Eligible Persons

All registered student athletes of the Policyholder.

Covered Activities – Sports

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
      (ii) Travel time does not exceed an hour each way.

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.

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, Deductible, coinsurance and copay as any other Injury.

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.
**Coverage, Benefits & Limits**

<table>
<thead>
<tr>
<th>Coverage / Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Medical Expense (per Covered Person, per Accident)</td>
<td>$90,000</td>
</tr>
<tr>
<td>Accident Dental Expense (Injury to Sound, Natural Teeth)</td>
<td>Included in Medical</td>
</tr>
<tr>
<td>Benefit Amount  (Based on the Usual, Reasonable &amp; Customary Charge)</td>
<td>100%</td>
</tr>
<tr>
<td>Deductible (per Covered Person, per Accident)</td>
<td>$500</td>
</tr>
<tr>
<td>Benefit Period</td>
<td>52 Weeks</td>
</tr>
<tr>
<td>Coverage Type  (Non Duplication of Benefits)</td>
<td>Full Excess Coverage</td>
</tr>
<tr>
<td>Accidental Death &amp; Dismemberment:</td>
<td>$15,000</td>
</tr>
<tr>
<td>Accidental Death &amp; Dismemberment Aggregate:</td>
<td>$500,000</td>
</tr>
</tbody>
</table>

**Definitions (A complete list of Definitions is contained in the policy)**

"Accident" means a sudden and unforeseeable 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 an Injury, as shown in the Schedule of Benefits.

"Deductible Amount" means the amount of Eligible Expenses which must be paid by the Covered Person before benefits are payable under this Policy. It applies separately to each Covered Person.

"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
EXCLUSIONS

Benefits will not be paid for a Covered Person's loss which:

1. Is caused by or results from the Covered Person’s own:
   a. Intentionally self-inflicted Injury, suicide or any attempt thereat;
   b. Intoxication, being intoxicated or under the influence of any narcotic unless administered on the advice of a Doctor or otherwise specifically covered by Rider under this Policy. "Intoxicant" or "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where either the loss or its cause occurs.
   c. Commission or attempt to commit a felony;
   d. Participation in a riot or insurrection;

2. Is caused by or results from:
   a. Declared or undeclared war or act of war;
   b. An Accident which occurs while the Covered Person is on active duty service in any 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; (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days);
   c. Aviation, unless specifically provided in this Policy; or
   d. Sickness (including hernia unless caused by accidental Injury), disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted, unless a Sickness Expense Rider is inforce under this Certificate. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.

ADDITIONAL EXCLUSIONS

Benefits will not be paid for:

1. Normal health checkups;
2. Dental care or treatment other than as provided in the Schedule and the Medical Expense Benefit;
3. Services or treatment rendered by a Doctor, Nurse or any other person who is:
   a. Employed or retained by the Policyholder; or;
   b. Who is a Covered Person or a member of his immediate family;
4. Charges which:
   a. The Covered Person would not have to pay if he did not have insurance; or;
   b. Are in excess of Usual, Reasonable and Customary charges;
5. An Injury that is caused by flight in:
   a. An aircraft, except as a fare-paying passenger; or
   b. A space craft or any craft designed for navigation above or beyond the earth's atmosphere;
6. That part of medical expense payable by any automobile insurance policy without regard to fault;
7. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
8. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
9. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
10. Cosmetic surgery, except for reconstructive surgery on an injured part of the body;
11. Any loss which is covered by state or federal worker’s compensation, employers liability, occupational disease law, or similar laws;
12. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
13. Rest cures or custodial care;
14. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
15. Dental treatment or dental X-rays, except as otherwise provided under this Policy, and only when Injury occurs to sound natural teeth;
16. Expenses incurred after the Benefit Period shown in the Schedule of Benefits for this Policy;
17. Personal services such as television and telephone or transportation;
18. Services and supplies furnished by the School Camp Daycare Policyholder’s infirmary, its employees, or Doctors who work for the School Camp Daycare Policyholder;
19. Prescription medicines, unless specifically provided for under this Policy.

This summary is not a complete description of the coverage, benefits, limits and exclusions. A complete description is contained the Master Policy held by the Policyholder.