

There are 5 evaluators

George Ivory

Thomas J. Calhoun

Machell Stockstill

Billy Scott

Carla Williams

There are three (3) responses

Proposal 1 – CBIZ

Proposal 2 – Gallagher

Proposal 3 -DrHub



#HigherEducation

A photograph of a person in a starting crouch on a blue running track. The person is wearing a dark singlet and shorts, and is positioned in the lower right corner of the frame. The track has white lane markings and a yellow field is visible in the background. A large blue rectangle is overlaid on the bottom left of the image, containing white text.

# Mississippi Valley State University

**Bid No. VSRP-1001048**

Student Accident Insurance



# Request for Proposal

## Mississippi Valley State University

**THIS IS  
NOT AN  
ORDER**

14000 Hwy 82-W #7244  
Itta Bena MS 38941-1400

Web Address: [www.mvsu.edu/purchasing/](http://www.mvsu.edu/purchasing/)

Phone No: (662) 254-3319 Fax (662) 254-3314

**Bid Title: Student Athlete Accident  
Insurance**

**Date:** 02/05/2025

**Bid No.** VSRP-1001048  
**Number of Pages** 9

**Requesting Department:**

Joyce Dixon  
Business & Finance

**Change Order:**

### Term – End of Month

**Bids/Proposals** - Do not include State or Federal Taxes in your bids/proposals. The University is exempt from taxes. All orders will be placed with successful bidder by Official Purchase Order.

☐ This bid/proposal will be awarded on a line by line basis

☒ This bid/proposal will be awarded on a all or none basis

However, the University reserves the rights to award any and all bids/proposals in the best interest of the University.

Mississippi Valley State University is considering the purchase of the following item (s). **We ask that you submit your Bids/Proposals in three copies.** Rights are reserved to accept or reject any and all parts of your bid/proposals. Your bid/proposals will be given consideration if received in this Office on or before the date and time below.

Bid/Proposal opening {Date and Time}  
**April 25, 2025 @ 2:00 p.m.**

Mississippi Valley State University

By: Carla Williams, Purchasing Agent

Email: [ctwilliams@mvsu.edu](mailto:ctwilliams@mvsu.edu)

**NOTE:** If you cannot quote on the exact material shown, please indicate any exceptions, giving brand names and complete specifications on any alternate. Mississippi Valley State University reserves the right to accept any alternate of equal or greater quality or performance. We also reserve the rights to waive any irregularities that may appear in the Bids/Proposals specifications.

ITEM	QUANTITY	DESCRIPTIONS	UNIT PRICE	TOTAL NET PRICE
		See Attachment for RFP Proposal for Student Accident Insurance		
Please show Bid/Proposals No. on outside of Envelope				

☐ If checked, Mississippi Valley State University reserves the rights for an additional 60 days to purchase and additional 20% of this bid/proposal at the same cost.

**We quote you as above F.O.B – Mississippi Valley State University. Shipment can be made within \_\_\_\_\_ days from receipt of the order.**

### Company Quoting

**Terms:**

08/01/2025 - 08/01/2026

**Date:**

04/24/2025

**Phone/Fax:**

(913) 491-6385

**Official Signature:**

# Executive Summary

At HUB International, we understand that athletic insurance isn't just about the policy structure, it's about protecting your athletes, streamlining claims, and giving your team the tools to stay focused on what matters most: running a successful program.

We've built our reputation working with colleges and universities across the country, including several in Mississippi and within the HBCU community. We know what works and, more importantly, what doesn't. Our team brings real experience in designing and managing athletic insurance programs that solve the right problems: slow claims processing, unclear reporting, coverage gaps, and budget uncertainty.

## Why HUB

- **We Know Intercollegiate Athletics**

We currently manage athletic insurance programs for over 250 institutions nationwide. From Division I to junior colleges, our team understands the daily challenges of athletic departments and how to solve them. We've worked side-by-side with athletic directors, athletic trainers, and risk managers to reduce claim costs, improve communication, and eliminate administrative headaches.

- **We Understand Mississippi and HBCUs**

We've partnered with several schools across Mississippi and with numerous HBCUs. That experience matters. We understand the financial realities, the resource constraints, and the need for a partner who's responsive and solution focused. We tailor our approach to meet those needs head-on.

- **Customized Reporting and Plan Design**

You'll have access to detailed reports that actually help you make decisions—high-dollar claims, claims by sport or provider, discount analysis, and more. We design plans that give you options and visibility, not surprises.

- **A True Service Team**

You won't be chasing down contacts or stuck in a help desk loop. Our team includes specialists who work directly with athletic departments and trainers every day. We'll support your staff from onboarding to claims follow-up, with clear communication and fast turnaround.

At the end of the day, this isn't just about checking a box. It's about having a partner you can trust, one who brings real expertise, understands your program, and delivers results. We'd be proud to bring that level of service to Mississippi Valley State University.



# Table of Contents

Executive Summary ..... 3

Table of Contents ..... 4

Required Contents of the Quote ..... 5

Appendix .....22

# Required Contents of the Quote

1. **State full name and home office address of your agency. If the office that will service MVSU is located at a different address than the home office, provide the complete address and phone number for that office as well.**

Dissinger Reed, a division of HUB International  
HUB International Midwest Limited  
9200 Ward Parkway, Suite 500  
Kansas City, MO 64114  
(913) 491-6385

2. **Provide the name, title, address, telephone number, and email address of the contact person for this quote. The contact person shall be a licensed insurance agent and officer of the organization in a position to address any of MVSU's clarifications and concerns in a prompt and accurate manner.**

Chuck Howze, Vice President Collegiate Sports  
9200 Ward Parkway, Suite 500  
Kansas City, MO 64114  
(913) 491-6385  
Chuck.howze@hubinternational.com

3. **Restate each item listed in Section D., E., G., and H. of the RFP and detail how the Company meets or exceeds the required minimum qualifications. For provisions which are simply requirements indicate your agreement to such requirements.**

## **D. Minimum Requirements:**

1. **The Insurer shall have a minimum A.M. Best's Ratings of A with a Financial Size Category of VIII or better.**

As professional agents it has long been our established policy to make every effort to deal only with companies having a Best's Rating of A++, A+, A or A-, which are the four highest ratings available, and a minimum of \$50 million in Policyholders' Surplus. It must be noted that neither HUB International nor any affiliated company guarantees the financial solvency of any insurance carrier.

The following images outline the A. M. Best Company ratings for the three proposed carriers:

# United States Fire Insurance Company

**BestLink**  AMB #: 002136 NAIC #: 21113 FEIN #: 135459190

## Mailing Address

305 Madison Avenue  
Morristown, New Jersey 07960  
United States

[View Additional Address Information](#)

Web: [www.cfins.com](http://www.cfins.com)  
Phone: 973-490-6600  
Fax: 973-490-6612

Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.



AM Best Rating Unit: AMB #: 018245 - Crum & Forster Insurance Group

[View additional news, reports and products for this company.](#)

Based on AM Best's analysis, 058364 - Fairfax Financial Holdings Limited is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of operating insurance entities in this structure.

## Best's Credit Ratings

### Financial Strength View Definition

Rating (Rating Category):	A (Excellent)
Affiliation Code:	p (Pooled)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	August 15, 2024
Initial Rating Date:	February 14, 1900

### Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.  
Associate Director-Analytics: Dan Hofmeister, CFA, FRM, CAIA, CPCU, ARe, AIS, AIAF  
Director: Gregory Dokerson  
**Note:** See the Disclosure Information Form or Press Release below for the office and analyst at the time of the rating event.

### Long-Term Issuer Credit View Definition

Rating (Rating Category):	3+ (Excellent)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	August 15, 2024
Initial Rating Date:	May 20, 2005

### Disclosure Information Form

[View AM Best's Rating Disclosure Form](#)

### Press Release

[AM Best Affirms Credit Ratings of Crum & Forster Insurance Group's Members and Monitor Life Insurance Company of New York](#)  
August 15, 2024

[View AM Best's Rating Review Form](#)

### Financial Size Category View Definition

Financial Size Category: XV (Greater than or Equal to USD 2.00 Billion)

u Denotes Under Review Best's Rating

# Berkley Life and Health Insurance Company

**BestLink** AMB #: 006579 NAIC #: 64890 FEIN #: 916034263

**Mailing Address**  
P.O. Box 9190  
Des Moines, Iowa 50306-9190  
United States

[View Additional Address Information](#)

**Web:** [www.wrbkley.com](http://www.wrbkley.com)  
**Phone:** 855-443-9810

Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.



[View additional news, reports and products for this company](#)

Based on AM Best's analysis, [058496 - W. R. Berkley Corporation](#) is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

## Best's Credit Ratings

### Financial Strength View Definition

Rating (Rating Category):	A+ (Superior)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	June 06, 2024
Initial Rating Date:	June 30, 1989

### Best's Credit Rating Analyst

Rating Office:	A.M. Best Rating Services, Inc.
Financial Analyst II:	Brian Virostek
Senior Financial Analyst:	Jennifer Asamoah
Note:	See the Disclosure Information Form or Press Release below for the office and analyst at the time of the rating event.

### Long-Term Issuer Credit View Definition

Rating (Rating Category):	aa- (Superior)
Outlook (or Implication):	Positive
Action:	Affirmed
Effective Date:	June 06, 2024
Initial Rating Date:	April 30, 2010

### Group's Website

**Disclosure Information Form**  
[View AM Best's Rating Disclosure Form](#)

**Press Release**  
[AM Best Revises Issuer Credit Rating Outlook to Positive for Credit Ratings of W. R. Berkley Corporation and Its Subsidiaries](#)  
June 06, 2024

[View AM Best's Rating Review Form](#)

### Financial Size Category View Definition

Financial Size Category:	IX (USD 250 Million to Less than 500 Million)
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u Denotes [Under Review Best's Rating](#)



## Wellfleet Insurance Company

**BestLink**  AMB #: 010634 NAIC #: 32280 FEIN #: 954077789

**Mailing Address**  
5814 Reed Road  
Fort Wayne, Indiana 46835-3568  
[United States](#)

[View Additional Address Information](#)

Phone: 260-485-9622  
Fax: 260-486-0454

AM Best Rating Unit: AMB # 018799 - MedPro Group

Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.



[View additional news, reports and products for this company](#)

Based on AM Best's analysis, [058334 - Berkshire Hathaway Inc](#) is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

### Best's Credit Ratings

#### Financial Strength View Definition

Rating (Rating Category):	A++ (Superior)
Affiliation Code:	g (Group)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	July 18, 2024
Initial Rating Date:	May 06, 1994

#### Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.  
Financial Analyst II: Christopher Pennings  
Director: Gregory Dickerson

**Note:** See the Disclosure Information Form or Press Release below for the office and analyst at the time of the rating event.

#### Long-Term Issuer Credit View Definition

Rating (Rating Category):	aa+ (Superior)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	July 18, 2024
Initial Rating Date:	June 30, 2005

#### Disclosure Information Form

[View AM Best's Rating Disclosure Form](#)

#### Press Release

[AM Best Affirms Credit Ratings of Members of MedPro Group](#)  
July 18, 2024

[View AM Best's Rating Review Form](#)

#### Financial Size Category View Definition

Financial Size Category: **XV** (Greater than or Equal to USD 2.00 Billion)

<sup>u</sup> Denotes [Under Review Best's Rating](#)

2. The Insurer must be authorized to write this line of business in the State of Mississippi.

DR|HUB is licensed in the state of Mississippi.

	<b>MISSISSIPPI</b> INSURANCE DEPARTMENT	Mike Chaney Commissioner of Insurance  Mark Haire Deputy Commissioner of Insurance
<b>License</b>		
<b>HUB INTERNATIONAL MIDWEST LIMITED d/b/a HUB INTERNATIONAL GULF SOUTH</b>		
License Number: 309324 NPN: 1499533		
is licensed to engage in the business of insurance in the State of Mississippi in the capacity stated below, subject to applicable laws and rules.		
Licensed as: Insurance Producer Entity	Effective Date 10-27-2009	Expiration Date 05-31-2025
Qualified for:		
		
Commissioner of Insurance	Mississippi Insurance Department	
		
HUB INTERNATIONAL MIDWEST LIMITED d/b/a HUB INTERNATIONAL GULF SOUTH LICENSE NUMBER: 309324 NPN: 1499533		
Licensed as/ Qualified for: Insurance Producer Entity	Effective Date 10-27-2009	Expiration Date 05-31-2025

**E. Coverage Specifications:**

1. The coverage shall provide coverage limits up to the NCAA Catastrophic threshold of \$90,000 per claim. The Accidental Medical Expense Maximum will be \$90,000 per claim.
2. An Air Travel Aggregate maximum may apply, but it cannot be less than \$1,000,000.

3. **Air or Ground Ambulance: 100% of Usual and Customary**
4. **Accident Medical Expense Benefit Maximum per claim: \$90,000**
5. **Dental Maximum: \$90,000, but can be subject to overall per claim Benefit Maximum**
6. **Maximum Benefit Period: 104 weeks from the date of the covered accident**
7. **Excess Coverage: Coverage will provide full excess benefits while being secondary to other policies, including medical or health insurance, if any such policy is applicable.**
8. **Expanded Sports Coverage: Coverage will include expanded sports coverage, which includes (although not necessarily including the exact following language): (a) overuse syndromes, such as bursitis, tendonitis, shin splints, stress fractures; (b) heat-related problems including heat exhaustion, heat stroke and heat prostration; (c) malfunctions of the heart; (d) embolism; (e) re-injuries (any injury for which services have been provided within 90-365 days from the date of the original injury or aggravation thereof); (f) sprains, hernia, strains, muscle tears, or repetitive motion injury (only if these conditions are aggravated by participation in a covered activity).**
9. **Exclusions: There shall not be an exclusion for overuse symptoms.**
10. **Definition of Pre-existing Conditions. Pre-existing conditions shall include a health condition for which a covered person had not sought or received medical advice or treatment during the 12 months immediately preceding his or her policy effective date of coverage.**
11. **Applicable Law. Applicable law and jurisdiction shall be Mississippi. This may be accomplished by conformity with law or statues provision or endorsement.**

DR|HUB understands and agrees to supply quotes that meet or exceed the qualifications as listed out in the RFP.

#### **G. Responsibilities in Addition to Insurance Policy Requirements:**

1. **Claims Reporting. MVSU will be provided with claims experience reports at least quarterly.**

DR|HUB understands and agrees to supply claims experience reports at least quarterly to MVSU, in addition TPA's give the ability to pull reports in real time as often as needed.

2. **Comprehensive Loss Runs. Loss Run reports shall be provided within a reasonable time of such a request from MVSU, and loss runs shall be provided at least annually.**

DR|HUB understands and agrees to supply Loss Run reports at least yearly to MVSU, in addition TPA's give the ability to pull reports in real time as often as needed.

3. **A complete and accurate policy shall be provided within 60 days of the effective date of the policy.**

DR|HUB understands and agrees to provide MVSU with a complete and accurate policy within 60 days of the effective date.

4. **Claims Administration. Claims shall be administered by either the insurer, the broker, or a third-party administrator, or by a combination of these entities. Claims administration shall include appropriate record keeping and the ability to create claims reporting and loss run reports.**

DR|HUB understands and agrees to keep appropriate record of claims reporting and loss runs.

#### **H. Insurance Agent or Broker Responsibilities:**

1. **The insurance agent shall facilitate communication between the Insurer and MVSU.**

DR|HUB understands and agrees to facilitate communication between the insurer and MVSU.

2. **The insurance agent must deliver a binder of coverage detailing the coverage prior to August 1, 2025.**

DR|HUB understands and agrees to bind coverage before August 1<sup>st</sup>, 2025.

3. **The insurance agent shall ensure that all information needed by MVSU is delivered and fully explained.**

DR|HUB understands and agrees to deliver and fully explain all information to MVSU.

4. **The insurance agent shall provide Certificates of Insurance as requested by MVSU and/or insureds.**

DR|HUB understands and agrees to provide the Certificate of Insurance when/as requested.

5. **The insurance agent shall assist the Named Insured and its employees with claims and coverage inquiries.**

DR|HUB understands and agrees to assist MVSU and its employees with any claims and coverage inquiries.

6. **The insurance agent shall provide an insurance certificate for Errors and Omissions coverage exhibiting the limits of liability, deductibles and name of the carrier prior to inception of the coverage. The Errors and Omissions coverage shall be maintained throughout the term of**

this Policy in a minimum amount of one million dollars (\$1,000,000) per occurrence and one million dollars (\$1,000,000) annual aggregate through an insurance company licensed by the Mississippi Department of Insurance. The Certificates of Insurance shall name Mississippi Valley State University as a certificate holder and shall be provided to MVSU upon request.

DR|HUB understands and agrees to provide an E&O when/as requested that lists MVSU as the certificate holder.

7. The insurance agent shall provide documentation that he or she is appropriately licensed to write this class of business.

DR|HUB understands and agrees that agents assisting MVSU are appropriately licensed to service the account.



**MISSISSIPPI**  
**INSURANCE DEPARTMENT**

Mike Chaney  
Commissioner of Insurance

David Browning  
Deputy Commissioner of Insurance

**License**

**Insurance Producer**

Qualification Effective Dates

Accident & Health or Sickness	07/09/2018	Casualty	07/09/2018
Life	07/09/2018	Property	07/09/2018

**CHARLES HENRY HOWZE JR**

NPN: 10174101

12310 KING ST

OVERLAND PARK, KS 66213-2123

**is authorized to transact business as described above**

License No: 10389663 Issue Date: 07/22/2015 Expiration Date: 07/31/2026

Generated by Aircan 325608017

<p><b>MISSISSIPPI</b> <b>INSURANCE DEPARTMENT</b></p> <p>THIS IS TO CERTIFY THAT</p> <p><b>CHARLES HENRY HOWZE JR</b> 12310 KING ST OVERLAND PARK, KS 66213-2123</p> <p>LICENSE NUMBER: 10389663 NPN: 10174101</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p><b>Insurance Producer</b> Accident &amp; Health or Sickness, Casualty, Life, Property</p> <p>Issue Date: 07/22/2015 Expiration Date: 07/31/2026 Generated by Aircan 325608017</p>
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- 8. The agent shall not have any conflict of interest under Mississippi Ethics laws which would prevent him or her providing services to MVSU.**

DR|HUB understands and is unaware of any conflict of interest under Mississippi Ethics law that would prevent services to be rendered to MVSU.

- 4. Provide a detailed cost quotation(s) that includes the premium, the policy structure, all costs to MVSU, and summarizes significant coverage terms.**

DR|HUB understands and agrees to provide a detailed cost quotation that includes the premium, policy structure, all costs to MVSU and summarizes the significant coverage terms. Quotes are provided below:

- 5. An officer, principal or owner of the insurance agent's firm must complete and sign the IHL Certificate of Ownership form (Exhibit A).**

DR|HUB understands and has provided a complete IHL Certificate of Ownership form in our proposal.

- 6. Provide a specimen policy that includes the terms governing the offered coverage.**

DR|HUB understands and has provided a specimen policy in our proposal.

- 7. As an appendix to the proposal, highlight value added services which will be provided to MVSU without additional costs beyond the quoted premium (and any other fees associated with the program or quote).**

DR|HUB understands and has provided an appendix in our proposal with value added services.

# 2025-26 Premium Quotation

## Option 1 - Fully Insured

2025-26 Policy Year - Mississippi Valley State University	
Deductible	\$0 per specific injury
Plan Maximum	\$90,000 medical benefit per injury
Policy classification	Excess/secondary to all other valid and collectible insurance
Coinsurance	100% of URC after the deductible
Initial Treatment/Expense	Medical treatment must be received within 180 days of injury
Benefit Period	104 weeks (2 years) from the original date of injury
Accidental Death and Dismemberment (AD&D)	\$25,000 per specific injury, \$1,000,000 aggregate maximum
Accidental Dental	Coverage included up to plan maximum (*Natural/Sound Tooth)
Outpatient Physical Therapy	Coverage included up to plan maximum
Durable Medical Equipment	Covered if medically necessary & prescribed by physician
Expanded Medical (Overuse)	Included
Re-aggravation/Reinjury of Pre-Existing Condition	Included
Heart & Circulatory caused by overexertion	Included
HMO/PPO denial coverage	Included
Off-season conditioning	Included if school sponsored and supervised activity
Guest Recruit Coverage (including PSA tryouts)	Available
Proposed Effective Date of Coverage	August 1, 2025
<b>Who is covered?</b>	
Men's:	Band, Baseball, Basketball, Cross Country Running, Football (Tackle), Tennis,
Women's	Band, Basketball, Cross Country Running, Soccer, Softball, Tennis, Volleyball,
<b>When are they covered?</b>	
A covered person is insured while participating in sponsored and supervised activities of the Policyholder such as games, practice, conditioning, and travel to and from such events.	
<b>Premium Quotation</b>	
Insurance Carrier	United States Fire Insurance Company
Claims Payor	Bob McCloskey Insurance (BMI)
Program Coordinator/Broker	Dissinger Reed
<b>Annual Premium</b>	<b>\$301,010</b>
<b>Notice of Acceptance</b>	
By completing this Notice of Acceptance section with an authorized signature, you are confirming your intention to accept the above proposed insurance policy terms and conditions. Binding of coverage not finalized until received by the carrier.	
_____	_____
Name	Title
_____	_____
Signature	Date

# 2025-26 Premium Quotation

## Option #2 - Fully Insured

2025-26 Policy Year - Mississippi Valley State University	
Deductible	\$10,000 per specific injury
Plan Maximum	\$90,000 medical benefit per injury
Policy classification	Excess/secondary to all other valid and collectible insurance
Coinsurance	100% of URC after the deductible
Initial Treatment/Expense	Medical treatment must be received within 180 days of injury
Benefit Period	104 weeks (2 years) from the original date of injury
Accidental Death and Dismemberment (AD&D)	\$25,000 per specific injury, \$1,000,000 aggregate maximum
Accidental Dental	Coverage included up to plan maximum (*Natural/Sound Tooth)
Outpatient Physical Therapy	Coverage included up to plan maximum
Durable Medical Equipment	Covered if medically necessary & prescribed by physician
Expanded Medical (Overuse)	Included
Re-aggravation/Reinjury of Pre-Existing Condition	Included
Heart & Circulatory caused by overexertion	Included
HMO/PPO denial coverage	Included
Off-season conditioning	Included if school sponsored and supervised activity
Guest Recruit Coverage (including PSA tryouts)	Available
Proposed Effective Date of Coverage	August 1, 2025
<b>Who is covered?</b>	
Men's:	Band, Baseball, Basketball, Cross Country Running, Football (Tackle), Tennis,
Women's:	Band, Basketball, Cross Country Running, Soccer, Softball, Tennis, Volleyball,
<b>When are they covered?</b>	
A covered person is insured while participating in sponsored and supervised activities of the Policyholder such as games, practice, conditioning, and travel to and from such events.	
<b>Premium Quotation</b>	
Insurance Carrier	United States Fire Insurance Company
Claims Payor	Bob McCloskey Insurance (BMI)
Program Coordinator/Broker	Dissinger Reed
<b>Annual Premium</b>	<b>\$100,647</b>
<b>Notice of Acceptance</b>	
By completing this Notice of Acceptance section with an authorized signature, you are confirming your intention to accept the above proposed insurance policy terms and conditions. Binding of coverage not finalized until received by the carrier.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____</p> <p style="text-align: center;">Name</p> <p>_____</p> <p style="text-align: center;">Signature</p> </div> <div style="width: 45%;"> <p>_____</p> <p style="text-align: center;">Title</p> <p>_____</p> <p style="text-align: center;">Date</p> </div> </div>	

# 2025-26 Premium Quotation

## Option #3 - Aggregate

2025-26 Policy Year - Mississippi Valley State University	
Maximum Benefit per Injury	\$90,000
Aggregate Deductible	\$238,400
Specific Deductible	\$0
Insured Percentage	100%
Initial Treatment Period	180 days
Benefit Period	104 weeks
Accidental Death and Dismemberment (AD&D)	\$25,000 per specific injury, \$1,000,000 aggregate maximum
Accidental Dental	Coverage included up to plan maximum (*Natural/Sound Tooth)
Expanded Medical	Included
Re-aggravation/Reinjury of Pre-Existing Conditions	Included
Heart & Circulatory	Included
HMO/PPO Denials	Included
Guest Recruit Coverage (including PSA tryouts)	Available
Proposed Effective Date	August 1, 2025
Covered Intercollegiate Sports	
Band, Baseball, Basketball, Cross Country Running, Football (Tackle), Soccer, Softball, Tennis, Volleyball,	

Annual Premium	\$35,750
Administration Fees	\$34,000
Total Hard Costs	\$69,750
Recommended upfront funding of claims account (negotiable)	\$119,200
<b>Total initial funding request</b>	<b>\$188,950</b>
<b>Total potential maximum annual cost</b>	<b>\$308,150</b>

Program Information	
Insurance Carrier:	United States Fire Insurance Company
Claims Payer:	Bob McCloskey Insurance (BMI)
Broker/Program Coordinator:	Dissinger Reed
Notice of Acceptance	
By completing this Notice of Acceptance section with an authorized signature, you are confirming your intention to accept the above proposed insurance policy terms and conditions. Binding of coverage not finalized until received by the carrier.	
_____	_____
Name	Title
_____	_____
Signature	Date

*This is a summary of coverage. It does not contain all provisions, limitations and exclusions. Should any of the above assumptions and conditions change, we reserve the right to alter the quote.*



# 2025-26 Premium Quotation

## Option #4 - Fully Insured

2025-26 Policy Year - Mississippi Valley State University	
Deductible	\$0 per specific injury
Plan Maximum	\$90,000 medical benefit per injury
Policy classification	Excess/secondary to all other valid and collectible insurance
Coinsurance	100% of URC after the deductible
Initial Treatment/Expense	Medical treatment must be received within 180 days of injury
Benefit Period	104 weeks (2 years) from the original date of injury
Accidental Death and Dismemberment (AD&D)	\$25,000 per specific injury, \$1,000,000 aggregate maximum
Accidental Dental	Coverage included up to plan maximum (*Natural/Sound Tooth)
Outpatient Physical Therapy	Coverage included up to plan maximum
Durable Medical Equipment	Covered if medically necessary & prescribed by physician
Expanded Medical (Overuse)	Included
Re-aggravation/Reinjury of Pre-Existing Condition	Included
Heart & Circulatory caused by overexertion	Included
HMO/PPO denial coverage	Included
Off-season conditioning	Included if school sponsored and supervised activity
Guest Recruit Coverage (including PSA tryouts)	Available
Proposed Effective Date of Coverage	August 1, 2025
<b>Who is covered?</b>	
Men's:	Band, Baseball, Basketball, Cross Country Running, Football (Tackle), Tennis,
Women's	Band, Basketball, Cross Country Running, Soccer, Softball, Tennis, Volleyball,
<b>When are they covered?</b>	
A covered person is insured while participating in sponsored and supervised activities of the Policyholder such as games, practice, conditioning, and travel to and from such events.	
<b>Premium Quotation</b>	
Insurance Carrier	Wellfleet Insurance Company
Claims Payor	Bob McCloskey Insurance (BMI)
Program Coordinator/Broker	Dissinger Reed
<b>Annual Premium</b>	<b>\$356,022</b>
<b>Notice of Acceptance</b>	
By completing this Notice of Acceptance section with an authorized signature, you are confirming your intention to accept the above proposed insurance policy terms and conditions. Binding of coverage not finalized until received by the carrier.	
_____	_____
Name	Title
_____	_____
Signature	Date



# 2025-26 Premium Quotation

## Option #5 - Fully Insured

2025-26 Policy Year - Mississippi Valley State University	
Deductible	\$10,000 per specific injury
Plan Maximum	\$90,000 medical benefit per injury
Policy classification	Excess/secondary to all other valid and collectible insurance
Coinsurance	100% of URC after the deductible
Initial Treatment/Expense	Medical treatment must be received within 180 days of injury
Benefit Period	104 weeks (2 years) from the original date of injury
Accidental Death and Dismemberment (AD&D)	\$25,000 per specific injury, \$1,000,000 aggregate maximum
Accidental Dental	Coverage included up to plan maximum (*Natural/Sound Tooth)
Outpatient Physical Therapy	Coverage included up to plan maximum
Durable Medical Equipment	Covered if medically necessary & prescribed by physician
Expanded Medical (Overuse)	Included
Re-aggravation/Reinjury of Pre-Existing Condition	Included
Heart & Circulatory caused by overexertion	Included
HMO/PPO denial coverage	Included
Off-season conditioning	Included if school sponsored and supervised activity
Guest Recruit Coverage (including PSA tryouts)	Available
Proposed Effective Date of Coverage	August 1, 2025
<b>Who is covered?</b>	
Men's:	Band, Baseball, Basketball, Cross Country Running, Football (Tackle), Tennis,
Women's:	Band, Basketball, Cross Country Running, Soccer, Softball, Tennis, Volleyball,
<b>When are they covered?</b>	
A covered person is insured while participating in sponsored and supervised activities of the Policyholder such as games, practice, conditioning, and travel to and from such events.	
<b>Premium Quotation</b>	
Insurance Carrier	Wellfleet Insurance Company
Claims Payor	Bob McCloskey Insurance (BMI)
Program Coordinator/Broker	Dissinger Reed
<b>Annual Premium</b>	<b>\$117,630</b>
<b>Notice of Acceptance</b>	
By completing this Notice of Acceptance section with an authorized signature, you are confirming your intention to accept the above proposed insurance policy terms and conditions. Binding of coverage not finalized until received by the carrier.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____</p> <p style="text-align: center;">Name</p> <p>_____</p> <p style="text-align: center;">Signature</p> </div> <div style="width: 45%;"> <p>_____</p> <p style="text-align: center;">Title</p> <p>_____</p> <p style="text-align: center;">Date</p> </div> </div>	

# 2025-26 Premium Quotation

## Option #6 - Fully Insured

2025-26 Policy Year - Mississippi Valley State University					
Deductible	\$0 per specific injury				
Plan Maximum	\$90,000 medical benefit per injury				
Policy classification	Excess/secondary to all other valid and collectible insurance				
Coinsurance	100% of URC after the deductible				
Initial Treatment/Expense	Medical treatment must be received within 180 days of injury				
Benefit Period	104 weeks (2 years) from the original date of injury				
Accidental Death and Dismemberment (AD&D)	\$25,000 per specific injury, \$1,000,000 aggregate maximum				
Accidental Dental	Coverage included up to plan maximum (*Natural/Sound Tooth)				
Outpatient Physical Therapy	Coverage included up to plan maximum				
Durable Medical Equipment	Covered if medically necessary & prescribed by physician				
Expanded Medical (Overuse)	Included				
Re-aggravation/Reinjury of Pre-Existing Condition	Included				
Heart & Circulatory caused by overexertion	Included				
HMO/PPO denial coverage	Included				
Off-season conditioning	Included if school sponsored and supervised activity				
Guest Recruit Coverage (including PSA tryouts)	Available				
Proposed Effective Date of Coverage	August 1, 2025				
<b>Who is covered?</b>					
Men's:	Band, Baseball, Basketball, Cross Country Running, Football (Tackle), Tennis,				
Women's	Band, Basketball, Cross Country Running, Soccer, Softball, Tennis, Volleyball,				
<b>When are they covered?</b>					
A covered person is insured while participating in sponsored and supervised activities of the Policyholder such as games, practice, conditioning, and travel to and from such events.					
<b>Premium Quotation</b>					
Insurance Carrier	Berkley Life and Health Insurance Company				
Claims Payor	Bob McCloskey Insurance (BMI)				
Program Coordinator/Broker	Dissinger Reed				
<b>Annual Premium</b>	<b>\$382,000</b>				
<b>Notice of Acceptance</b>					
By completing this Notice of Acceptance section with an authorized signature, you are confirming your intention to accept the above proposed insurance policy terms and conditions. Binding of coverage not finalized until received by the carrier.					
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>           Name         </td> <td style="width: 50%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>           Title         </td> </tr> <tr> <td style="text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>           Signature         </td> <td style="text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>           Date         </td> </tr> </table>		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Name	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Title	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Name	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Title				
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date				

# 2025-26 Premium Quotation

## Option #7 - Fully Insured

2025-26 Policy Year - Mississippi Valley State University	
Deductible	\$10,000 per specific injury
Plan Maximum	\$90,000 medical benefit per injury
Policy classification	Excess/secondary to all other valid and collectible insurance
Coinsurance	100% of URC after the deductible
Initial Treatment/Expense	Medical treatment must be received within 180 days of injury
Benefit Period	104 weeks (2 years) from the original date of injury
Accidental Death and Dismemberment (AD&D)	\$25,000 per specific injury, \$1,000,000 aggregate maximum
Accidental Dental	Coverage included up to plan maximum (*Natural/Sound Tooth)
Outpatient Physical Therapy	Coverage included up to plan maximum
Durable Medical Equipment	Covered if medically necessary & prescribed by physician
Expanded Medical (Overuse)	Included
Re-aggravation/Reinjury of Pre-Existing Condition	Included
Heart & Circulatory caused by overexertion	Included
HMO/PPO denial coverage	Included
Off-season conditioning	Included if school sponsored and supervised activity
Guest Recruit Coverage (including PSA tryouts)	Available
Proposed Effective Date of Coverage	August 1, 2025
<b>Who is covered?</b>	
Men's:	Band, Baseball, Basketball, Cross Country Running, Football (Tackle), Tennis,
Women's:	Band, Basketball, Cross Country Running, Soccer, Softball, Tennis, Volleyball,
<b>When are they covered?</b>	
A covered person is insured while participating in sponsored and supervised activities of the Policyholder such as games, practice, conditioning, and travel to and from such events.	
<b>Premium Quotation</b>	
Insurance Carrier	Berkley Life and Health Insurance Company
Claims Payor	Bob McCloskey Insurance (BMI)
Program Coordinator/Broker	Dissinger Reed
<b>Annual Premium</b>	<b>\$195,000</b>
<b>Notice of Acceptance</b>	
By completing this Notice of Acceptance section with an authorized signature, you are confirming your intention to accept the above proposed insurance policy terms and conditions. Binding of coverage not finalized until received by the carrier.	
_____	_____
Name	Title
_____	_____
Signature	Date

# 2025-26 Premium Quotation

## Option #8 - Aggregate

2025-26 Policy Year - Mississippi Valley State University	
Maximum Benefit per Injury	\$90,000
Aggregate Deductible	\$270,000
Specific Deductible	\$0
Insured Percentage	100%
Initial Treatment Period	180 days
Benefit Period	104 weeks
Accidental Death and Dismemberment (AD&D)	\$25,000 per specific injury, \$1,000,000 aggregate maximum
Accidental Dental	Coverage included up to plan maximum (*Natural/Sound Tooth)
Expanded Medical	Included
Re-aggravation/Reinjury of Pre-Existing Conditions	Included
Heart & Circulatory	Included
HMO/PPO Denials	Included
Guest Recruit Coverage (including PSA tryouts)	Available
Proposed Effective Date	August 1, 2025
Covered Intercollegiate Sports	
Band, Baseball, Basketball, Cross Country Running, Football (Tackle), Soccer, Softball, Tennis, Volleyball,	

Annual Premium	\$39,500
Administration Fees	\$32,000
Total Hard Costs	\$71,500
Recommended upfront funding of claims account (negotiable)	\$135,000
<b>Total initial funding request</b>	<b>\$206,500</b>
<b>Total potential maximum annual cost</b>	<b>\$341,500</b>

Program Information	
Insurance Carrier:	Berkley Life and Health Insurance Company
Claims Payer:	Bob McCloskey Insurance (BMI)
Broker/Program Coordinator:	Dissinger Reed
Notice of Acceptance	
By completing this Notice of Acceptance section with an authorized signature, you are confirming your intention to accept the above proposed insurance policy terms and conditions. Binding of coverage not finalized until received by the carrier.	
_____	_____
Name	Title
_____	_____
Signature	Date

*This is a summary of coverage. It does not contain all provisions, limitations and exclusions. Should any of the above assumptions and conditions change, we reserve the right to alter the quote.*

# Appendix

## Additional Information Included:

- **IHL Certificate of Ownership**
- **Specimen Policy**
- **Value Added Services**
  - **Primary Insurance Verification**
  - **Secondary ID Cards**
- **Additional Risk Management Services**



**Mississippi Board of Trustees of State Institutions of Higher Learning (IHL)**

**CERTIFICATION OF OWNERSHIP INTEREST IN CONTRACTOR**

**I. Submission Information** (Section I. A. through C. is to be completed by the UNIVERSITY prior to sending to the Contractor. Section I.D. is to be completed by the CONTRACTOR.)

<b>A. Institution/University Name:</b>	Executive Office		
	<b>Month</b>	<b>Day</b>	<b>Year</b>
<b>B. Submission Date:</b>	May	1	2025
<b>C. Agenda (Month/Year):</b>	June	19	2025
<b>D. Contractor's Legal Name:</b>	HUB International Midwest Limited		

**II. Submitted for the following Board Committee** (Section II is to be completed by the UNIVERSITY prior to sending to the Contractor.)

<input checked="" type="checkbox"/>	Budget, Finance and Audit
<input type="checkbox"/>	Real Estate
<input type="checkbox"/>	Other (specify)

**III. List of Owners** (Sections III and IV are to be completed by the CONTRACTOR.)

The following is a listing of all individuals and other entities that have a financial interest of 10% or more in the ownership of the above named contractor:

N/A

The following is a listing of all parent companies of the above named contractor that have a financial interest of 10% or more in the ownership of the contractor:

N/A

**IV. Certification**

The undersigned certifies that he/she is a lawful official representative of \_\_\_\_\_ (insert legal name of contractor as noted above) and further certifies that the above is a listing of all individuals, other entities, and parent companies that have a financial interest of 10% or more in the ownership of the Contractor.

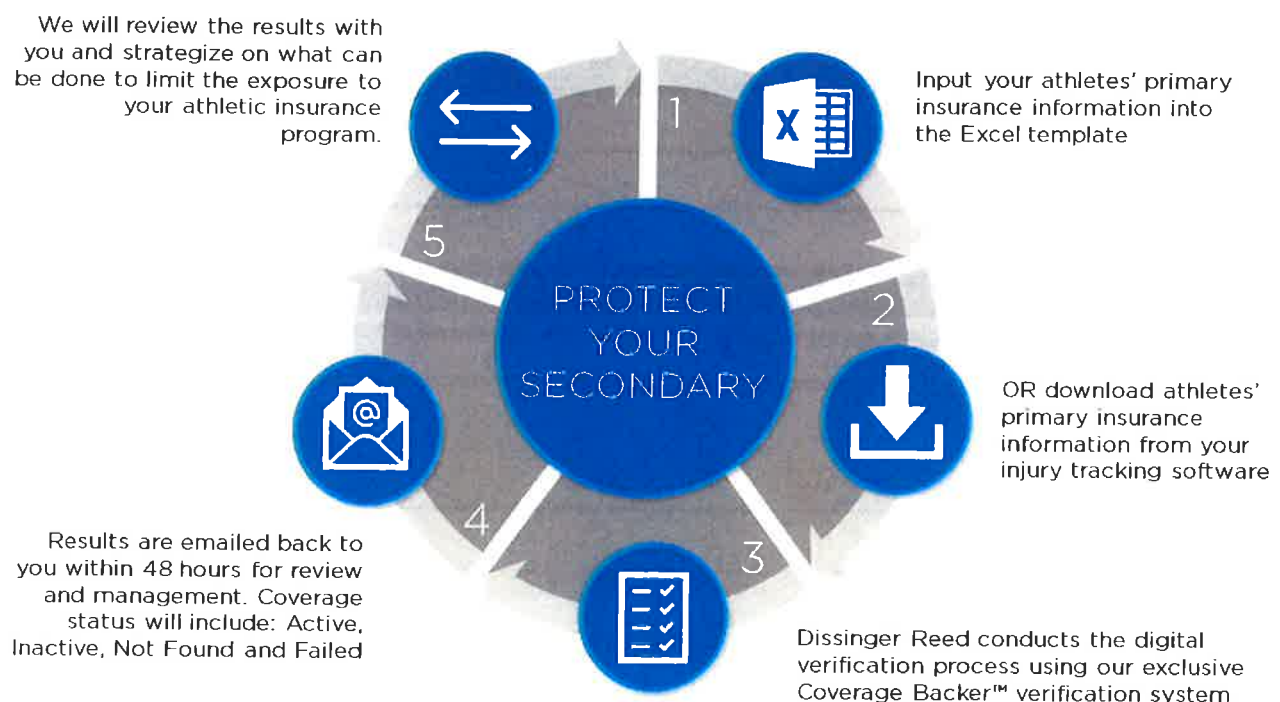
<b>Name of Contractor Representative:</b>	Chuck Howze
<b>Title of Contractor Representative:</b>	VP, College Sales
<b>Signature:</b>	<i>Charles Howze</i>
<b>Date:</b>	4/24/2025

# Broker Services

## Coverage Backer™: Primary Insurance Verification System

As an athletic insurance consultant, one of our goals is to reduce the amount of claims on your secondary insurance policy. One way Dissinger Reed can impact your program is to offer an insurance verification solution. This service can check your student athletes' primary insurance validity without wasting your valuable time. We have partnered with a reliable company that communicates with over 1,300 insurance companies digitally to verify coverage. By utilizing this service, insurance is verified prior to the athlete seeing a provider or stepping on the field of play.

We will review the results with you and strategize on what can be done to limit the exposure to your athletic insurance program.



**"Coverage Backer has been a fantastic resource! The ability to easily access from multiple insurance companies is spectacular to say the least and a game changer in the world of Sports Medicine. Dissinger Reed continues to surpass my expectations in customer service"**

*Nicole A. Nembhard / Coordinator of Athletic Insurance for Sports Medicine, Northwestern Athletics*

# Broker Services

## Secondary Insurance ID Cards

We provide these secondary insurance ID cards to our clients each year. They are customized with your school name, policy number, effective dates, claims contact and correspondence information, as seen below.

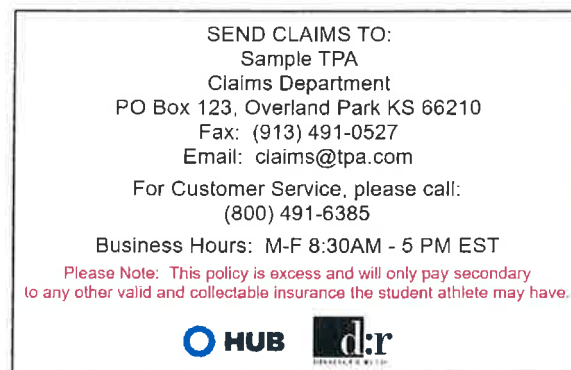
Your athletic training staff can keep these plastic credit card style cards with them so in the event of an accident, they have all the pertinent information to give to the medical provider while on the road game or during an emergency.

The feedback that we've received on this service to our clients has been amazing. It helps the flow of the claim at the provider level as it transitions from primary insurance over to the secondary insurance program without requiring additional work on behalf of your staff.

We consider this to be just another way that we differentiate ourselves and provide a world-class service to our clients.



FRONT



BACK

# **UNITED STATES FIRE INSURANCE COMPANY**

Administrative Offices: 5 Christopher Way • Eatontown, NJ 07724

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## **BLANKET ACCIDENT ONLY POLICY**

**POLICYHOLDER:** Specimen Policy

**POLICY NUMBER:** TBD

**POLICY EFFECTIVE DATE:** TBD

**POLICY EXPIRATION DATE:** TBD

This Policy is issued in the state of Mississippi and shall be governed by its laws.

This Policy contains the terms under which the Insurance Company agrees to insure certain persons and pay benefits.

The Insurance Company and the Policyholder have agreed to all the terms of this Policy.

### **10 DAY RIGHT TO RETURN THIS POLICY**

If for any reason, you are not satisfied with this Policy, you may return it to us within 10 days after receiving it. Upon its return, we will refund any premium paid and this Policy will be deemed void, just as though it had never been issued.

### **THIS IS ACCIDENT ONLY COVERAGE.**

### **READ IT CAREFULLY.**

### **BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS.**

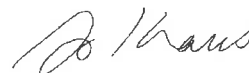
### **THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.**

### **THIS POLICY IS NOT RENEWABLE.**

Signed for **United States Fire Insurance Company** By:



Marc J. Adey  
Chairman and CEO



James Kraus  
Secretary

## **TABLE OF CONTENTS**

The following provisions appear within this Policy in the following order:

Schedule of Benefits

Definitions

Eligibility for Insurance

Effective Dates of Insurance

Termination Date of Insurance

Scope of Coverage

Description of Hazards

Description of Benefits

Exclusions

Aggregate Limit

Premium Provisions

General Provisions

Claim Provisions



## SCHEDULE OF BENEFITS

### BENEFIT PERIOD:

104 weeks from the date of the Covered Injury,  
provided the Expense occurs prior to the Expiration  
Date and care is Medically Necessary.

### CLASS OF ELIGIBLE PERSONS:

Class 1: Intercollegiate Student Athletes of the Policyholder, including student coaches, student managers and student trainers.

Class 2: Recruits/Chaperones

### COVERED SPORTS:

Class 1: Men:

Women:

Class 2: Supervised and Sponsored Activities

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### ACCIDENTAL DEATH AND DISMEMBERMENT

Principal Sum:	\$25,000
Aggregate Limit Amount:	\$1,000,000
Time Period for Loss:	365 days

---

### ACCIDENT MEDICAL EXPENSE BENEFIT

Maximum Amount per occurrence per Covered Person \$90,000

Disappearing Deductible: \$0

The Disappearing deductible must be satisfied before this plan will pay benefits. Amounts paid by other carriers will be used to satisfy the deductible under this plan. With a Disappearing Deductible, any amounts paid by other valid and collectible insurance toward the satisfaction of bills generated as a result of a covered accident will count toward satisfying the deductible. If the Covered Person's primary insurance makes any payment on an eligible expense, it counts toward the deductible, and amounts paid in excess of and applied to the deductible will cause the deductible to disappear or be reduced.

Any Deductibles, Benefit Periods, and benefit maximums apply on a per Covered Person, per Covered Accident basis.

Any Deductibles apply to all of the below Accident Medical Expense Benefits unless otherwise indicated in the Schedule below.

#### **ACCIDENT MEDICAL EXPENSE BENEFITS**

<b>Hospital Room &amp; Board Daily Maximum Benefit:</b>	<b>100% of the Semi-Private Room Rate up to \$90,000</b>
<b>Intensive Care Room &amp; Board:</b>	<b>100% of URC up to \$90,000</b>
<b>Hospital Miscellaneous Benefit:</b>	<b>100% of URC up to \$90,000</b>
<b>In-Patient Surgical Benefits:</b>	
Primary Surgeons Maximum Benefit Amount:	<b>100% of URC up to \$90,000</b>
Assistant Surgeon Benefit:	<b>100% of URC up to \$90,000</b>
<b>Out-Patient Surgery Benefits:</b>	
Outpatient Primary Surgeons Maximum Benefit Amount:	<b>100% of URC up to \$90,000</b>
Outpatient Assistant Surgeon Maximum Benefit:	<b>100% of URC up to \$90,000</b>
Outpatient Surgical Facility Maximum Benefit	<b>100% of URC up to \$90,000</b>
<b>Emergency Room Benefit</b>	<b>100% of URC up to \$90,000</b>
<b>Anesthesia Benefit:</b>	<b>100% of URC up to \$90,000</b>
<b>Physician's Visits</b>	
In-Hospital Maximum Benefit:	<b>100% of URC up to \$90,000</b>
<b>Physician's Visits</b>	
Office Visits (Out-of-Hospital) Maximum Benefit:	<b>100% of URC up to \$90,000</b>
<b>X-Ray Benefit</b>	<b>100% of URC up to \$90,000</b>
<b>Laboratory Benefit</b>	<b>100% of URC up to \$90,000</b>
<b>Nursing Benefit Amount:</b>	<b>100% of URC up to \$90,000</b>
<b>Outpatient Physiotherapy Benefit</b>	<b>100% of URC up to \$90,000</b>
<b>Ambulance Benefit Amount:</b>	<b>100% of URC up to \$90,000</b>
<b>Dental Treatment For Injury Only</b>	

**Benefit Amount:** 100% of URC up to \$90,000

#### **ADDITIONAL ACCIDENT BENEFITS**

**HEART OR CIRCULATORY MALFUNCTION BENEFIT** 100% of URC up to \$90,000

**EXPANDED MEDICAL TREATMENT BENEFIT** 100% of URC up to \$90,000

**RE-AGGRAVATION OF PRIOR SPORTS INJURY BENEFIT** 100% of URC up to \$90,000

#### **OUT-PATIENT PRESCRIPTION DRUG BENEFIT**

Benefit payable per prescription 100% of URC up to \$90,000

#### **REHABILITATION EXPENSE BENEFIT**

Benefit per Covered Accident 100% of URC up to \$90,000

**DURABLE MEDICAL EQUIPMENT BENEFIT** 100% of URC up to \$ 90,000

#### **DEFINITIONS**

The terms shown below shall have the meaning given in this section whenever they appear in this Policy. Additional terms may be defined within the provision to which they apply.

**Accident** means a sudden, unforeseeable external event which:

1. Causes Injury to one or more Covered Persons; and
2. Occurs while coverage is in effect for the Covered Person.

**Benefit Period** means the period of time from the date of Injury, as shown in the Schedule of Benefits.

**Corridor Deductible** means the dollar amount of the Covered Expenses the Insured person must pay towards the policy before We pay any benefits regardless of what any other Insurance Plan or other Insurance Carrier has paid. It applies separately for each Covered Person.

**Covered Expenses** means expenses actually incurred by or on behalf of a Covered Person for the Usual, Reasonable and Customary charges for the Medically Necessary treatment, services and supplies covered by the Policy and Certificate and which is performed or given under the direction of a Physician for treatment of an Injury. Coverage under the Policy and Certificate must remain continuously in force from the date of the Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. A Covered Expense for a an Injury cannot be in excess of the maximum benefit amount payable per service as shown in the Schedule and cannot be for medical services and supplies that are excluded under the Policy.

**Covered Person** means a person eligible for coverage as identified in the Application for whom proper premium payment has been made, and who is therefore insured under this Policy.

**Disappearing Deductible** means a dollar amount of Covered Expenses the Covered Person must pay before We pay any benefits. The Deductible may be satisfied by Other Valid and Collectible Insurance or Plan. The Disappearing Deductible is shown on the Schedule of Benefits.

**Eligible Expenses** means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while this Policy is in force.

**He, his, and him** includes she, her and hers.

**Health Care Plan** means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. Group or blanket insurance, whether on an insured or self-funded basis;
2. Hospital or medical service organizations on a group basis;
3. Health Maintenance Organizations on a group basis.
4. Group labor management plans;
5. Employee benefit organization plan;
6. Professional association plans on a group basis; or
7. Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended.

**Hospital** means an institution which:

1. Is operated pursuant to law;
2. Is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
3. Is under the supervision of a staff of Physicians;
4. Provides 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
5. Has medical, diagnostic and treatment facilities, with major surgical facilities;
  - a. On its premises; or
  - b. Available to it on a prearranged basis; and
6. Charges for its services.
7. Is a duly licensed Rehabilitation Facility.

Hospital does not include:

1. A clinic or facility for:
  - a. Convalescent, custodial, educational or nursing care;
  - b. The aged, drug addicts or alcoholics;
2. A military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless:
  - a. The services are rendered on an emergency basis; and
  - b. A legal liability exists for the charges made to the individual for the services given in the absence of insurance.

**Hospital Stay** means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

**Injury** means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

**Interscholastic** means a sport or activity organized between schools or representatives of the schools.

**Intramural** means a sport or activity within a particular institution and describes sports matches, activities, or contests that take place among teams from "within the walls" of an institution or area.

**Medically Necessary or Medical Necessity** means a treatment, service or supply that is:

1. Required to treat an Injury; and
2. Prescribed or ordered by a Physician or furnished by a Hospital;

3. Performed in the least costly setting required by the condition;
4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Group Policy or this Certificate.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of alternative to be the Covered Expense.

**Nurse** means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).

**Other Valid and Collectible Insurance** means any reimbursement for or recovery of any element of Covered Expenses incurred available from any other source whatsoever, except gifts and donations, but including without limitation:

1. Any individual, group, blanket, or franchise policy of Accident, disability or health insurance.
2. Any arrangement of benefits for members of a group, whether Insured or uninsured.
3. Any prepaid service arrangement such as Blue Cross or Blue Shield; individual or group practice plans, or health maintenance organizations.
4. Any amount payable for Hospital, medical or other health services for Accidental bodily Injury arising out of a motor vehicle Accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any motor vehicle insurance policy.
5. Any amount payable for services or injuries or diseases related to the Covered Person's job to the extent that he actually received benefits under a Worker's Compensation Law. If the Covered Person enters into a settlement to give up his or her rights to recover future medical expenses that would have been payable except for that settlement.
6. Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to a Covered Person after he or she becomes disabled while Insured hereunder.
7. Any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.]

**Physician** means a person who is a qualified practitioner of medicine. A such, He or She must be acting within the scope of his/her license and under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse, son, daughter, father, mother, brother, or sister or other relative.

**Principal Sum** means the largest amount payable under the benefit for all losses resulting from any one Accident.

**School** means the participating School or School District where the Covered Person is enrolled or employed. The School must be a duly accredited (state certified or accredited) primary, elementary, secondary, or collegiate School.

**Supervised or Sponsored Activity** means a Policyholder or School authorized function:

1. In which the Covered Person participates;
  2. Which is organized by or under its auspices;
- which is within the scope of customary activities for such entity and is shown on the Schedule of Benefits.

**Usual, Reasonable and Customary means:**

1. With respect to fees or charges, fees for medical services or supplies which are;
  - a. Usually charged by the provider for the service or supply given; and
  - b. The average charged for the service or supply in the locality in which the service or supply is received; or
2. With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

**Waiting Period** means the length of time from the date of loss to the time when benefits can be received.

## **ELIGIBILITY FOR INSURANCE**

**Eligibility:**

Persons eligible to be insured under this Policy are those persons described as an ELIGIBLE CLASS on the Schedule of Benefits. This includes anyone who may become eligible while this Policy is in force.

## **EFFECTIVE DATES OF INSURANCE**

**Policy Effective Date:** The Policy begins on the Policy Effective Date shown in the Schedule of Benefits at 12:01 A.M. at the address of the Policyholder.

**Covered Person's Effective Date:** A Covered Person will become an insured under this Policy, provided proper premium payment is made, on the latest of:

1. The Effective Date of the Policy; or
2. The day He becomes eligible, subject to any required waiting period, according to the referenced date shown in the Application/ Schedule of Benefits.

## **TERMINATION DATE OF INSURANCE**

**Policy Termination Date**

Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.

The Policy terminates automatically on the earlier of:

1. The Policy Termination Date shown in the Policy; or
2. The premium due date if premiums are not paid when due subject to any grace period.

Failure by the Policyholder to pay all required premiums due by the last day of the grace period shall be deemed notice by the Policyholder to the Company to terminate this Policy on the last day of the period for which premiums have been paid.



The Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 31 days prior to such date.

The Policyholder and the Company may terminate the Policy at any time by written mutual consent.

If premiums have been paid beyond the termination date, the Company will refund the excess; or if premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.

**Termination:**

Insurance for a Covered Person will end on the earliest of:

1. The date he is no longer in an Eligible Class.
2. The date he reports for active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
  - a. The date the premium is fully earned; or
  - b. The Expiration Date of this Policy.This does not include Reserve or National Guard duty for training;
3. The end of the period for which the last premium contribution is made; or
4. The date this Policy is terminated.

**Covered Person's Termination Date**

Insurance for a Covered Person will end on the earliest of:

1. The date He is no longer in an Eligible Class.
2. The date He reports for full-time active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
  - a. The date the premium is fully earned; or
  - b. The Expiration Date of this Policy.This does not include Reserve or National Guard duty for training;
3. The end of the period for which the last premium contribution is made; or
4. The date this Policy is terminated; or
5. The date the Covered Person requests, in writing, that his/her coverage be terminated.

**SCOPE OF COVERAGE**

We will provide the benefits described in this Policy to all Covered Persons who suffer a covered loss which:

1. Is within the scope of the **DESCRIPTION OF BENEFITS PROVISIONS** and results, directly and independently of disease or bodily infirmity, from an Injury which is suffered in an Accident;
2. Occurs while the person is a Covered Person under this Policy; and
3. Is within the scope of the risks set forth in the **DESCRIPTION OF HAZARDS** provisions.

**Full Excess Medical Expense:**

If an Injury to the Covered Person results in his incurring Eligible Expenses for any of the services in the SCHEDULE OF BENEFITS, we will pay the Eligible Expenses incurred, subject to the Deductible Amount

(if any), that are in excess of Expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.

The Covered Person must be under the care of a Physician when the Eligible Expenses are incurred. The Expense must be incurred solely for the treatment of a covered Injury:

1. While the person is insured under this Policy; or
2. During the Benefit Period stated on the SCHEDULE OF BENEFITS.

The first Expense must be incurred within the time frame shown on the SCHEDULE OF BENEFITS.

The total of all medical benefits payable under this Policy is shown on the SCHEDULE OF BENEFITS: and

1. Subject to the specific maximums shown on the SCHEDULE OF BENEFITS; and  
Subject to compliance with the requirement, set forth in the Limitations section of this Policy.

#### **HMO/PPO PROVISION**

In the event that Covered Expenses are denied under a Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), or other group medical plan the Covered Person has in force, and such denial is because care or treatment was received outside of the network's geographic area, benefits will be payable under this coverage, provided the expense is a Covered Expense.

### **DESCRIPTION OF HAZARDS**

#### **SPORTS COVERAGE Class 1**

Subject to all other provisions of this Policy, coverage is provided for a Covered Person while he is:

1. Taking part in:
  - a. A regularly scheduled athletic game or competition; or
  - b. A practice session for an athletic team or club;
2. Traveling to or from such a game, competition or practice session provided he is:
  - a. Traveling with the athletic team or club; and
  - b. Under the direct and immediate supervision of:
    - i. The athletic team or club; or
    - ii. An adult authorized by the athletic team or club; or
3. Traveling directly, without interruption
  - a. Between his home and a scheduled game, competition or practice session;
  - b. In a vehicle which is
    - i. Designated or furnished by the athletic team or club;
    - ii. Operated by a properly licensed, adult driver; or
    - iii. Under the direct supervision of the athletic team or club; or
  - c. In a vehicle other than that described in 3.b. when:
    - i. Operated by a properly licensed driver; and

Travel time includes the time:

- i. To or from home, a scheduled game, competition or practice session;
- ii. Before required attendance time;
- iii. After the Covered Person is dismissed; and
- iv. After the Covered Person completes extra duties assigned by the School.

Covered athletic games or competition are shown on the Schedule of Benefits.

Injuries which result over a period of time (such as blisters, tennis elbow, etc.), and which are a normal, foreseeable result of the sport, are not covered.

Unless otherwise stated, we will pay benefits for a covered loss, only once, even if coverage was provided under more than one Description of Hazards.

## **POLICYHOLDER FUNCTIONS    Class 2**

Subject to all other provisions of this Policy, coverage is provided for a Covered Person while he is:

1. Attending or participating in a Supervised or Sponsored Activity; or
2. Attending a Policyholder function.

The Covered Person must be:

1. On the premises of the Policyholder:
  - a. During its normal hours;
  - b. During scheduled functions; or
  - c. During other periods if he is attending or participating in a Supervised or Sponsored Activity;
2. Not on Policyholder premises and attending or participating in a Supervised or Sponsored Activity;
3. Traveling directly, without interruption while attending or participating in a School sponsored field trip:
  - a. Between his home and the Policyholder's premises for participation in a Supervised or Sponsored Activity;
  - b. Between the site of the Supervised or Sponsored Activity and his home or the Policyholder's premises.
  - c. In a vehicle which is:
    - i. Designated or furnished by the Policyholder;
    - ii. Operated by a properly licensed adult driver; and
    - iii. Under the direct supervision of the Policyholder; or
  - d. In a vehicle other than that described in 3.c. when:
    - i. Operated by a properly licensed driver; and

Travel time includes the time:

- i. To or from home, the Policyholder's address and the Supervised or Sponsored Activity;
- ii. Before the appointed time; and
- iii. After the Supervised or Sponsored Activity is completed.

Unless otherwise stated, we will pay benefits for a covered loss, only once, even if coverage was provided under more than one Description of Hazards.

## DESCRIPTION OF BENEFITS

### ACCIDENTAL DEATH DISMEMBERMENT

If, within 1 year from the date of an Accident covered by this Policy, Injury from such Accident, results in Loss listed below, We will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Covered Person sustains more than one such Loss as the result of one Accident, We will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

<u>Loss</u>	<u>Percentage of Principal Sum</u>
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of Speech and Hearing (both ears)	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing (both ears)	50%
Loss of Thumb and Index Finger of the Same Hand	25%

**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 speech** means total, permanent and irrecoverable loss of audible communication.

**Loss of hearing** means total and permanent loss of hearing in both ears which cannot be corrected by any 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).

**Severance** means the complete separation and dismemberment of the part from the body.

**Total Paralysis** means complete loss of use and sensation of limbs. Paralysis must occur within the 180 day period from the date of the Covered Accident. The paralysis must be determined by a Physician to be complete and not reversible.

## ACCIDENT MEDICAL and DENTAL EXPENSE BENEFITS

We will pay Accident Medical and Dental Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles, Benefit Periods, benefit maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Eligible Expenses incurred by or on behalf of the Covered Person;
3. for Eligible Expenses incurred within 180 days after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Eligible Medical Expenses, from a Covered Accident, include:

1. **Hospital room and board expenses:** charges for the most common semi-private daily room rate for each day of the Hospital Stay, up to the Daily Maximum Benefit Amount shown in the Schedule of Benefits for Hospital Room and Board. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
2. **Intensive Care Room and Board** - charges for each day of Intensive Care Unit confinement, up to the maximum benefit amount shown in the Schedule of Benefits for the Intensive Care Room and Board benefit. This payment is in lieu of payment for the Hospital Room and Board charges for those days
3. **Hospital Miscellaneous** – services, supplies and charges during a Hospital Stay, up to the maximum benefit amount shown in the Schedule of Benefits for the Hospital Miscellaneous Benefit. Miscellaneous services include services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies. Miscellaneous services do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.
4. **Pre-Admission Testing Benefit** – charges for Pre-admission testing (inpatient confinement must occur within 7 days of the testing)
5. **In-Patient Surgical Benefits** - charges for:
  - a. A Physician, for primary performance of a surgical procedure, up to the maximum benefit amount shown in the Schedule of Benefits per procedure. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
  - b. A Physician, for: assistant surgeon duties up to the maximum benefit shown in the Schedule of Benefits for an Assistant Surgeon

6. **Out-Patient Surgery Benefits:**

We will pay this benefit when the Covered Person requires Outpatient Surgery to treat a Covered Loss resulting directly and independently from all other causes from a Covered Accident. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.

**Outpatient Surgery** means the treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including the usual aftercare for such procedure, that is:

- a. necessary for treatment of the Covered Person; and
- b. given in the outpatient department of a Hospital or an ambulatory surgical center.

7. **Emergency Room** means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.

Emergency Room treatment includes all hospital related services including physician, x-ray and lab services shown in the Schedule of Benefits.

8. **Anesthesia Benefit** – Anesthesia for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis, up to the maximum benefit amount shown in the Schedule of Benefits for the Anesthesia benefit.

9. **Physician's Visits** - charges by a Physician for other than pre- or post-operative care:

- a. For in-Hospital visits, up to the maximum benefit amount shown in the Schedule of Benefits for Physician's Visit – In-Hospital.
- b. For office visits, up to the maximum benefit amount shown in the Schedule of Benefits for Physician's Office Visits.

Total visits per Injury will not exceed the combined maximum shown in the Schedule of Benefits for All In-Hospital and Office Physician's Visits.

10. **X-Ray Benefit** - We will pay the benefit shown in the Schedule of Benefits if the Covered Person requires x-ray examinations due to a Covered Loss, up to the maximum benefit per Covered Accident indicated in the Schedule of Benefits.

11. **Laboratory Benefit**- We will pay the benefit shown in the Schedule of Benefits if the Covered Person requires laboratory examinations due to a Covered Loss, up to the maximum benefit per Covered Accident indicated in the Schedule of Benefits.

12. **Nursing Benefit**– Outpatient Charges for nursing services by a registered nurse or licensed professional nurse, up to the maximum benefit amount shown on the Schedule of Benefits for the Nursing benefit.

14. **Ambulance** - for services billed by a professional ambulance company up to the Maximum Benefit Amount shown in Schedule of Benefits for the Ambulance benefit.



Ground Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the injured from the scene of the Accident to a Hospital. Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such local facility available, coverage is for trips to the closest facility outside the local area.

Air transportation is covered when Medically Necessary because of a life threatening Injury. Air Ambulance is air transportation by a vehicle designed, equipped and used only to transport the injured to the closest local facility available, coverage is for trips to the closest facility outside the local area.

15. **Dental Treatment for Injury Only** - Charges for dental treatment including dental x-rays for the repair and treatment for Injury to a tooth which was sound and natural at the time of Injury, up to the maximum benefit amount shown in the Schedule of Benefits for the Dental Treatment benefit.

## **ADDITIONAL ACCIDENT BENEFITS**

### **HEART OR CIRCULATORY MALFUNCTION BENEFIT**

We will pay benefits for a Covered Person who suffers a sudden Heart or Circulatory Malfunction that results directly and independently of all other causes, from a Covered Accident and the first symptoms of the malfunction are medically diagnosed while the Covered Person is covered under this Policy and within 48 hours of a Covered Accident in the Line of Duty of the Covered Person.

Benefits will not be payable if in the past year, the Covered Person was medically diagnosed as having, or received treatment for:

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

Benefits will not be payable if the Covered Person is diagnosed with a newly diagnosed congenital disorder.

Symptoms, such as shortness of breath, heart pain or numbness of a limb are covered during the first 48 hours following Emergency Duty. These symptoms are not covered beyond the first 48 hours unless:

1. they first occurred within 48 hours of Emergency Duty; and
2. an actual malfunction of the heart or circulatory system is subsequently diagnosed.

**Emergency Duty** means responding in the Line of Duty to a fire or emergency call.

**Line of Duty** means performing the professional responsibilities of a qualified individual for the position the Covered Person holds.

### **EXPANDED MEDICAL TREATMENT BENEFIT**

Benefits will be payable on the same basis as any other Injury for treatment of the following conditions resulting from the play or practice of Intercollegiate Sports: Repetitive Motion Injuries; Strains; Sprains; Hernia; Tennis Elbow; Tendonitis; Bursitis; and Muscle tears. Benefits are subject to the same limitations, and Deductible as any other Injury.

### **RE-AGGRAVATION OF PRIOR SPORTS INJURY**

During play or practice of intercollegiate sports, benefits are payable for re-aggravation of a sports Injury suffered prior to the Effective Date of a **covered person's** coverage under the Policy. For the purposes of this Re-aggravation of Prior Sports Injury benefit only, such re-aggravation will be considered an **Injury** if the re-injury occurs under circumstances which would have otherwise been covered under the Policy. Any exclusion for congenital conditions, sickness, or disease remains in force.

The maximum amount payable under this Re-aggravation of Prior Sports Injury benefit is limited to the amount shown on the Schedule of Benefits. This amount is included in the Aggregate Maximum Benefit Amount, per **covered person**, per accidental **injury**, as shown on the Schedule of Benefits, and is not in addition to that amount.

#### **OUT-PATIENT PRESCRIPTION DRUG BENEFIT**

We will pay the Eligible Expenses- shown in the Schedule of Benefits, if any; for a Prescription Drug or medication when prescribed by a Physician on an outpatient basis.

**Prescription Drug** means a drug which:

1. Under Federal law may only be dispensed by written prescription; and
2. Is utilized for the specific purpose approved for general use by the Food and Drug Administration.

The Prescription Drug must be dispensed for the out-patient use by the Covered Person:

1. On or after the Covered Person's Effective Date; and
2. By a licensed pharmacy provider.

Benefits are payable up to the maximum benefit amount shown on the Schedule of Benefits.

#### **REHABILITATION EXPENSE BENEFIT**

If a Covered Person suffers a Covered Loss the Company will reimburse the Covered Person for expenses incurred within one year after the date of the Covered Accident causing such loss, per Accident, which are charged for:

1. physical, occupational, speech or hearing therapy, or other rehabilitation training for which measurable improvement is expected within a reasonable time; and
2. Medically Necessary services or supplies related to rehabilitation therapy.

The therapy, training, services or supplies must:

1. meet generally accepted standards of medical practice;
2. be provided in a duly licensed Rehabilitation Facility; and
3. be provided by or under the supervision of a Physician.

Only one Rehabilitation Expense Benefit will be paid regardless of the number of Covered Losses incurred as the result of the same Covered Accident.

The Company will not reimburse expenses:

1. for which no charge would have been made if no insurance existed;
2. in excess of the Usual and Customary Charges for similar services in the locality where the services are received; or
3. as the result of an Injury caused by an Accident for which the Covered Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.

#### **DURABLE MEDICAL EQUIPMENT BENEFIT**

We will pay the benefit shown in the Schedule of Benefits if, by reason of Injury, a Covered Person requires the use of Durable Medical Equipment.

Durable Medical Equipment means medical equipment that:

1. is prescribed by the Physician who documents the necessity for the item including the expected duration of its use;

2. can withstand long-term repeated use without replacement;
3. is not useful in the absence of the Covered Injury and
4. can be used in the home without medical supervision; and
5. the purpose of the equipment is not to help the Covered Person participate in sports activity.

## **HEAT EXHAUSTION**

We will pay the benefit amount shown in the Schedule of Benefits for Heat Exhaustion as the result of a Covered Accident.

Heat Exhaustion means a condition characterized by faintness, rapid pulse, nausea, profuse sweating, cool skin, and collapse, caused by prolonged exposure to heat accompanied by loss of adequate fluid and salt from the body.

## **HOME HEALTH CARE**

We will pay the benefit amount shown in the Schedule of Benefits for Home Health Care as the result of a Covered Accident.

Home Health Care means nursing care, treatment provided in the Covered Person's home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:

1. the Home Health Care plan must be established and approved by the attending Physician, including certification that confinement in a Hospital or Extended Care Facility would be required if it were not for Home Health Care; and Necessary care and treatment are not available from a Covered Person's Immediate Family Member or other persons residing with the Covered Person without causing undue hardship;
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency and nursing service.

Home Health Care consists of, but shall not be limited to, the following:

- a. Part time and intermittent skilled nursing services: services given to the Covered Person at least once every 60 days or as frequently as a few hours per day, several days per week.
- b. Therapeutic services: physical therapy occupational therapy; speech and hearing therapy; and
- c. Medical social services, medical supplies, drugs and medicines, related pharmaceutical services and laboratory services to the extent such charges or costs would have been covered under this Certificate if the Covered Person had remained in the Hospital.

## **Replacement of Eyeglasses, Contacts, or Hearing Aid Benefits**

We will pay the benefit amount shown in the Schedule of Benefits for the replacement of Eyeglass, Contacts or Hearing Aids that are damaged as a result of a Covered Injury payable under this policy.

## EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an Accidental bodily Injury, unless otherwise covered under this Policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps:
4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro-rata premium upon request;
5. Participation in a riot or insurrection.
6. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling, assault or battery.
7. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning.
8. Disease or disorder of the body or mind.
9. Mental or nervous disorders.
10. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
11. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
12. Intoxication or being under the influence of any drug or narcotic.
13. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
14. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
15. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
16. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
17. Conditions that are not caused by a Covered Accident.
18. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
19. Any treatment, service or supply not specifically covered by this Policy.
20. Loss resulting from participation in any activity not specifically covered by this Policy.
21. Charges which are in excess of Usual, Reasonable and Customary charges.
22. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
23. Regular health checkups.
24. Services or treatment rendered by an Immediate Family member of the Covered Person;
25. Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
26. That part of the medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited).
27. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
28. Participation in any motorized race or speed contest.
29. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
30. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
31. Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.

32. Expense incurred for treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Policy.
33. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
34. Travel in or upon:
  - a. A snowmobile;
  - b. A water jet ski;
  - c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
  - d. Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation competition.
35. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
  - a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
  - b. While being used for any test or experimental purpose; or
  - c. While piloting, operation, learning to operate or serving as a member of the crew thereof; or
  - d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
  - e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
  - f. an ultralight hang-gliding, parachuting, or bungi-cord jumping  
Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
36. The repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
37. Rest cures or custodial care.
38. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.

### **AGGREGATE LIMIT**

The Aggregate Limit Amount is shown on the Schedule of Benefits. We will NOT be liable for any amount over such limit for any one Accident.

If the total amount of benefits to be paid under this Policy is more than the Aggregate Limit Amount, the benefit amount payable for a Covered Person's loss will be determined as a proportionate share of the Aggregate Limit Amount.

### **PREMIUM PROVISIONS**

#### **GRACE PERIOD:**

A grace period of 31 days is granted for each premium due after the first premium due date. Coverage will stay in force during this period unless notice has been sent, in accordance with the POLICY TERMINATION provision, of the intent to terminate coverage under this Policy. Coverage will end if the premium is not paid by the end of the grace period.

#### **PREMIUMS:**

Premium due dates are the first of every month. Premium payment made in advance or for more than a one month period will not affect any provisions of this Policy with regard to change. Failure by the Policyholder to pay premiums when due or within the grace period shall be deemed notice to us to terminate coverage at the end of the period for which premium was paid.

**CHANGES IN RATES:**

We have the right to change the premium rates on any premium due date:

1. After the first 12 months insurance is in effect;
2. Coinciding with a change in the coverage provided or classes eligible; or
3. Coinciding with a change in the risks we have assumed.

We will give written notice of any change under 1. above. Notice will be sent to the Policyholder's most recent address in our records.

**GENERAL PROVISIONS****ENTIRE CONTRACT; CHANGES:**

This Policy, the application of the Policyholder (if any, a copy of which is attached), endorsements, riders and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, the application of any Insured, at our option, may also be made a part of this contract.

All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause us to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is or has been furnished to such person; or, in the event of his death or incapacity, his beneficiary or representative. After 2 years from the Covered Person's effective date of coverage, no such statement, except in the case of fraud or with respect to eligibility for coverage, will cause such coverage to be contested.

No change in this Policy will be valid until approved by one of our executive officers. This approval must be endorsed on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

**WORKERS' COMPENSATION INSURANCE:**

This Policy is not in lieu of and does not affect any requirement for coverage under any Workers' Compensation Insurance.

**RECORDS MAINTAINED:**

The Policyholder or its authorized administrator will maintain records of the essential features of each Covered Person's insurance under this Policy.

We shall be permitted to examine the Policyholder's records relating to coverage under this Policy. Examination may occur at any reasonable time up to the later of:

1. The two year period after the expiration of the Policyholder's coverage; or
2. The final adjustment and settlement of all claims under the Policyholder's coverage.

**REPORTING REQUIREMENTS:**

The Policyholder or its authorized agent must report to us, by the premium due date:

1. The names of all persons insured on the Effective Date of this Policy;
2. The names of all persons who are insured after the Effective Date of this Policy;
3. The names of those persons whose insurance has terminated; and
4. Additional information required as agreed to by us and the Policyholder.

**POLICY TERMINATION:**

We may terminate coverage on or after the anniversary of any premium due date. The Policyholder may terminate its coverage on any premium due date. Written notice must be given at least 31 days prior to such premium due date.



**CONFORMITY WITH STATE STATUTES:**

Any provision of this Policy in conflict, on the Effective Date of this Policy, with the laws of the state where it is delivered, is amended to conform to the minimum requirements of such laws.

**CLAIM PROVISIONS****NOTICE OF CLAIM:**

Written notice must be given to us within 30 days after a covered loss occurs or begins or as soon as reasonably possible. Notice can be given at our administrative office as shown on the cover page or to our agent. Notice should include the Policyholder's name and number and a Covered Person's name and address.

**CLAIM FORMS:**

When we receive the notice of claim, we will send forms for filing proof of loss. If claim forms are not sent within 15 days after notice is given, the proof requirements will be met by submitting, within the time required under PROOF OF LOSS, written proof of the nature and extent of the loss.

**PROOF OF LOSS:**

Written proof of loss must be furnished to us in the case of a claim for loss for which this Policy provides periodic payment contingent upon continuing loss within 90 days after the end of the period for which we are liable. Written proof that the loss continues must be furnished to us at intervals required by us.

In case of claim for any other loss, proof must be furnished within 90 days after the date of such loss.

If that is not reasonably possible, we will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year later, except for lack of legal capacity.

**TIME OF PAYMENT OF CLAIMS:**

Benefits due under this Policy for a loss, other than a loss for which this Policy provides installments, will be paid immediately upon receipt of due written proof of such loss.

Subject to written proof of loss, all accrued benefits for loss for which this Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss, unless otherwise stated in the Description of Benefits.

**PAYMENT OF CLAIMS:**

Benefits for a Covered Person's loss of life will be paid to the beneficiary named in our records, if any, at the time of payment. The benefits can be paid in one sum or, at a Covered Person's written request, in accordance with one of our settlement plans. If a Covered Person has not requested any settlement plan, the beneficiary can do so in writing after a Covered Person's death. If there is no named beneficiary or surviving beneficiary, a Covered Person's loss of life benefits will be paid in one sum to the first surviving class of following in the order shown below:

1. The beneficiary named to receive a Covered Person's proceeds;
2. Spouse;
3. Child or children;
4. Mother or father;
5. Sisters or brothers; or
6. The estate of a Covered Person.

If we are to pay benefits to the estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. This good faith payment satisfies our legal duty to the extent of that payment.

Any other accrued benefits which are unpaid at a Covered Person's death may, at our option, be paid either to his beneficiary or to his estate. All other benefits, unless specifically stated otherwise, will be paid to a Covered Person.

**PAYMENT OF CLAIMS: OTHER BENEFITS:**

All other benefits will be paid to the Covered Person, if he is living, if not, we will pay his beneficiary or his estate.

**CONDITIONAL CLAIM PAYMENT:**

If a Covered Person incurs expenses for Injuries received in a covered Accident, and in our opinion a third party may be liable, we will pay benefits if:

1. The Covered Person first agrees in writing to refund the lesser of:
  - a. The amount we actually paid for such expenses; or
  - b. The amount actually received from the third party for such expenses; and
2. The third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise.

However, prior to our payment of benefits under this Policy, if the third party's liability is satisfied in an amount less than the benefits payable under this Policy, we will pay the difference.

**PHYSICAL EXAMINATION:**

We will pay the cost and have the right to have the Covered Person examined as often as reasonably necessary while the claim is pending. (Autopsies are not permitted to be required in Massachusetts, Mississippi and South Carolina.)

**RECOVERY OF BENEFITS:**

We reserve the right to recover from a Covered Person any benefits we have paid to him for injuries:

1. Received in a covered Accident; and
2. Which are covered under:
  - a. workers' compensation or similar statutory remedies available under law; or
  - b. Any employer's liability Insurance.

It will be assumed that the Covered Person is in receipt of such benefits unless he gives us proof such benefits have been denied to him.

**LEGAL ACTIONS:**

No action at law or in equity shall be brought to recover benefits under this Policy less than 60 days after written proof of loss has been furnished as required by this Policy. No such action shall be brought more than 3 years after the time written proof of loss is required to be furnished.

## **FRAUD WARNING STATEMENT**

**FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ALASKA:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**CALIFORNIA:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**FLORIDA WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**KANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

### **KENTUCKY:**

**Application:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Claim Form:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime

**MARYLAND:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO and PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**TEXAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**VIRGINIA:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

**NEW YORK\*:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\*The fraud warning in NY must appear above the signature line.

When used throughout this document "Company", "Our", "We", or "Us" means:

## **United States Fire Insurance Company**

### **GRIEVANCE PROCEDURES**

When you submit a claim and that claim is denied, we will provide a written statement containing the reasons for the Adverse Determination. You have the right to request a review of any Company decision or action pertaining to our contractual relationship and to appeal any adverse claim determination we've made by filing a Grievance. These procedures have been developed to ensure a full investigation of a Grievance through a formal process.

### **DEFINITIONS**

A "**Grievance**" is a written complaint requesting a change to a previous claim decision, claims payment, the handling or reimbursement of health care services, or other matters pertaining to your coverage and our contractual relationship.

An "**Adverse Determination**" is a determination by the Company or its designated utilization review organization that (i) a service, treatment, drug, or device, is experimental, investigational, specifically limited or excluded by your coverage; or (ii) a facility admission, the availability of care, continued stay or other health care services proposed or furnished have been reviewed and, based upon the information provided, does not meet the contractual requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness and therefore, the benefit coverage is denied, reduced or terminated in whole or in part.

### **INFORMAL GRIEVANCE PROCEDURE**

You, your authorized representative, or a provider acting on your behalf may submit an oral complaint to us within 60-days after an event that causes a dispute. Telephoning allows you to discuss your complaint or concerns and gives us the opportunity to immediately resolve the problem.

If we don't have all the information necessary to review your complaint, we will request any additional information within 5 business days of receiving your complaint. After we receive all the necessary information, we will provide you, your authorized representative, or a provider acting on your behalf with our written decision within 30-days after receiving the complaint and all necessary information.

If the problem cannot be resolved in this manner, you still have the right to submit a written request for the complaint to be reviewed through the Formal Grievance Procedure, as outlined below.

### **FORMAL GRIEVANCE PROCEDURE**

A formal Grievance may be submitted by you, your authorized representative, or in the event of an Adverse Determination, by a provider acting on your behalf.

If you file a formal Grievance, you will have the opportunity to submit written comments, documents, records and other information you feel are relevant to the Grievance, regardless of whether those materials were considered in the initial Adverse Determination.

#### **First Level Review**

Within 3 working business days after receiving the Grievance, we must acknowledge the Grievance and provide you, your authorized representative or a provider with the name, address, and telephone number of the coordinator handling the Grievance and information on how to submit written material. The person(s) who reviews the Grievance will not be the same person(s) who made the initial Adverse Determination. During the review, all information, documents, and other materials submitted relating to the claim will be considered, regardless of whether they were considered in making the previous claim decision. The Insured will not be allowed to attend, or have a representative attend, a First Level Review. The Insured may, however, submit written material for consideration by the reviewer(s).

When the Grievance is based in whole or in part on a medical judgment, the review will be conducted by, or in consultation with, a medical doctor with appropriate training and expertise to evaluate the matter. Following our review of your Grievance, we must issue a written decision to you and, if applicable, to your representative or provider, within 20-days after receiving the Grievance. The written decision must include:

- (1) The name(s), title(s) and professional qualifications of any person(s) participating in the First Level Review process.
- (2) A statement of the reviewer's understanding of the Grievance.
- (3) The specific reason(s) for the reviewer's decision in clear terms and the contractual basis or medical rationale used as the basis for the decision in sufficient detail for the Insured to respond further to our position.
- (4) A reference to the evidence or documentation used as the basis for the decision.
- (5) If the claim denial is based on medical necessity, experimental treatment or similar exclusion, instructions for requesting an explanation of the scientific or clinical rationale used to make the determination.
- (6) A statement advising you of your right to request a Second Level Review, if applicable, and a description of the procedure and timeframes for requesting a Second Level Review.

### **Second Level Review**

The Second Level Review process is available if you are not satisfied with the outcome of the First level Review for an Adverse Determination. Within ten business days after receiving a request for a Second Level Review, we will advise you of the following:

- (1) the name, address, and telephone number of a person designated to coordinate the Grievance review for the Company;
- (2) a statement of your rights, including the right to:
  - attend the Second Level Review
  - present his/her case to the review panel;
  - submit supporting materials before and at the review meeting;
  - ask questions of any member of the review panel;
  - be assisted or represented by a person of his/her choice, including a provider, family member, employer representative, or attorney.
  - request and receive from us free of charge, copies of all relevant documents, records and other information that is not confidential or privileged that were considered in making the Adverse Determination.

We must convene a review panel and hold a review meeting within 45-days after receiving a request for a Second Level Review. We will notify you in writing of the meeting date at least 15-days prior to the date. The review meeting will be held during regular business hours at a location reasonable accessible to you. In cases where a face-to-face meeting is not practical for geographic reasons, we will offer you the opportunity to communicate with the review panel at our expense by conference call or other appropriate technology. Your right to a full review may not be conditioned on whether or not you appear at the meeting.

If you choose to be represented by an attorney, we may also be represented by an attorney. If we choose to have an attorney present to represent our interests, we will notify you at least 15 working days in advance of the review that an attorney will be present and that you may wish to obtain legal representation of your own.

The panel must be comprised of persons who:

- (1) were not previously involved in any matter giving rise to the Second Level Review;
- (2) are not employees of the Company or Utilization Review Organization; and
- (3) do not have a financial interest in the outcome of the review.

A person previously involved in the Grievance may appear before the panel to present information or answer questions.

All persons reviewing a Second Level Grievance involving a Utilization Review non-certification or a clinical issue will be providers who have appropriate expertise, including at least one clinical peer. If we use a clinical peer on an appeal of a Utilization Review non-certification or on a First Level Review, we may use one of our employees on the Second Level Review panel if the panel is comprised of 3 or more persons.

We must issue a written decision to you and, if applicable, to your representative or provider, within 10 business days after completing the review meeting. The decision must include:

- (1) the name(s), title(s) and qualifying credentials of the members of the review panel;
- (2) a statement of the review panel's understanding of the nature of the Grievance and all pertinent facts;
- (3) the review panel's recommendation to the Company and the rationale behind the recommendation.



- (4) a description of, or reference to, the evidence or documentation considered by the review panel in making the recommendation;
- (5) in the review of a Utilization Review non-certification or other clinical matter, a written statement of the clinical rationale, including the clinical review criteria, that was used by the review panel to make the determination;
- (6) the rationale for the Company's decision if it differs from the review panel's recommendation;
- (7) a statement that the decision is the Company's final determination in the matter;
- (8) notice of the availability of the Commissioner's office for assistance, including the telephone number and address of the Commissioner's office.

### **EXPEDITED REVIEW**

You are eligible for an expedited review when the timeframes for an Informal, formal First Level review or Second Level review would reasonably appear to seriously jeopardize your life or health, or your ability to regain maximum function. An expedited review is also available for all Grievances concerning an admission, availability of care, continued stay or health care service for a person who has received emergency services, but who has not been discharged from a facility.

A request for an expedited review may be submitted orally or in writing. An expedited review must be evaluated by an appropriate clinical peer in the same or similar specialty as would typically manage the case being reviewed. If we don't have the information necessary to decide an appeal, we will send you notification of precisely what is required within 24-hours of our receipt of your Grievance. All necessary information, including our decision, will be transmitted by telephone, facsimile, or the most expeditious method available. Provided we have enough information to make a decision, you, your authorized representative, or a provider acting on your behalf will be notified of the determination as expeditiously as the medical condition requires, but in no event more than 72-hours after the review has commenced. Written confirmation of our decision will be provided within 2 working business days of the decision and will contain the same items described in the written decision requirements for First Level reviews.

If the expedited review does not resolve the situation, you, your representative or a provider acting on your behalf may submit a written Grievance.

We will not provide an expedited review for retrospective reviews of Adverse Determinations.

## Mississippi Guaranty Notice

### NOTICE OF PROTECTION PROVIDED BY MISSISSIPPI LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a brief summary of the Mississippi Life and Health Insurance Guaranty Association (the "Association") and the protection it provides for policyholders. This safety net was created by Mississippi law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity or health insurer becomes financially unable to meet its obligations. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Mississippi law, with funding from assessments paid by other insurance companies.

The maximum amount of protection with respect to any one (1) life, regardless of the number of policies or contracts, is:

#### Life Insurance

- \$300,000 in death benefits
- \$100,000 in net cash surrender and net cash withdrawal values

#### Health Insurance

- \$500,000 in basic hospital, medical and surgical or major medical benefits
- \$300,000 in disability benefits
- \$100,000 in long-term care insurance benefits
- \$100,000 in other types of health insurance benefits

#### Annuities

- \$100,000 in net cash surrender and net cash withdrawal values

**The Association may not cover this policy.** If coverage is provided, it will be subject to substantial limitations and exclusions, and require continued residency in Mississippi. You should not rely on coverage by the Association when selecting an insurer.

To learn more about the above protections, limitations and exclusions, as well as protections relating to group contracts or retirement plans, please visit the Association's website at [www.ms lifega.org](http://www.ms lifega.org), or contact:

Mississippi Life and Health Insurance  
Guaranty Association  
330 North Mart Plaza  
Jackson, MS 39206-5327  
601-981-0755

Mississippi Insurance Department  
Woolfolk Building  
501 N. West Street, Suite 1001  
Jackson, MS 39201  
601-359-3569

To file a complaint or seek information about the financial condition of an insurer, contact the Mississippi Insurance Department.

Your insurer is required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation or inducement to purchase any form of insurance.

When used throughout this document "The Company", "Our", "We", or "Us" means:

**United States Fire Insurance Company**

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## **PRIVACY POLICY AND PRACTICES**

The Company values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information about our customers. We want you to know that we are committed to protecting your private information and we will comply with all federal and state privacy laws. Below is a Privacy Notice describing our policy regarding the collection and disclosure of personal information. Please review this Notice and keep a copy of it with your records.

### **Your Privacy is Our Concern**

When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. There are legal requirements governing the collection, use, and disclosure of such information. The Company maintains physical, electronic, and procedural safeguards that comply with state and federal regulations to guard your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information. The Company instructs our employees as to the importance of the confidentiality of personal information, and takes measures to enforce employee privacy responsibilities.

### **What kind of information do we collect about you and from whom?**

We obtain most of our information from you. The application or claim form you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. We may use information about you from other transactions with us, our affiliates, or others. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage. We may obtain the additional information we need from third parties, such as other insurance companies or agents, government agencies, medical personnel, the state motor vehicle department, information clearinghouses, credit reporting agencies, courts, or public records. A report from a consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

### **What do we do with the information collected about you?**

If coverage is declined or the charge for coverage is increased because of information contained in a consumer report we obtained, we will inform you, as required by state law or the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report. We may retain information about our former customers and may disclose that information to affiliates and non-affiliates only as described in this notice.

### **To whom do we disclose information about you?**

We may disclose all the information that we collect about you, as described above. We may disclose such information about you to our affiliated companies, such as:

- Insurance companies;
- Insurance agencies;
- Third party administrators;
- Medical bill review companies; and
- Reinsurance companies.

We may also disclose nonpublic personal information about you to affiliated and nonaffiliated third parties as permitted by law. You have a right to access and correct the personal information we collect, maintain, and disclose about you.

### **How to contact Us**

You may obtain a more detailed description of the information practices prescribed by law by contacting us at the address below. Remember to include your name, address, policy number, and daytime phone number.

Privacy Policy Coordinator  
Crum & Forster A&H Division  
5 Christopher Way, 2nd Floor  
Eatontown, New Jersey 07724



# Our Capabilities to Broker the Best Deal for You

## PROPERTY AND CASUALTY

As property losses and liabilities become increasingly more complex, important to have a partner who approaches your business insurance needs from a risk management standpoint.

- Workers Compensation
- Cyber Liability Risk and Mitigation
- General Liability/Excess Liability
- Professional Liability
- Auto/Fleet coverage
- Property/Inland Marine
- Builders Risk/Construction/Bonds
- Business Interruption/Event Cancellation/Loss of Revenue
- Natural Catastrophes and Disaster Management
- Terrorism and Crises Response
- Much more...

## MANAGEMENT AND PROFESSIONAL LIABILITY

Your management and professional exposures can be met with:

- Directors and Officers Liability
- Employment Practices Liability
- Fiduciary Liability
- Crime
- Kidnap and Ransom
- Professional Liability
- Network Security/Cyber/Privacy Liability

## RISK CONSULTING

HUB Risk Consultants are board- certified and degreed safety, security, property and environmental professionals with an average of 20 years' experience in a variety of industries.

## CLAIM CONSULTING

Our consultants have broad claim knowledge and experience with a variety of medical, litigation, and coverage issues.

## EMPLOYEE BENEFITS

When you work with HUB, you'll find yourself at the center of an employee benefits team that enables you to manage your workload and costs, while improving employee engagement.

- Multi-year Strategic Planning
- Cost Management
- Compliance Consulting
- Employee Engagement
- Health & Performance
- HR Technology Solutions
- Client Advocacy
- Employee Retirement Plans

## PERSONAL INSURANCE

We help individuals protect and preserve their personal, family and estate assets. As one of the largest and most sophisticated personal insurance practices in North America, we are a trusted resource for all personal insurance and risk management needs.

## RETIREMENT AND PRIVATE WEALTH MANAGEMENT

HUB strives to help clients visualize their retirement and other life milestones, empowering them to take actions today in pursuit of outcomes tomorrow. We offer institutional investment consulting services to for-profit and not-for-profit organizations and customized private wealth management services to individuals and families.

## ATHLETIC INSURANCE

Since 1982, Dissinger Reed, now a Division of HUB International, has focused specifically on the unique insurance needs of **college/university athletic departments, campus wide health solutions, and state high school associations**. Our market expertise, risk management strategies, and comprehensive coverage solutions have established Dissinger Reed as the most trusted name in athletic insurance.





# Student Health Insurance Services

We provide health and wellness solutions for all types of students from athletes to students studying abroad. Here are our products and services:

## Student Health Insurance Plans

- Campus-wide plans for international students, domestic students or both
- Affordable Care Act Compliant Plans that cover pre-existing conditions and include pharmacy benefits
- National and local networks with school sponsored plans that can also coordinate with Student Health Centers
- Comprehensive benefits with lower cost deductibles
- Added services that can include telehealth, intercollegiate sports, global assist and mental health resources

## International Student Insurance

- Includes understanding the international student requirements pertaining to health insurance coverage at each college or university
- Plans that address F1 and J1 Visa requirements and insurance coverage
- Plans to meet the highest level of requirement including student athlete coverage

## Study Abroad Accident & Sickness

- For students completing a short-term study abroad program
- Students traveling for leisure
- School sponsored study abroad programs

## Campus-Wide Student Accident Plans

- A Mandatory Student Accident Plan (MSAP) is a great way to mitigate risk
- Covers all types of accidental injuries from on campus injuries to athletic injuries
- Specialty risk insurance technology programs, needlestick, aviation & more.

## Short-Term Medical Plans

- 12-month maximum plans that may be purchased in 30-90 day increments
- They include medical maximum and do not cover pre-existing conditions
- Can be self-enroll, direct pay links or group roster enrollments
- Low monthly premiums

## Supplemental/Indemnity/Accident Only

- Pays insured directly when individual has to go to the hospital after an accident
- Can be used for primary coverage when nothing else is available
- Note that more documentation is required for reimbursement than a typical insurance plan
- Individual Plans available through direct pay, self-enrollment link

## Dental and Vision Plans

- Individual and group plans available

## Mental Health Services

- Secure, HIPAA compliant and confidential web and mobile platform
- Access to over 5,000 licensed Behavioral Health therapists across the United States
- Individualized treatment plan, goal setting, and monitoring of outcomes

## TeleHealth

- Mental Health online counseling services
- Telemedicine - 24/7 access to speak with a physician