at the school or alternate institution such person will be attending; however, the amount of the College Education Benefit payable shall not exceed the lesser of the comparable full cost of attendance or the Maximum Aggregate Lifetime Benefit Amount as shown in the Schedule of Benefits. The full standard cost of attendance shall be as determined by the financial aid office at the particular school net of any other financial aid received by the Insured Person.

To qualify for the College Education Benefit, the Totally Disabled Insured Person must commence or recommence undergraduate study within the Loss Establishment Period, after the Covered Accident occurred, as shown in the Schedule of Benefits.

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 (20th) anniversary of the date of the commencement or recommencement of undergraduate study; and (c) the date the Maximum Aggregate Lifetime Benefit has been met.

OTHER INSURANCE/EXCESS NATURE OF POLICY

This insurance is excess over any other valid and collectible insurance or similar benefit program available to the Insured Person for a Covered Loss. If an Insured Person receives or is entitled to receive benefits or services from any source described in the policy for any benefit category of a Covered Loss for which he or she is entitled, such benefit will be in excess of the amount of such Other Insurance.

EXCLUSIONS

In all states the following general exclusions will apply: (a) Illness or disease or medical or surgical treatment thereof, including diagnosis, except as may be specifically provided for in the policy; as may result from an Injury sustained in a Covered Accident; the aggravation of a

condition such as tendonitis, strains, sprains and other similar conditions caused by exertion while participating in a Covered Event; (b) bacterial infection, except infection of and through a wound accidentally sustained infection, except bacterial infection which results from the accidental ingestion of a contaminated substance or pyogenic infection which results from an accidental bodily Injury; (c) suicide or intentionally self-inflicted Injury while sane; (d) an act of declared or undeclared war; (e) participation in a riot or engagement in or attempt to commit a felony or being engaged in an illegal activity; (f) travel or flight in or descent from any aircraft, unless the Insured Person 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; (g) charges which exceed the Reasonable and Customary charges; (h) charges Incurred for dental work unless the Insured Person sustains a Disablement which results in damage to his or her teeth; (i) 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; (j) charges Incurred for services or supplies not specifically provided for in the policy; (k) charges which would not have been made in the absence of insurance or which the Insured Person is not legally obligated to pay; (l) charges Incurred for cosmetic procedures, unless made necessary by a Disablement; (m) charges Incurred for eyeglasses, contact lenses or hearing aids or for any examination or fitting related to these devices unless made

necessary by a Disablement; (n) charges Incurred for care, treatment or service, which is not Medically Necessary to the diagnosis or treatment of a Disablement; (o) charges Incurred for the professional services of a person who either resides with or is an Immediate Family member; (p) charges Incurred for experimental or investigational treatment or procedures; (q) charges Incurred for articles of clothing which are intended for use more than once; (r) treatment of a Disablement sustained during the commission of a felony as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advice of a Doctor; (s) the use by the Insured of drugs or narcotics during the commission of a felony unless used as prescribed by a Doctor for a condition other than drug addiction; (t) routine medical examination and related medical services.

In NC, in addition to the general exclusions shown above, the following will apply:

(u) charges Incurred which have been paid under any other insurance policy, service contract, or other arrangements of insured or self-insured group coverage; (v) charges Incurred which have been paid under any



other insurance policy, service contract, or other arrangements of insured or self-insured group coverage; charges Incurred for claims that are subject to the Workmen's Compensation Act, Article 1 of Chapter 97 of the General Statutes, but only to the extent of any specific medical charges for which the employee, employer, or carrier is liable or responsible and which were paid according to a final adjudication of the claim under that Article, or an order of the North Carolina Industrial Commission approving a settlement agreement entered into under that Article.

In CA, ID, OR, SC, SD, TX and VT, in addition to the general exclusions shown above, the following will apply: (u) charges which are paid from any other insurance policy, service contract, workers' compensation or other arrangements of insured or self-insured group coverage.

NONDUPLICATION OF BENEFITS

If any item of expense is payable under more than one provision of this policy, payment will be made only under the provision providing the greater benefit.

DEFINITIONS

Covered Accident, with respect to all benefits under this policy, except death benefits, means an accident which directly results in bodily Injury (not excluded from coverage by the policy Exclusions and Limitations) to the Insured Person as a result of which the Insured Person incurs a Covered Loss in excess of the Covered Accident Deductible, and which occurs to an Insured Person while this policy is in effect and between the Policy Dates and while he or she is participating in a Covered Event or performing directly assigned duties in connection with the Covered Event; and (a) which occurs during Covered Travel to and from the location of a Covered Event; (b) which occurs during a temporary stay at the location of a Covered Event held away from the location of the Insured Person's Participating School while the Insured Person is engaged in an activity or travel authorized by the Insured Person's Participating School.

With respect only to death benefits (not excluded from coverage by the policy Exclusions and Limitations), Covered Accident means an accident which occurs to an Insured Person while this policy is in effect and between the Policy Dates and while he or she is participating in a Covered Event or during Covered Travel.

Covered Event means those activities and events specified in the Schedule of Benefits.

Covered Loss means Reasonable and Customary: (a) Medical Expense; (b) Dental Expense; (c) Rehabilitation Expense; (d) Custodial Care Expense; (e) Adjustment Expense; (f) Special Expense; (g) Ancillary Illness or Injury Benefit.

An expense will be a Covered Loss under this policy only to the extent that it is for Medically Necessary services, and not excluded under Exclusions and Limitations. Further, for those Insured Persons who have satisfied the Covered Accident Deductible, Covered Loss shall not include any expenses Incurred after the respective Date of Recovery. Covered Loss also means Disability Benefits as described herein payable as a result of a Covered Accident.

Hospital means an institution which meets all of the following requirements: (a) It is licensed (if required) as a Hospital by applicable licensing authorities; (b) It is open at all times; (c) It is operated mainly to diagnose and treat Illnesses and Injuries on an inpatient basis; (d) It has a staff of one (1) or more Doctors on call at all times; (e) It has twenty-four (24) hour nursing services by registered nurses on duty or call; (f) It is not mainly a skilled nursing facility, clinic, nursing home, rest home, convalescent home, or like place; and (g) It has organized facilities for surgery or provides for such facilities for its patients through formal written agreement with other Hospitals.

Injury or Injuries means bodily Injury which results directly from an accident and which is independent from disease, sickness or other bodily functions.

Partial Disability or Partially Disabled means the inability as the direct result of Total/Catastrophic Disability of an Insured Person who, following a period of Total/Catastrophic Disability for which Total/Catastrophic Disability Benefits were paid under this policy, is engaged in an occupation, to perform all of the important duties of such occupation, and to earn a Partial Disability Gross Earnings Amount per month, or more, as shown in the Plan of Insurance.

Total/Catastrophic Disability or Totally/Catastrophically Disabled means for the first 12 months: (a) the inability of the Insured Person, due to a Covered Accident, to engage in substantially the same activities as the Insured Person had engaged in immediately prior to the Covered Accident; and (b) the irrecoverable loss suffered by the Insured Person, due to a Covered Accident, of: (1) speech; (2) hearing of 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) severely diminished mental capacity due to brain stem or other neurological Injury such that the Insured Person is unable to perform normal daily functions.

For any period thereafter, Total/Catastrophic Disability or Totally/Catastrophically Disabled means: (a) the inability of the Insured Person, due to a Covered Accident, to engage in any gainful occupation or employment for compensation or profit for which he or she is or may become reasonably fitted by education, training, or experience; and (b) the irrecoverable loss suffered by the Insured Person, due to a Covered Accident, of: (1) speech; (2) hearing of 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) severely diminished mental capacity due to brain stem or other neurological Injury such that the Insured Person is unable to perform normal daily functions.

This brochure illustrates the highlights of this insurance. All information herein is subject to the provisions of Policy Form SB20CC, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between the brochure and the policy, policy provisions will prevail.

This coverage is not available in Connecticut, Maryland or New York.

S C H E D U L E O F B E N E F I T S

AGGREGATE LIMIT OF INDEMNITY:

\$5,000,000

This is the maximum amount for which We are liable for an Insured Person for all benefits under this plan due to any one Accident.

COVERED ACCIDENT DEDUCTIBLE:

\$25,000*

*Eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the Covered Accident Deductible.

FULL EXCESS – Medical, Dental, Rehabilitative and Custodial Care Expense Benefits:

Benefit Percentage	100%
Deductible Establishment Period	24 Months
Maximum Benefit Period	Lifetime
Maximum Benefit Amount	\$5,000,000**
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
Daily Room and Board Limit for:	
Private or Semi-Private Room	Average Semi-Private Rate of Hospital in Which Confined
Intensive Care	Usual and Customary Charges
Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year	\$250,000
Custodial Care Maximum Benefit per Calendar Year Subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year	\$100,000
Home Health Care Maximum Benefit per Calendar Year Subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year	\$250,000
Treatment of Mental or Nervous Disorders	
Doctor Fees –	
Amount per Visit/Visits per Day/Visits per Calendar Year	\$50/1/50
Inpatient Hospital	Up to 45 Days
Maximum Spinal Manipulative Services Benefit	
Maximum Amount per Calendar Year	\$1,000
Maximum Visits per Calendar Year	N/A
Maximum Physical Therapy Benefit Amount per Calendar Year	\$25,000
Physical Therapy includes, but is not limited to, heat treatment, diathermy, microtherm, ultrasonic, adjustment, manipulation, massage therapy and acupuncture.	

**Payment for all prosthetic devices/limbs, including adjustments, replacements, refittings and supplies, in combination, shall not exceed \$100,000 during the first two (2) years after the Covered Accident. Payment shall not exceed \$100,000 (\$200,000, if the Covered Accident results in an amputation of the leg above the knee) during each consecutive ten- (10) year period immediately thereafter, not to exceed a \$500,000 maximum (\$750,000 maximum, if the Covered Accident results in an amputation of the leg above the knee) for the duration of the Insured's life, subject to all terms and conditions of the Policy including, without limitation, the Date of Recovery definition.

S C H E D U L E O F B E N E F I T S

Total Disability Benefit:

Total Disability Benefit for the First 12 Months	\$1,500 per Month
Total Disability Benefit After First 12 Months	\$1,500 per Month
Percentage Increase After First 12 Months	4%
Maximum Period Payable	Lifetime

Partial Disability Benefit:

Percentage Increase After First 12 Months	4%
Average Gross Monthly Earnings Limit for Partial Disability	\$2,500 for 6 Months
After-Tax Monthly Compensation	\$500
Partial Disability Maximum Period Payable	Lifetime

Adjustment Expense Benefit:

Family Counseling	Must be rendered within 24 months after the Covered Accident
Maximum Number of Visits	20
Maximum Amount per Visit	\$70
Training of Family Member	Must be rendered within 24 months after the Covered Accident
Maximum Expense for Training	\$2,500
Travel for Immediate Family Members	Must occur within 24 months after the Covered Accident
Maximum Expense for Travel per Family Member	\$2,000
Lost Earnings	
% of Gross Lost Earnings	75%
Maximum Lost Earnings per Week	\$500
Maximum Number of Weeks	13 within a 24-month period after the Covered Accident
Maximum Lifetime Benefit	\$40,000

Special Expense Benefit:

Limit During First 10 Years Following the Date of the Covered Accident	\$125,000
Limit for Each 10-Year Period Thereafter	\$50,000

Ancillary Illness or Injury Benefit:

\$2,000 per Calendar Year Deductible; not to Exceed a Combined Maximum Lifetime Benefit for all Injuries and Illnesses of \$100,000

College Education Benefit:

Loss Establishment Period	20 Years
Maximum Aggregate Lifetime Benefit	\$60,000

Accidental Death, Dismemberment, Loss of Sight/Speech or Hearing Benefit:

Principal Sum	\$10,000
Loss Establishment Period	365 Days

*Questions should be directed to the Administrator,
Summit America Insurance Services, LC
(800) 955-1991*



Underwritten by:
MUTUAL of OMAHA INSURANCE COMPANY
Home Office: Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com

Policy Form SB20CC Series 8342S
ID Policy Form SB20CC Series 8365S
OK Policy Form SB20CC Series 8342S
TX Policy Form SB20CC Series 8352S

Questions should be directed to the Administrator,

Summit America Insurance Services, LC
7400 College Blvd., Suite 100
Overland Park, KS 66210
1-800-955-1991



Summit America Insurance Services, LC
2180 South, 1300 East, Suite 520
Salt Lake City, UT 84106
1-800-955-1991, ext. 198

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