



**The South Carolina Independent School Association**  
Post Office Drawer 690 - Orangeburg, South Carolina 29116  
Office: 803-535-4820    www.scisa.org    Fax: 803-535-4840

## **Catastrophic Insurance for the 2016 – 2017 School Year**

NOTICE: The **Required Catastrophic Medical Insurance Policy** that covers all SCISA Students in All School Related Activities has been in effect as of July 28, 2016. Premiums are due and should be paid by September 23, 2016. The cost of the policy is \$2.95 per student. Premiums will be based on the number of students reported by each school on your annual report (**grades K3-12**).

This Policy is a part of a **comprehensive coverage plan for SCISA and the many activities** that take place. Included in this coverage:

- Catastrophic medical insurance for students;
- Liability coverage for SCISA;
- Liability coverage for SCISA All-Star events/coaches;
- Liability coverage for officials.

### **Catastrophic Medical Coverage:**

These policies cover **all students** (not just athletes) in all adult-supervised, school sponsored, SCISA-sanctioned activities, including school athletics (including travel directly to an event and back to school). \$25,000 Deductible - \$5,000,000 coverage

### **SCISA Coaches:**

Liability coverage for member coaches for claims brought by third party, either spectators or participants, for allegations of negligence while in the course and scope of their coaching duties.

**SCISA Officials:** participant legal liability \$1,000,000.

**Association's General Liability:** players/coaches, managers, staff, volunteers, officials...

A school may carry some type of catastrophic policy but that coverage will not cover the broad area that the mandated SCISA plan covers.

**IT IS CRUCIAL THAT YOU ADVISE YOUR CARRIER OF THE EXISTENCE OF THE SCISA COVERAGE SO THAT YOUR OWN COVERAGE CAN DOVETAIL WITH THIS COVERAGE TO PROVIDE THE LEVEL OF PROTECTION YOU DESIRE. DO NOT CANCEL ANY POLICIES NOW IN EXISTENCE UNTIL YOU HAVE DONE THIS.**

You and your insurance carrier should contact John Sadler (803-254-6311) for additional details and questions.

**The South Carolina Independent School Association  
P.O. Drawer 690, Orangeburg, SC 29116**

TO: All SCISA Schools

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This policy provides liability coverage for SCISA and catastrophic medical insurance for students. The medical coverage has policy limits of \$5,000,000.00, \$500,000.00 Cash Benefit and a deductible of \$25,000.00.

IT IS CRUCIAL THAT YOU ADVISE YOUR CARRIER OF THE EXISTENCE OF THE SCISA COVERAGE SO THAT YOUR OWN COVERAGE CAN DOVETAIL WITH THIS COVERAGE TO PROVIDE THE LEVEL OF PROTECTION YOU DESIRE. DO NOT CANCEL ANY POLICIES NOW IN EXISTENCE UNTIL YOU HAVE DONE THIS.

These policies cover all students in all adult-supervised, school sponsored, SCISA-sanctioned activities, including school athletics.

You and your insurance carrier should contact John Sadler (803-254-6311) for additional details and questions.

**SCISA Catastrophic Insurance Policy  
2016 – 2017 School Year**

The SCISA Board of Directors approved Catastrophic Plan is Required of all schools. The effective date of the policy is July 28, 2016.

School \_\_\_\_\_ Date \_\_\_\_\_

Total Number of All Students (K3-12): \_\_\_\_\_ x \$2.95 = \_\_\_\_\_

Make Check Payable to: SCISA

PLEASE DO NOT INCLUDE ANY OTHER PAYMENTS IN THIS CHECK.

Mail to: SCISA  
P.O. Drawer 690  
Orangeburg, SC 29116

## **CATASTROPHE ACCIDENT POLICY OUTLINE**

**INSURED:** South Carolina Independent School Association  
**INSURER:** National Union Fire Insurance Company of Pittsburg, PA

### **GENERAL DESCRIPTION OF COVERAGE COVERED PERSONS**

All enrolled students, coaches, managers, and trainers of member schools while participating in a covered activity.

### **COVERED ACTIVITIES**

Coverage under the Policy is provided to an Insured while participating in the following covered activities: while on school premises while school is in session, or while involved in a school sponsored activity including sports and football, with adult supervision provided by the school. Or, while traveling directly from home to either school, while school is in session, or to a school sponsored activity.

### **COVERAGE**

**Full Excess** Benefits are payable to the applicable maximum for Covered Accident Medical Services expenses that are not recoverable from another Plan Providing Accident Medical Expense Benefits. If the Insured is not covered by another Plan Providing Accident Medical Expense Benefits, the excess provision shall not apply, and benefits are payable to the limits described in this brochure.

#### **\$6,000,000 ACCIDENT MEDICAL MAXIMUM**

If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to a \$6,000,000 Maximum Amount per Insured for all Injuries caused by the same accident. The benefit is payable only for such charges incurred after the \$25,000 Deductible has been met. The Deductible must be met during the 104 week Deductible Incurral Period. Benefits are then payable for charges incurred within 520 weeks after the date of the accident causing the Injury.

#### **\$500,000 CATASTROPHE CASH BENEFIT**

An Initial Lump Sum benefit will be paid based on the table shown below up to a \$100,000 Lump Sum Maximum Amount after said conditions continue for 6 consecutive months. Thereafter, a monthly benefit will be paid based on the table up to \$3,333.33 for the lifetime of the Insured, not to exceed 120 months, so long as the Insured remains Disabled due to the Paralysis or Coma. If Injury to the Insured results within 180 days of the date of the accident that caused the Injury, in Paralysis or Coma, the Company will pay a benefit under the conditions described below up to the Catastrophic Cash Benefit Maximum Amount. In order for a benefit to be payable, the Paralysis or Coma must continue for a Waiting Period of 6 consecutive months, and must be determined by a Physician to be permanent and irreversible at the end of that Waiting Period and must result in Disability. The benefit payable is based on the percentage of the Initial Lump Sum and Monthly Maximum Amount(s) shown below for the causes of Disability shown below:

| <b>Cause of Disability</b>                             | <b>Percentage of Initial Lump &amp; Monthly<br/>Maximum Amount(s):</b> |
|--|--|
| Coma   | 100%   |
| Paralysis of Two or More Limbs<br>(Upper and/or Lower) | 100%   |
| Paralysis of One Limb (Upper or<br>Lower)              | 50%  |
| Paralysis of One or More Other<br>Parts of the Body    | See NOTE   |

NOTE: If the Insured's Paralysis is a part of the body other than a Limb, the percentage of the Maximum Amount used to determine the benefit payable will be adjusted in proportion to the comparable extent of Paralysis of the listed parts of the body. The final determination of comparable extent will be made through the use of the most current edition of the "Guides to the Evaluation of Permanent Impairment" published by the American Medical Association. (In the event the referenced guide ceases to be published, the Company will select another appropriate measurement of impairment values.)

If the Insured suffers more than one cause of Disability as a result of the same accident, only one Percentage of the Maximum Amount, the largest for any one cause of Disability suffered by the Insured, will be used to determine the benefit payable. The benefit payable is the percentage of the Initial Lump Sum Maximum Amount shown in the table, payable at the end of the Waiting Period followed by a monthly benefit equal to the percentage of the Monthly Maximum Amount shown, starting one month after the end of the Waiting Period. The monthly benefit is payable monthly as long as the Insured remains continuously Disabled due to the Paralysis or Coma, but ceases on the earliest of: (1) the date the Insured dies; (2) the date the Insured is no longer Disabled due to the Paralysis or Coma; or (3) the date monthly Catastrophe Cash benefits have been paid for the Maximum Number of Months shown for the Catastrophe Cash Benefit in the Benefit Schedule for all Disabilities caused by the same accident.

Periods of Disability separated by less than 30 consecutive days will be considered one period of disability unless due to separate and unrelated causes. The Company reserves the right, at the end of the Waiting Period (and as often as it may reasonably require thereafter) to determine, on the basis of all the facts and circumstances, that the Insured is Disabled due to the Paralysis or Coma, including, but not limited to, requiring an independent medical examination at the expense of the Company.

#### **Brain Death Catastrophic Cash Benefit**

Brain Death Catastrophic Cash Benefit Maximum Amount (\$500,000): If an Insured suffers an Injury that results in Brain Death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Brain Death Catastrophic Cash Benefit Maximum Amount shown in the Benefit Schedule. In order for a benefit to be payable, Brain Death must be determined and certified by a Physician. A Lump Sum will be paid.

#### **Accidental Death & Dismemberment Benefit**

If Injury to the Insured results within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, benefits will be paid as shown below.

| <b>Loss</b>                                      | <b>Benefit Amount</b> |
|--|-----------------------|
| Life   | \$10,000              |
| Both Hands or Both Feet or<br>Sight of Both Eyes | \$20,000              |
| One Hand and One Foot                            | \$20,000              |
| One Hand and the Sight of One<br>Eye             | \$20,000              |
| One Foot and the Sight of One<br>Eye             | \$20,000              |
| Speech and Hearing in Both Ears                  | \$20,000              |
| One Hand or One Foot or the<br>Sight of One Eye  | \$10,000              |
| Speech or Hearing in Both Ears                   | \$10,000              |
| Hearing in One Ear                               | \$5,000               |
| Thumb and Index Finger of<br>Same Hand           | \$5,000               |

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

#### **Exposure and Disappearance**

If by reason of an accident occurring while an Insured's coverage is in force under this Policy, the Insured is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy. If the body of an Insured has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured has suffered accidental death within the meaning of this Policy.

#### **Heart and/or Circulatory Benefit**

(This benefit is not payable in addition to the Accidental Death Benefit.) If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a covered activity, the Company will pay the \$10,000 Heart and/or Circulatory Maximum Amount provided that: (1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 48 hours after such participation.

#### **Seat Belt and Air Bag Benefit**

If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured is operating, or riding as a passenger in an automobile and wearing a properly fastened, original, factory-installed seat belt, the

Company will pay a Seat Belt Benefit of \$5,000. In addition, if a Seat Belt Benefit is payable and the Insured is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact, the Company will pay an Air Bag Benefit of \$5,000.

## DEFINITIONS

**Brain Death means:** irreversible unconsciousness with total loss of brain function and complete absence of electrical activity of the brain even though the heart is still beating.

**Coma means:** a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

**Deductible means:** (the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services that must be incurred by the Insured before Accident Medical Expense benefits become payable. Accident Medical Expense benefits are not payable for charges applied to the Deductible.

**Disabled/Disability means:** that the Insured is unable while under the regular care of a Physician, to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured immediately prior to the accident.

**Injury means:** bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under the Policy is in force; (2) which occurs while such person is participating in a covered activity; and (3) which directly (independent of sickness, disease or any other cause) causes a covered loss.

**Insured means:** a person (1) who is a member of an eligible class of persons as described in the classification of eligible persons section of the Master Application in the Policy on file with the District/School ("the Policyholder"); (2) for whom premium has been paid; and (3) while covered under the Policy.

**Paralysis/Paralyzed means:** the complete loss of function in a part of the body as a result of neurological damage, as determined by a Physician.

**Physician means:** a licensed practitioner of the healing arts acting within the scope of his or her license who is not: (1) the Insured; (2) an immediate family member; or (3) retained by the Policyholder.

**Usual and Customary Charge(s) means:** a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; or (3) is a negotiated fee; and (4) does not include charges that would not have been made if no insurance existed.

## Exclusions and Limitations

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks.

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
2. sickness or disease whether the loss results directly or indirectly from either of these.
3. the Insured's commission of or attempt to commit a felony.
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition.
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy.
6. participation in any team sport or any other athletic activity, except participation in a covered activity.
7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
9. the Insured being under the influence of intoxicants.
10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician.
11. any condition for which the Insured is entitled to benefits under any Workers' compensation Act or similar law.
12. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless due to a covered Injury.\*
13. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth (includes natural teeth that have been restored to their normal function) damaged or lost as a result of Injury up to the Accident Medical Expense Benefit Maximum Amount.\*
14. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury.\*
15. new hearing aids or hearing examinations unless due to a covered injury; or repair or replacement of existing hearing aids unless due to a covered Injury.\*
16. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense).\*
17. any charge for medical care for which the Insured is not legally obligated to pay.\*
18. care, treatment or services provided by an Insured or by an immediate family member.\*
19. routine physical exam and related medical services.\*
20. personal comfort or convenience items, such as but not limited to, Hospital telephone
21. plastic or cosmetic surgery, except for reconstructive surgery on an injured part of the body.\*
22. hernia.\*

\*Applicable to Accident Medical Expense Benefit only