

Accident and Excess Medical Insurance

For American Driving Society Members Only

2019-2020



Accident Policy Benefit Maximums:

\$25,000 EXCESS Accident Medical Expense Benefit

Accidental Death and Dismemberment and Paralysis Benefit, up to \$10,000

\$2,000 Deductible (per accident)

Aggregate Limit of Indemnity \$500,000 All Conditions of Coverage

Coverage is for registered members, licensed officials, judges and volunteers of the American Driving Society while participating in a supervised and sponsored event of the ADS or an ADS Clinic.

Summary of Insurance

Carrier: QBE Insurance Corporation
Policy Term: March 1, 2019 to March 1, 2020

Policy: NHH000830

Coverage: Applies ONLY while the Covered Person is participating in a supervised and sponsored event or clinic of the American Driving Society. Includes domestic travel immediately before or after a covered activity up to 3 consecutive days while traveling to and from a covered activity. Overnight supervised and sponsored activities with duration of more than 7 days and related travel are not covered unless specifically agreed to in writing by the Carrier.

Benefits

Accidental Death & Dismemberment – Maximum Benefit \$10,000

Loss must occur within 365 days of the Covered Accident

| Schedule of Covered Losses: | Percentage of Maximum Benefit |
|-------------------------------------|-------------------------------|
| Loss of Life | 100% |
| Both Hands or Both Feet | 100% |
| Sight of Both Eyes | 100% |
| One Hand and One Foot | 100% |
| One Hand and the Sight of one Eye | 100% |
| One Foot and the Sight of One Eye | 100% |
| Speech and Hearing in Both Ears | 100% |
| Quadriplegia | 100% |
| One Hand or One Foot | 50% |
| The Sight of One Eye | 50% |
| Speech or Hearing in Both Ears | 50% |
| Paraplegia | 50% |
| Hemiplegia | 50% |
| Thumb and Index Finger of Same Hand | 25% |

Aggregate Limit of Indemnity:

\$500,000 All Conditions of Coverage

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Accident Medical Expense - Maximum Benefit \$25,000

Any benefit limits and benefit percentages for Accident Medical Expense benefit apply, unless otherwise specified, on a per-Covered Person -per Covered Accident basis. Any applicable deductibles must be satisfied within the time periods specified before benefits are payable.

Scope of Coverage Applicable to Accident Medical Benefit

Full Excess Medical Expense

*Other Health Plan Reduction 50%

Medical Expense Benefit

Total Lifetime Maximum for all

Accidental Medical Expense Benefit \$25,000

First Covered Expenses must be incurred with 180 days after a covered accident

Deductible \$2,000 applies to each covered accident and includes covered expenses paid under another health care plan

The carrier will pay the usual and customary expenses for eligible expenses that are in excess of benefits paid to the Covered Person by any other health care plan. Such expenses must be incurred for services recommended and approved by a Physician and must be listed under Covered Expenses in the policy's Schedule of Benefits.

- a) The first such expense must be incurred within 180 days after the date of the covered accident;
- b) All expenses must be incurred within 2 years from the date of covered accident resulting in injury; and,
- c) The maximum amount payable for all such expenses incurred as the result of any one covered accident will not exceed the maximum benefit amount shown on the policy's Schedule of Benefits.

If no other health insurance exists, benefits will be payable like primary coverage. Covered Expenses paid under another Health Care Plan may be used to satisfy the deductible.

*Any covered expenses payable under the Accident Medical Expense benefit will be reduced by 50 percent if the covered person has HMO or PPO coverage and elects not to use that coverage or goes out of network.

Covered Expenses include, but are not limited to:

1. Emergency room and outpatient treatment
2. In-Patient Hospital Services
3. Prescription drug benefit
4. Outpatient Nursing Services
5. Dental care for injury to sound and natural teeth, up to \$250 per tooth
6. Ambulance Services

The carrier will reimburse covered expenses incurred for the following Heart and Circulatory conditions: heat exhaustion, heart attack, stroke, burst aneurysm, if:

1. they occur and are manifested during or within 24 hours of a covered activity; and
2. the Covered Person has not attained age 60 on the date he participates in the covered activity; and
3. the Covered Person has neither received nor been advised to have any medical treatment for the condition.

We will pay the Loss of Life benefit if the Covered Person dies as a result of a heart and circulatory condition that meets all the requirements described above, within 90 days of taking part in a covered activity. This benefit will terminate at 12:01 A.M. on the day after the team of which the Covered Person is a member has played its last game, including post-season tournament play.

Common Exclusions

Benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following:

1. intentionally self-inflicted injury, suicide or any attempted threat while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding,
5. declared or undeclared war or act of war;

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6. flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. **travel in or on any off-road motorized vehicle that does not require licensing as a motor vehicle;**
8. participation in any motorized race or contest of speed;
9. an accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the covered person holds a valid learner's permit and the covered person is participating in a drivers' education program;
10. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. **travel or activity outside the United States, unless advance written approval is provided;**
12. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the covered accident occurred;
13. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
14. injuries compensable under Workers' Compensation law or any similar law;

We will not pay benefits for:

1. services or treatment rendered by a physician, nurse or any other person who is
 - a. employed by the policy holder
 - b. living in a covered persons household
 - c. who is a parent, sibling, spouse or child of the covered person
2. any hospital stay or days of a hospital stay that are not appropriate treatment for the condition and locality.
3. a Covered Persons Covered Loss if:
 - a. they were driving a private passenger automobility at the time of the covered accident that resulted in the covered loss; and
 - b. they were voluntarily intoxicated, as that term is defined by the law of the jurisdiction in which the covered accident occurred.

Accident Medical Benefit Limitations and excluded expenses:

1. cosmetic surgery, except for reconstructive surgery needed as the result of a covered injury;
2. any elective or routine treatment, surgery, health treatment, or examination;
3. blood, blood plasma, or blood storage, except expenses by a hospital for processing or administration of blood;
4. examination or prescription for eyeglasses, contact lenses or hearing aids;
5. treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
6. services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
7. rest cures or custodial care;
8. repair or replacement of existing dentures, partial dentures, braces or bridgework;
9. personal services such as television and telephone or transportation;
10. expenses payable by any automobile insurance policy without regard to fault;
11. services or treatment provided by an infirmary operated by the policyholder;
12. treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), that are a normal, foreseeable result of participation in the covered activity;
13. treatment or service provided by a private duty nurse;
14. treatment of hernia of any kind;
15. Treatment of injury resulting from a condition that a covered person knew existed on the date of the accident, unless he received a written medical release from his physician.

Definitions

Deductible- means the amount of covered expenses that each covered person must incur before benefits are paid under this policy. The covered person may use covered expenses paid under another health card plan to satisfy the deductible under this policy only if so indicated in the schedule of benefits.

Hospital- means an institution that meets all of the following:

1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent, custodial, or educational or nursing care;

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2. the aged, drug addicts or alcoholics; or
3. a Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person Incurs an expense.

Covered Accident- means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the Covered Person is insured under this Policy;
2. is not contributed to by disease, sickness, or mental or bodily infirmity; and
3. is not otherwise excluded under the terms of this Policy.

Physician- means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the Policyholder; or
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.

Usual and Customary Charge- means the normal charge, in the absence of insurance, made by the provider of any Appropriate Treatment, but not more than the prevailing charge in the area:

1. for a like service by a provider with similar training or experience; or
2. for a supply that is identical or substantially equivalent.

Claims

YOU MUST GIVE NOTICE OF A CLAIM TO THE CARRIER WITHIN 31 DAYS AFTER A COVERED LOSS OCCURS OR BEGINS OR AS SOON AS REASONABLY POSSIBLE.

PROOF OF LOSS MUST BE SENT WITHIN 90 DAYS OF THE LOSS FOR WHICH A CLAIM IS MADE.

FOR ALL CLAIMS CONTACT HEALTH SPECIAL RISK INC,

Phone: 800-328-1114

Ref: AMERICAN DRIVING SOCIETY

Policy: NHH000830

EMAIL: CSRM@HSRI.COM

For Questions contact Diane Leshner or Robert Journey

800-752-2472

diane@equisure-inc.com

robert@equisure-inc.com

Disclaimer: This is a summary of insurance only and does not guarantee coverage to anyone in possession of this document. The coverage descriptions in this summary are abbreviated. You will need to refer to the policy for complete terms, conditions, limitations and exclusions. If there is any conflict between the coverage statements within this summary and the actual insurance policy, the policy provisions will prevail. To obtain a complete policy, please contact our office.



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