

# EXCESS Accident Insurance

(STUDENT'S FAMILY MEDICAL INSURANCE IS PRIMARY AND MUST BE FILED FIRST)

Diocese of Dallas  
2024-25

CHUBB®



**MEMBER MUST FILE WITH THEIR  
PRIMARY FIRST. THIS IS SECONDARY  
COVERAGE.**

## Coverage Details

### Eligibility

All registered PreK-12 students of Diocese of Dallas elementary or secondary school and all registered members of parish youth groups.

### Covered Activities

Coverage is provided:

- During regular attendance at PreK-12 school.
- While traveling to and from a sponsored and supervised school activity in transportation arranged by the school.
- During activities that are sponsored by the school including interscholastic sports - practices, games and group travel arranged by the school to and from games including high school tackle football, ice hockey, and rugby.

Registered parish youth group members are provided coverage:

- For all activities on or off the parish premises, which are supervised, sponsored and approved by the parish and direct group travel to and from such activities.

### Benefits

#### **Accident Medical Expense Benefit**

We will reimburse up to \$500,000 for Accident Medical Expenses if Accidental Bodily Harm causes you to first incur Medical Expenses for care and treatment of the Accidental Bodily Injury within ninety (90) days of the Accident. Benefits are payable for expenses incurred within 730 days of the Accident causing the Accidental Bodily Injury.

Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible, if any, has been met; 2) for those Medically Necessary Covered Expenses that you incur; and 3) for charges incurred for services rendered to you while on a covered Trip.

Covered Medical Expenses include, but are not limited to:

1. medical care and treatment by a Physician;
2. Hospital room and board and Hospital care, both inpatient and outpatient;
3. drugs and medicine required and prescribed by a Physician;

4. diagnostic tests and x-rays prescribed by a Physician;
5. transportation in an emergency transportation vehicle from the location where you become injured to the nearest Hospital where appropriate medical treatment can be obtained;
6. dental care and treatment due to Accidental Bodily Injury;
7. physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage and the office visit associated with such therapy;
8. treatment performed by a licensed medical professional when prescribed by a Physician, if hospitalization would have been otherwise required;
9. rental of durable medical equipment;
10. artificial limbs and other prosthetic devices;
11. orthopedic appliances or braces;
12. eyeglasses, contact lenses and other vision or hearing aids.

**Excess Coverage**

In order to keep premiums as affordable as possible, Accident Medical Expense Benefits are paid on a non-duplicating basis. This means, if a person is covered by this plan and by any other valid insurance or health agreement, any amount payable or provided by the other coverages will be subtracted from the covered expenses and we will pay benefits based on the

remaining amount.

**Accidental Death & Dismemberment Benefits**

If your Injury results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. Your Principal Sum is \$15,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

**Schedule of Covered Losses**

Covered Loss	Benefit Amount
Speech and Hearing; Speech and Hand, Foot, or Sight of One Eye; Hearing and Hand, Foot or Sight of One Eye; Hands, Feet, Sight, or a combination of any two of Hand, Foot or Sight of One Eye	200% of the Principal Sum
Life, Speech or Hearing, Hand, Foot or Sight of One Eye	100% of Principal Sum
Thumb and Index Finger of the Same Hand	50% of the Principal Sum

“Loss of Foot” means the complete severance of a foot through or above the ankle joint. We will consider

such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. “Loss of Hand” means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. “Loss of Hearing” means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician. “Loss of Life” means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident. “Loss of Sight” means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician. “Loss of Sight” of One Eye means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician. “Loss of Speech” means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician. “Loss of Thumb and Index Finger” means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.





## Coverage Exclusions

Benefits will not be paid for any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly:

1. Being in, entering, or exiting any aircraft owned, leased, or operated by the Policyholder or on the Policyholder's behalf or operated by an employee of the Policyholder or on the Policyholder's behalf.;
2. Being in, entering, or exiting any aircraft while acting or training as a pilot or crew member;
3. Emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof;
4. Any occurrence while you are incarcerated after having been convicted in a court of law;
5. Being under the influence of any narcotic at the time of the Accident unless taken and used as prescribed by a Physician;
6. Participating in military action while in active military service with the armed forces of any country or established international authority;
7. Suicide, attempted suicide or intentionally self-inflicted injury;
8. A declared or undeclared War

Accident Medical Expense benefits will not be paid for any charges or services:

1. for which you have no obligation to pay;
2. for any injury where worker's compensation benefits or occupational injury benefits are payable;
3. for any injury occurring while fighting, except in self-defense;
4. for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice; or
5. for treatment by a person employed or retained by the Policyholder
6. for treatment involving conditions caused by Repetitive Motion Injuries, or cumulative trauma and not as the result of an Accidental Bodily Injury.

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss when the United States of America has imposed any trade or economic sanctions prohibiting insurance of any Accident, Accidental Bodily Injury or Loss or there is any other legal prohibition against providing insurance of any Accident, Accidental Bodily Injury or Loss.

"Accident" or "Accidental" means a

# Definitions

sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) arises from a source external to an Insured Person; 3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; 4) occurs while the Insured Person

“Accidental Bodily Injury” means bodily injury, which: 1) is Accidental; 2) is the direct cause of a loss; and 3) occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not mean a Repetitive Motion Injury.

“Hospital” means a public or private institution which: 1) is licensed in accordance with the laws of the jurisdiction where it is located; 2) is accredited by the Joint Commission on Accreditation of Hospitals; 3) operates for the reception, care and treatment of sick, ailing or injured persons as in-patients; 4) provides organized facilities for diagnosis and medical or surgical treatment; 5) provides twenty-four (24) hour nursing care; 6) has a Physician or staff of Physicians; and 7) is not primarily a day clinic, rest or convalescent home, assisted living facility or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts.

“Insured Person” means a person, qualifying as a Class member under Section I of the Schedule of Benefits: 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid.

“Medical Expense” means the Reasonable and Customary Charges for Medical Services for the care and treatment of Accidental Bodily Injuries sustained in an Accident.

“Medically Necessary” means a medical or dental service, supply or course of treatment which: 1) is ordered or prescribed by a Physician; 2) is appropriate and consistent with the patient’s diagnosis; 3) is in accord with current accepted medical or

dental practice; and 4) could not be eliminated without adversely affecting the patient’s condition.

“Physician” means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician, other than a dentist, does not include: 1) an Insured Person; 2) an Immediate Family Member; 3) the Insured Person’s employer or business partner; or 4) the policyholder.

“Policyholder” means the entity identified in the Insuring Agreement.

“Repetitive Motion Injury” means bursitis, stress fracture, strain, shin splints, Osgood Schlatter Disease, Chondromalacia, stress fractures, tendinitis and Carpal Tunnel Syndrome.

**THIS INSURANCE IS EXCESS OR SECONDARY TO YOUR PRIMARY. PRIMARY MUST BE FILED FIRST. E.O.B. FROM PRIMARY SHOULD BE SUBMITTED WITH THIS EXCESS CLAIM FORM.**

## Claims Information

To file a claim:

- Complete designated claim form, in full
- Sign Supervisory section, Medical Authorization and Authorization to Pay Benefits on front of claim form
- Mail to NAHGA at address below as soon as incident or illness is reported (form may be submitted without medical bills)
- Obtain and submit itemized bills, showing diagnosis, and Explanation of Benefits from your primary insurance carrier for each bill (if applicable)

Contact Information:

NAHGA Claim Services  
PO Box 189  
Bridgton, Maine 04009

1-800-952-4320  
fax 207-647-4569

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This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by Federal Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Please see the actual policy for terms and conditions.

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