

SCHEDULE OF BENEFITS
Coverage for Injuries due to Accident only

Diocese of Shreveport

Student Accident Insurance

Description of Coverage 2011-2012 School Year

Maximum Medical Benefit Amount	\$25,000
Hospital/Facility Services	
Inpatient	
Hospital Room and Board	100% U&C
Hospital Intensive Care	100% U&C
Hospital Inpatient Miscellaneous	100% U&C
Outpatient	
Outpatient Hospital Miscellaneous-	
(Except physician services and x-rays paid as below)	100% U&C
Hospital Emergency Room	100% U&C
Free-standing Ambulatory Surgical Facility	100% U&C
Physician's Services	
Surgical	100% U&C
Assistant Surgeon	100% U&C
Anesthesiologist	100% U&C
Physician's Outpatient Treatment in connection with Physical Therapy and/or	
Spinal Manipulation	100% U&C
Physician's Non-surgical Treatment (Except as above)	100% U&C
Other Services	
Registered Nurses' Services	100% U&C
Prescriptions - outpatient	100% U&C
Laboratory Tests - outpatient	100% U&C
Outpatient X-rays - includes interpretation	100% U&C
Diagnostic Imaging (MRI, CAT Scan, etc), includes Interpretation	100% U&C
Ground Ambulance	100% U&C
Air Ambulance	100% U&C
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	100% U&C
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	100% U&C
Dental Services	100% U&C
Treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma.	

LOCAL REPRESENTATIVE:
GALLAGHER-BASSETT SERVICES, INC.
4501 JACKSON STREET EXT.
ALEXANDRIA, LA 71303
318-442-4133

PLAN ADMINISTRATOR:
GALLAGHER KOSTER
500 VICTORY ROAD
QUINCY, MA 02171
877-345-8928

ELIGIBILITY: All registered students (Pre-K through grade 12), interscholastic athletes, Day Care participants and Volunteer Workers; for whom premium has been paid

EFFECTIVE DATE OF COVERAGE: You will become insured on the later of: the policy effective date or the day you meet the eligibility requirements above.

COVERAGE: Coverage for Pre-K through 12th grade students is provided for covered Injuries incurred: (a) during the hours and days when school is in session; (b) while attending or participating in school sponsored and supervised activities on or off school premises; and (c) during athletic tryouts, preseason play, practice and regular and post season play for interscholastic sports. Coverage for Day Care participants is provided during Day Care sponsored and supervised activities. Coverage for Volunteer Workers is provided while participating in Policyholder sponsored and supervised activities. Coverage, for all insureds, includes traveling to, during or after covered activities as a member of a group in transportation furnished or arranged by the Policyholder.

BENEFITS

Accident Medical Expense:

When a covered injury to an Insured results in treatment by a physician or surgeon beginning within 60 days of the date of Injury; We will pay benefits as shown in the Schedule of Benefits. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the accident are covered. Benefits for any one accident shall not exceed in the aggregate the maximum medical benefit. Eligible medical expenses are as follows: (a) Treatment by a Legally Qualified Physician; (b) Care or services from a Hospital or Ambulatory Surgical Center; (c) Services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage; (d) Professional ambulance service; (e) Orthopedic appliances. Benefits for medical expense will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers' compensation.

Accidental Death and Specific Loss:

When, because of injuries, the Insured sustains any of the following losses within 365 days from the date of the accident, we will pay benefits as follows:

Loss of Life	\$25,000.00
Double Loss (Hands, Feet and/or Eyes)	\$25,000.00
Loss of Speech and Hearing	\$25,000.00
Single Loss (Hand, Foot or Eye)	\$12,500.00
Loss of Speech or Hearing.....	\$12,500.00
Loss of Thumb and Index Finger of the Same Hand	\$6,250.00

Loss of hand or hands, or foot or feet, means severance at or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means the total and irrecoverable loss of the entire sight thereof. Loss of speech and hearing means the total and irrecoverable loss thereof. Loss of thumb and index finger of the same hand means severance of two or more entire phalanges of both the thumb and the index finger. Only one of the amounts shown above (the largest applicable) will be paid for covered Injuries resulting from one accident.

Heart or Circulatory Malfunction Death Benefit:

If an insured suffers loss of life resulting from Heart or Circulatory Malfunction (as defined in the policy), within 90 days from the date of participating in a scheduled game or supervised practice relating to the first diagnosis, we will pay a benefit in the amount of \$25,000.00.

EXCLUSIONS AND LIMITATIONS: This policy does not cover: (1) Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only); (2) Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three- or four-wheeled recreational motor vehicle; (3) Injuries caused by an act of declared or undeclared war; (4) Injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation; (5) fighting or brawling; except in self defense; (6) Injuries received while under the influence of any controlled substance, unless administered on the advice of a legally qualified physician; (7). Injuries received while intoxicated as specifically defined in the policy; (8) Injuries covered by workers' compensation or employer's liability laws; (9) Injuries covered under a mandatory no-fault automobile insurance contract; (10). Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain; (11) Injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded); (12) Injuries received while acting as a pilot or crew member; (13) Injuries resulting from air travel, except while as a passenger for transportation only; (14) Injuries sustained while traveling other than as specifically stated in the policy; (15) The cost of dental treatment, except as specifically provided for injuries to sound, natural teeth.

DEFINITIONS

"Hospital" means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare. Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

"Injuries" means accidental bodily injuries received while the Insured is covered under the policy and resulting independently of sickness and all other causes.

CLAIM PROCEDURE: In the event of an accident, notify the school immediately and request a claim form. **Send the completed claim form and copies of the itemized bills and primary insurance EOB's to the address indicated on the form** within 90 days of the date of injury or as soon as reasonably possible.

This description of coverage summarizes the provisions of the policy issued to the Diocese of Shreveport under policy form T5MP. Should there be any discrepancy between the policy and this description, policy provisions will prevail.

Underwritten by: Mutual of Omaha Insurance Company; Mutual of Omaha Plaza; Omaha, NE 68175