

COMPULSORY SCHOOL TIME
STUDENT ACCIDENT INSURANCE

The Diocese of St Petersburg has arranged for Compulsory School Time Student Accident insurance for all students in Diocese Schools. This coverage includes Interscholastic Athletics and Football. This coverage is EXCESS insurance and covers all students and athletes while:

- (a) Participating in or attending any regularly scheduled supervised School activity. The activity must be supervised by an authorized representative of the school;
- (b) Traveling directly and uninterruptedly to and from such regularly scheduled School activities with other members as a group. Such travel must be supervised by an authorized representative of the School;
- (c) Traveling directly and uninterruptedly to or from the insured's home and the meeting place for the purpose of participating in a regularly scheduled School activity.

Accident Death insurance of \$25,000 and Accident Dismemberment insurance of \$50,000 is also included.

The Maximum Benefit per injury is \$1,000,000 with a 1 Year Benefit Period.

To comply with FHSA requirements, we have also arranged for Athletic Disability coverage of \$1,000,000 with a 10 year benefit period.

This is a NON-PARTICIPATING BLANKET STUDENT ACCIDENT POLICY,
Underwritten by National Union Fire of PA.

The Master policy, on file with the Diocese of St Petersburg, contains all of the provisions, limitations, exclusions and qualifications of the insurance benefits. If any discrepancy exists between this summary and the Master Policy, the Master Policy will govern and control the payment of claims. You may obtain a copy of the Master Policy by contacting the Insurance and Risk Department.

COMPULSORY SCHOOL TIME COVERAGE BENEFITS

This plan will allow 100% of Reasonable and Customary charges to be considered for Surgery, Ambulatory Surgical Facility, Anesthesia, Second Opinion, Physicians Visits, Nursing Services, X-Rays, MRI/CAT Scans, Ambulance, Hospital Room & Board Inpatient Miscellaneous Expenses, Outpatient Hospital, ER Physicians, Physiotherapy, Prescription Drugs, Orthopedic Appliances, Eyeglasses, Hearing Aids and Dental.

Please note that this coverage is EXCESS of all other insurance.

EXCLUSIONS

Benefits are not paid for:

1. Injuries which are not caused by an accident;
2. Re-injury or complications of a condition for which medical advice or treatment was recommended by a physician or received from a physician within a two-year period preceding the effective date of the coverage of the insured;
3. Treatment performed by a family member or person retained by the school;
4. Injury due to: acts of war; suicide or intentionally self-inflicted injury, while sane or insane; violating or attempting to violate the law, the taking part in any illegal occupation; fighting or brawling except in self-defense, or loss in consequence of being legally intoxicated as defined by the laws of the state in which the loss occurs; or under the influence of any drugs or narcotic unless administered by or on the advice of a physician;
5. Medical expenses for which the Insured is entitled to benefits under any (1) Worker's Compensation act; or (2) mandatory no-fault automobile insurance contract;
6. Expenses for which there is no obligation to pay;
7. Treatment or loss resulting from hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis;

8. Injury Sustained as a result of operating, riding in or upon, or alighting from a two, three or four-wheeled recreational motor vehicle or snowmobile;
9. Any expense for which benefits are payable under Catastrophic Accident Insurance Program of the State High School Interscholastic Activities Association;
10. Bacterial infections, sickness or disease of any kind such as strep throat or tonsillitis, heat exhaustion, sunburn, frostbite, fainting, allergic reactions, except those that occur as a result of accidental ingestion or pus forming infections which occur through an accidental cut or wound;
11. Vegetation poisoning such as poison ivy or poison sumac, or ptomaine poisoning;
12. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain;
13. Private air travel, to include ballooning or ultra-light aircraft; parachuting; hang gliding; bobsledding; travel in or upon a snowmobile; ATV (all-terrain vehicle); or any two or three wheeled motor vehicle;
14. The repair or replacement or prescriptions of eye glasses, contact lens or hearing aids;
15. Experimental procedures;
16. Serving in the Armed Forces of any country or international authority.

STUDENT ATHLETIC DISABILITY COVERAGE BENEFITS

If an Eligible Person, by reason of an Injury sustained while participating in a Covered School Activity and while this benefit is in force, shall become Disabled, as defined in the Master Policy, the Company will pay an initial Disability Benefit of \$200,000 beginning with the 7th month of Disability, followed by additional monthly Disability Benefit payments of \$6,667 per month for 10 years or up to the \$1,000,000 Maximum Disability Benefit has been reached, whichever occurs first, subject to the following:

1. The injury results in coma, brain death or paralysis of two or more limbs;
2. The Disability continues for six months; and
3. A physician has diagnosed the Disability as being permanent.

Benefits are paid direct to the Eligible Person or parent or guardian of the Eligible Person.

EXCLUSIONS

Benefits will not be paid for:

1. Conditions which are not caused by an injury;
2. Expenses resulting from an injury while this benefit is not in force;
3. Injury not sustained during Covered School Activity;
4. Intentionally self-inflicted injury, suicide or attempted suicide, while sane or insane;
5. Gas inhalation or poison voluntarily taken, administered or inhaled;
6. Injury caused by war or act of war, or while in the Armed Forces;
7. Existing or pre-existing injuries or defects which are not caused by an injury sustained while this benefit is in force.