



DESCRIPTION OF COVERAGE FOR

**NATIONAL INTERCOLLEGIATE RODEO ASSOCIATION (NIRA)**

**PARTICIPANT ACCIDENT INSURANCE**

**ELIGIBILITY**

Class 1: All active members of the National Intercollegiate Rodeo Association (NIRA) participating in sanctioned association required activities sponsored and supervised by NIRA.

**EFFECTIVE DATE**

Your insurance is effective on the later of: (a) the policy effective date or (b) the date you become an eligible Insured under the policy.

**COVERAGE**

Coverage is provided while: (a) participating in required activities sanctioned, sponsored and supervised by the NIRA; (b) traveling during such activities as a member of a group in transportation furnished or arranged by the Policyholder; (c) traveling directly to or from the Insured's home premises and the site of such activities.

**BENEFITS**

**Accidental Death and Specific Loss Benefits – \$10,000.00 Principal Sum Amount.**

Benefits are payable when covered injuries result in loss within 365 days after the date of the accident. Certain losses are payable at 100% of the Principal Sum and other losses are payable at a lesser percentage, as follows:

**Loss of:**

Life.....	\$10,000.00
Two Members.....	\$10,000.00
One Member.....	\$5,000.00
Thumb and Index Finger of the Same Hand.....	\$2,500.00

Loss is defined as the severance of the hand or foot at or above the wrist or ankle joint; total and irrecoverable loss of entire sight, speech or hearing; and severance of two or more entire phalanges of both the thumb and index finger. To receive benefits, loss must be independent of sickness and all other causes.

**Paralysis Benefits** - When you suffer injuries that result in hemiplegia, paraplegia, or quadriplegia that starts within 365 days after the accident, continues for one year and has a prognosis that such loss will be permanent, benefits will be paid as follows:

For Hemiplegia.....	\$20,000.00
For Paraplegia.....	\$20,000.00
For Quadriplegia.....	\$25,000.00

**Accident Only Comatose Benefit** - If you lapse into an irreversible coma due to covered injuries received in an accident, benefits will be paid as follows. Beginning on the 32<sup>nd</sup> day of the coma, 10% of your Principal Sum (or \$1,000) will be paid per month over 10 months or until death, whichever comes first. Upon death, any remaining Principal Sum will be paid as provided in the policy. If any other benefits for this condition are payable under the policy only one of the amounts, the largest applicable, will be paid.

**Accident Medical Expense - \$20,000.00 Maximum Benefit Amount.** When covered Injuries result in treatment by a physician beginning within 180 days after the date of the accident, we will pay the Medical Expense incurred, in excess of the \$1,000.00 Medical Deductible\*. Benefits shall not exceed 70% of the Usual and Customary Charges. Eligible Medical Expenses are as follows: (a) treatment by a physician or Physician's Assistant (PA); (b) care or services from a Hospital or Ambulatory Surgical Center; (c) services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage; (d) professional ambulance service; (e) Orthopedic appliances; (f) prescription drugs; or (g) the cost of dental treatment for injury to sound natural teeth.

Only covered Medical Expense incurred by the Insured within 104 weeks from the date of the accident is covered. Benefits for any one accident shall not exceed, in the aggregate, the Medical Benefit.

**Excess Provision** - Benefits for Medical Expense will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers' compensation.

**\*NOTE:** Regardless of the benefit amounts paid by other insurance providers, the stated deductible amounts must be met/paid by the Insured before benefits under this program are payable.

**Hospital Indemnity Benefit - \$1,500.00 Maximum Benefit Amount.** When, because of a covered accident, the Insured requires Confinement in a Hospital, \$50.00 per day beginning day one of Confinement will be paid, for up to 30 days during any one Period of Confinement. This benefit is not subject to the Excess Provision or the Medical Deductible amounts.

**Aggregate Limit of Indemnity** - The total amount of indemnity under the policy for all covered losses sustained as a result of the same accident shall not exceed \$100,000.00.

## **PAYMENT OF CLAIMS**

Follow the "Claim Filing Procedure" on your NIRA Identification Card.

Claims for this coverage are administered by:

Health Special Risk, Inc.  
HSR Plaza II  
4100 Medical Parkway  
Carrollton, TX 75007

Phone: 1-877-534-7669

## **DEFINITIONS**

**"Confinement"** means needed Confinement as a resident inpatient because of a covered injury. It must be for a period of at least 12 hours. A physician must recommend and supervise the Confinement.

**"Hospital"** means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare. Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

**"Injuries"** means accidental bodily injuries: (a) received while insured under this policy, and (b) resulting independently of sickness and all other causes.

**"Irreversible Coma"** means: (a) a state of unconsciousness in which there is a cessation of activity in the central nervous system as demonstrated by an electroencephalogram (using criteria established by the American Electroencephalography Society); and (b) a diagnosis of brain death by the attending physician.

## **Paralysis:**

**"Hemiplegia"** means complete loss of function of one side of the body with involvement of the arm and leg.

**"Paraplegia"** means complete loss of function of the lower extremities of the body with involvement of both legs.

**"Quadriplegia"** means complete loss of function of both the upper and lower extremities of the body with involvement of both arms and legs.

**"Period of Confinement"** means one or more Confinements in a Hospital for the same or related causes. If Confinements for the same or related causes are separated by 90 days or more, the second Confinement will be considered a new Period of Confinement with applicable benefits restored.

## **EXCEPTIONS**

The policy does not cover: (a) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only); (b) Injuries caused by an act of declared or undeclared war; (c) Injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded); (d) Injuries received while acting as a pilot or crew member; (e) Injuries resulting from air travel, except while as a passenger for transportation only; (f) Injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation; (g) Injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician; (h) Injuries received while Intoxicated as specifically defined in the policy; (i) Injuries sustained while traveling other than as specifically stated in the policy; (j) the cost of eyeglasses, contact lenses or examinations for either; (k) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth; (l) Injuries covered by workers' compensation or employer's liability laws; (m) loss resulting from a covered accident for which the Insured has received medical treatment or advice, or has taken prescribed drugs or medicines during the one-year period immediately prior to the effective date of this coverage; or (n) confinement beginning while the Insured's coverage is not in force.

**This brochure summarizes the provisions of the policy issued to National Intercollegiate Rodeo Association (NIRA). Should there be any discrepancy between the policy and this description, policy provisions will prevail.**

Underwritten By: Mutual of Omaha Insurance Company; Mutual of Omaha Plaza; Omaha, NE 68175