

EXCLUSIONS AND LIMITATIONS

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury. 2. sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning. 3. the Insured's commission of or attempt to commit a felony. 4. declared or undeclared war, or any act of declared or undeclared war. 5. 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.) 6. participation in any team sport or any other athletic activity, except participation in a Covered Activity as defined by the policy. 7. 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 licensed for the transportation of passengers for hire. b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft. 8. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law. 9. the Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Physician. 10. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of repairing or replacing the item due to a covered Injury. Applicable to Accident Medical Expense Only. 11. 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 as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits. Applicable to Accident Medical Expense Only. 12. 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 eye glasses or contact lenses unless for the purpose of repairing or replacing the item due to a covered Injury. Applicable to Accident Medical Expense Only. 13. New hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of repairing or replacing the item due to a covered Injury. Applicable to Accident Medical Expense Only. 14. 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). Applicable to Accident Medical Expense Only. 15. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals. Applicable to Accident Medical Expense Only. 16. plastic or cosmetic surgery except for reconstructive surgery on an injured part of the body.

When an Insured is eligible under the policy for benefits in excess of other coverage and the Insured has other coverage that is primary under an HMO, PPO, or similar health service program, a penalty will apply if he or she does not use the facilities or services of the HMO, PPO, or similar health service program. In such case, the benefits otherwise payable under the Excess provision in the policy will be reduced by 50%. This reduction shall not apply to emergency treatment required within 24 hours of an accident when the accident occurs outside the geographic area served by an HMO, PPO, or similar health service program

CLAIMS PROCEDURE

In case of accident, notify school immediately. Secure claim form from school, attach bill(s) to completed claim form and mail to address indicated on claim form. CLAIMS FOR BENEFITS MUST BE FILED WITHIN 90 DAYS FROM DATE OF LOSS, OR AS SOON AS REASONABLY POSSIBLE. THE COMPANY MUST BE NOTIFIED OF A LOSS WITHIN 30 DAYS OF SUCH LOSS.

CATASTROPHE ACCIDENT PROGRAM 2009-2010



LOCAL REPRESENTATIVE

SADLER & COMPANY
P O DRAWER 5866
COLUMBIA, SOUTH CAROLINA 29250
Phone: 803-254-6311 or 1-800-622-7370

Plan Administrator:

THE MAKSIN GROUP
Two Aquarium Drive, Suite 200
Camden, NJ 08103
CALL TOLL FREE
1-800-375-6826

**Underwritten By: National Union Fire Insurance Company of Pittsburgh, Pa.,
with its principal place of business in New York, NY**

COVERED PERSONS

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

COVERED ACTIVITIES

Interscholastic practices, games and related events that are permitted by the South Carolina High School League, and approved and scheduled by the member school, and supervised by the proper adult authority of the member school. Gym classes, intramural sports, band, majorettes, and non-sport extracurricular activities that are approved and scheduled by the member school, and supervised by the proper adult authority of the member school. Travel directly and uninterrupted to or from the above in a vehicle designated by the member school and under the direct supervision of a licensed driver designated by the member school.

DEFINITIONS

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.

Injury means bodily injury caused by an Accident occurring while the Insured Person is covered under the Policy and participating in a Covered Activity. The Injury must result directly and independently of all other causes. The loss must be covered by this Policy.

Hospital means a facility which: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24-hour nursing service by registered nurses (RN); and (4) is supervised by one or more Physicians. Hospital does not include: (1) a nursing, convalescent, or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care; or (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Usual and Customary Charges (U&C) 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, service or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board); (3) is the negotiated fee; and (4) does not include charges that would not have been made if no insurance existed.

Deductible means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services, otherwise payable under the plan, 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.

Insured means a person who is a member of the Eligible Class of persons as described in the Classification of Eligible Persons section of the Master Application and for whom premium has been paid, and while covered under this Policy.

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.

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.

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.

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.

\$5,000,000 ACCIDENT MEDICAL MAXIMUM

If, as a result of a covered Injury, an Insured while insured for this Accident Medical Expense Benefit under the Policy as indicated in the Addendum, requires care and treatment rendered by a Physician, we will pay the Usual and Customary charges which are deemed Medically Necessary provided that the first expense for such injury is incurred no later than 90 days after the date of the accident and that \$25,000 of Covered Accident Medical Services are incurred within 2 years after the date of the accident causing the injury. This benefit is payable subject to the Covered Accident Medical Services provision up to the selected Accident Medical Expense Benefit Maximum Amount per Injury, Accident Deductible, if any,

and the Maximum Benefit Period shown in the Addendum. No benefits will be paid for loss due to sickness or disease.

\$500,000 CATASTROPHE CASH BENEFIT

If Injury to the Insured results in Paralysis or Coma within 180 days of the date of the accident that caused the Injury continues for a Waiting Period of 6 consecutive months, is determined by a Physician to be permanent and irreversible at the end of the Waiting Period, and results in Disability, benefits will be paid as shown below. If Injury to the Insured results in Brain Death within 365 days of the date of the accident that caused the Injury and is determined and certified by a Physician, benefits will be paid as shown below.

TABLE OF LOSSES

Loss	Percent of Maximum Benefit Amount
Coma.....	100%
Brain Death.....	20%
Paralysis: Quadriplegia (Both Upper & Lower Limbs).....	100%
Paraplegia (Both Lower Limbs).....	100%
Hemiplegia (One Lower Limb & One Upper Limb)....	100%
Uniplegia (One Lower Limb or One Upper Limb).....	50%

Paralytic conditions not stated above will be paid in proportion with comparable severity to those described above.

A Lump Sum benefit of up to \$100,000 will be paid based on the schedule above after said conditions continue for 6 consecutive months. Thereafter, a yearly benefit of \$40,000 will be paid for the lifetime of the Insured, not to exceed 10 years, so long as the Insured remains Paralyzed, in a Coma, or has incurred Brain Death*.

***Lump Sum Benefit Amount Only**

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.

LOSS:	BENEFIT AMOUNT
Life.....	\$10,000
Both Hands or Both Feet or Sight of Both Eyes.....	\$20,000
One Hand and One Foot.....	\$20,000
One Hand and the Sight of One Eye.....	\$20,000
One Foot and the Sight of One Eye.....	\$20,000
Speech and Hearing in Both Ears.....	\$20,000
One Hand or One Foot or The 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 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.

Heart and/or Circulatory 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 an Accidental Death Benefit of \$10,000 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, and 2. such Insured has not, prior to the date of such participation in the Covered Activity, been medically advised that he/she has been diagnosed with, or has received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident.

This is only a brief description of the coverage available under the Policy. The Policy contains reductions, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.