



Catastrophic Accident Insurance

Blanket High-Limit Accident Medical Expense Coverage

“Three and one-half million boys and about two million girls participate in interscholastic sports. A recent survey showed that 3 percent of elementary, 7 percent of intermediate, and 11 percent of high school children are injured.”

-www.SchoolNurse.com, “Managing Sports Injuries,” 2005

Despite our best efforts, serious accidents can and do happen every day. Should a major, catastrophic accident occur, primary focus needs to be placed on treatment and recovery – not on the financial impact of the injury.

Mutual of Omaha Insurance Company’s Catastrophic Accident Insurance helps provide peace of mind against the risk of such covered injuries.

When the unexpected occurs, you can rely on Mutual of Omaha’s solid reputation and trusted name to provide the security you need. For more than 95 years, we’ve provided a helping hand coast to coast to people in need.

Eligibility

Our catastrophic accident coverage is available for the following individuals:

K-12 – Registered students of the school in kindergarten through 12th grade are eligible, as well as: interscholastic athletes; cheerleaders; participants in non-sport extracurricular activities; intramural sports participants; band members; majorettes; gym class participants; coaches; and managers and/or trainers.

College – Student athletes (intercollegiate, club or intramural), student coaches, student managers, student trainers and student cheerleaders are eligible.

Coverage for School Needs

K-12 School Time – Insurance for covered injuries the student incurs during the hours and days when school is in session and while attending or participating in school-sponsored and supervised activities on or off school premises. Coverage includes travel, team or individual, to or from the location of a covered event.

All travel must be authorized by the policyholder and paid for or subject to reimbursement by the policyholder.

K-12 Interscholastic Sports/Activities – Coverage provided during interscholastic practice and games; intramural games, gym class activities, band practice, cheerleading practice, or while at a game, and during any non-sport school-sponsored and supervised activity. Coverage includes travel, team or individual, to or from the location of a covered event. All travel must be authorized by the policyholder and paid for or subject to reimbursement by the policyholder.

Intercollegiate/Club/Intramural Sports Coverage – For intercollegiate sports, coverage is provided while participating in scheduled games, supervised practice sessions, and authorized group or team travel. Club sports coverage is provided while participating in scheduled games, supervised practice sessions and during authorized team travel. Intramural sports coverage is provided while participating in scheduled intramural games.

Your Plan Options*

We offer blanket coverage, with premiums paid by the school. Benefit maximums range from \$1,000,000 to \$5,000,000, with 10-year or lifetime benefit periods available.

Allocated Catastrophic – Pays scheduled benefits for catastrophic accident medical expense and the additional allocated benefits listed further on.

Catastrophic Cash – Pays scheduled benefits for catastrophic accident medical expense. For disability or paralysis, this option also pays an initial lump-sum amount, then an allocated amount over the next 10 years.

Catastrophic Medical – This option pays scheduled benefits for catastrophic accident medical expense. No disability benefits are payable under this plan.

* *Availability varies by state.*

Benefits for Medical Expenses and More

This insurance provides coverage for accident medical expense plus additional allocated benefits.

Accident Medical Expense – We will pay benefits for medical expense incurred by an Insured in excess of the covered accident deductible. Benefits will not exceed the maximum benefit limit. “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 out-patient and emergency room care and treatment; (f) for confinement in

an extended care facility; (g) for home health care; or (h) for medical or surgical services, prescription drugs, and other medical supplies commonly used for therapeutic or diagnostic services that are medically necessary and prescribed by a doctor operating within the scope of his or her license.

Additional Allocated Benefits	
Total or Partial Disability Benefits	Ancillary Illness or Injury Benefit
Adjustment Expense Benefits	Vocational Rehabilitation Benefit
Accidental Death & Dismemberment, Loss of Sight, Speech or Hearing	Heart or Circulatory Malfunction Death Benefit
Special Expense Benefit	Assimilation Benefit

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

This is a plan overview and is not intended to provide a complete description of benefit coverage. Policies contain exceptions, limitations and reductions. Availability varies by state. Please contact Mutual of Omaha for specific product details and policy provisions. Policy Forms SB20CC or T5MP or state equivalent.

MUTUAL of OMAHA'S
WILD KINGDOM
 on Animal Planet

