

# TRINITY BIBLE COLLEGE - 2007-2008 SUMMARY OF COVERAGE INTERCOLLEGIATE ATHLETICS ACCIDENT ONLY INSURANCE

THIS IS A LIMITED BENEFIT POLICY - NON-RENEWABLE  
ONLY COVERS PARTICIPATION IN INTERCOLLEGIATE SPORTS

## COVERAGE DESCRIPTION

The policy provides benefits for loss resulting from bodily injury caused directly by accident, independent of all other causes, sustained while the student is:

- a) practicing for or competing in intercollegiate sports, which is exclusively sponsored and supervised by the Policyholder and under the direct and immediate supervision of an employee of the Policyholder; and
- b) traveling directly to or from such practice or competition in a vehicle designated by the Policyholder and under the supervision of an employee of the Policyholder.

Coverage is only in effect during the official season of the sport and during the "off-season" of the sport in which the Insured is a participant. Coverage is provided for conditions caused by prolonged over-exertion, stress, or strain.

## BENEFITS FOR DOCTOR – HOSPITAL –DENTAL EXPENSE

When injury covered by the policy results in treatment by a licensed Physician within 30 days from the date of injury, the Company will pay the Usual and Customary charges incurred for necessary Services and Supplies as listed below, for charges actually incurred within two years from the date of injury, after a \$2,000 deductible per injury, up to a maximum of \$25,000 per injury.

The policy will pay benefits regardless of Other Valid Coverage if the covered claim expense is less than \$100. If the covered claim expense exceeds \$100, benefits shall be paid first by Other Valid Coverage. If Other Valid Coverage has a non-duplication of benefits provision, the policy will provide the lesser of: the covered benefits specified in Services and Supplies; or the eligible and covered expenses not collectible from Other Valid Coverage in the absence of coverage under the policy or any Other Valid Coverage.

## SERVICES AND SUPPLIES

### PHYSICIAN'S SERVICES

- a) for surgical operations (fractures, dislocations, or repair of lacerations) – the Usual and Customary charges incurred.
- b) for nonsurgical care – the Usual and Customary charges incurred.

### HOSPITAL CARE

- a) Inpatient Care – the usual daily charge for the hospital's semi-private room not to exceed the Usual and Customary charges incurred per day.
- b) for miscellaneous hospital expenses for operating room, laboratory tests, X-rays, etc. - the Usual and Customary charges incurred.
- c) Outpatient Care – the Usual and Customary charges incurred.

**DENTAL TREATMENT** – up to \$200 for repair and/or replacement of each sound and natural tooth.

**ORTHOPEDIC APPLIANCES** – the Usual and Customary charges incurred, up to \$500.

**AMBULANCE SERVICES** – the Usual and Customary charges incurred, up to \$500.

## EXCLUSIONS

The policy does not provide benefits for:

- 1. Air travel except as a passenger on a regularly scheduled flight of an incorporated airline.
- 2. Infirmary care in the School Infirmary or Hospital, or medical care furnished by the School.
- 3. Any sickness, disease, infection (unless caused by an open cut or wound), aggravation of a congenital condition, blister, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, or slipped femoral capital epiphysis.

## ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Loss of Life .....	\$ 2,500
Loss of both Hands, both Feet or Sight of both Eyes .....	\$ 5,000
Loss of one Hand, one Foot or Sight of one Eye .....	\$ 2,500

## EFFECTIVE DATES AND ENROLLMENT

**EFFECTIVE DATE** – is the later of (a) the date on which the premium is actually received by the College, the Company or its authorized agent; or (b) the policy effective date (08-01-2007).

**TO FILE A CLAIM** – notify the College officials immediately. Obtain a claim form from the College. Submit the claim along with all bills to the Plan Administrator.

**EXPIRATION DATE** – is the earlier of (a) the date on which the Insured ceases to be enrolled in the College, (b) or the date at the close of the period for which the premium is paid or (c) the policy expiration date (07-31-2008).

**TO ENROLL** – The school has enrolled each athlete in this coverage. Retain the Summary of Coverage for reference.

**IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM.** A re-injury will not be covered if the Insured has received treatment within a period of 180 days prior to the Effective Date of the policy.

For specific costs and further details of the coverage, including exclusions, reductions or limitations, contact or write the Plan Administrator.

Underwritten by



**COLUMBIAN MUTUAL**  
LIFE INSURANCE COMPANY  
HOME OFFICE: VESTAL PARKWAY EAST  
P.O. BOX 1381 • BINGHAMTON, NY 13902-1381

Keep this as your Summary of Coverage — no individual policy will be issued — a master policy #33-77-0241-015-001-7 is issued to the College. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this brochure and the Master Policy. **PRIVACY POLICY:** You may obtain a detailed copy of Columbian Mutual Life's privacy policy from your school, by contacting SAS, Inc. at (800) 328-2739, or visiting [www.sas-mn.com](http://www.sas-mn.com).