# 2026-2027
# NAIA CATASTROPHIC
# INSURANCE PLAN SUMMARY

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| **Name of Policyholder:** | National Association of Intercollegiate Athletics (NAIA) |
| **Policy Number:** | SB21CCMO-P-050556 |
| **Policy Date:** | August 1, 2026 to August 1, 2027 |

**AGGREGATE LIMIT OF LIABILITY:** $5,000,000.00

This is the maximum amount for which We are liable for an Insured Person for all benefits under this plan due to any one Accident.

**DEDUCTIBLE:** $35,000.00

- Eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the Covered Accident Deductible.

**DEDUCTIBLE ESTABLISHMENT PERIOD:** 24 months

**BENEFITS:**

**Medical Expense Benefit – Full Excess:**

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| Benefit Percentage | 100% |
| Maximum Benefit Period | Lifetime |
| Maximum Benefit Amount | $5,000,000.00 |
| Maximum for Medically Necessary Hospital Inpatient Services and Supplies | Included in Medical Maximum |
| Maximum for confinement in an Extended Care Facility per Calendar Year | $250,000.00 |
| Daily Room and Board Limit | |
| Private or Semi-Private Room | Average Semi-Private rate of Hospital in which Confined |
| Intensive Care | Usual and Customary Charges |
| Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year | $100,000.00* |
| *(Effective January 1 of each year this benefit amount will be increased annually by 2%) | |
| Treatment of Mental or Nervous Disorders: | |
| Doctor Fees – | |
| Amount per Visit/Visits per Day/Visits per Calendar Year | $50/ 1 / 50 |
| Inpatient Hospital | Up To 45 Days |
| Spinal Manipulation Benefit | |
| Maximum Amount per Calendar Year | $1,000.00 |
| Outpatient Physical Therapy Benefit | |
| Maximum Amount per Calendar Year | $50,000.00 |
| Maximum Prosthetic Limitation | |
| Benefit Amount payable during the first two (2) Years after covered accident | $100,000.00 |
| Benefit Amount payable for each consecutive ten (10) Year benefit period immediately thereafter | $100,000.00 |
| If amputation of the leg above the knee | $200,000.00 |
| Maximum Benefit Amount | $500,000.00 |
| If amputation of the leg above the knee | $750,000.00 |

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| **Date of Recovery Benefit** | |
| Benefit Period | 24 Months from the date of the Injury |
| Maximum Benefit Amount | $150,000.00 |
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| **Total Disability Benefit** | |
| Benefit Amount | $1,500.00 per Month |
| Percentage Increase after first 12 Months | 4% |
| Monthly Gross Earnings Limit | $2,500.00 for 6 months |
| Maximum Benefit Period | Lifetime |
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| **Partial Disability Benefit** | $1,000.00 per Month |
| Percentage Increase after first 12 Months | 4% |
| Monthly Gross Earnings Limit | $2,500.00 for 6 months |
| Partial Disability Maximum Period Payable | Lifetime |
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| **Adjustment Expense Benefit:** | |
| Training of Family Member | Must be rendered within 24 Months after the Covered Accident |
| Maximum Expense for Training | $2,500.00 |
| Travel for Immediate Family Members | Must occur within 24 Months after the Covered Accident |
| Maximum Expense for Travel per Family Member | $2,000.00 |
| Lost Earnings | |
| % of Gross Lost Earnings | 75% |
| Maximum Lost Earnings per Week | $500.00 |
| Maximum Number of Weeks | 13 within a 24 Month period after the Covered Accident |
| Maximum Lifetime Benefit | $50,000.00 |
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| **Special Expense Benefit** | |
| Limit during first 10 Years following the date of the Covered Accident | $125,000.00 |
| Limit for each 10 Year Period Thereafter | $50,000.00 |
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| **College Education Benefit:** | |
| Loss Establishment Period | 5 Years |
| Maximum Aggregate Lifetime Benefit | $120,000.00 |
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| **Accidental Death and Specific Loss Benefit** | |
| Principal Sum | $15,000.00 |
| Loss Establishment Period | 365 Days |
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| **Loss of Life Due To Heart or Circulatory Malfunctions Benefit:** | |
| Maximum Benefit Amount | $15,000.00 |
| Loss Establishment Period | 90 Days |

## ELIGIBILITY

All student athletes, student coaches, student managers, student trainers, and cheerleaders participating in intercollegiate sports and/or competitive cheer/dance teams recognized by the Policyholder and for which premium has been paid by the School. Also eligible are guest recruits of the School's athletic department.

## COVERED EVENT

For student athletes, student coaches, student managers, student trainers, and cheerleaders coverage is provided while participating in regularly scheduled athletic games or competition or practice sessions or conditioning for the sports at the School. Coverage is also provided while traveling in transportation paid for or reimbursed by the School and proceeding directly to and from and without interruption between approved locations authorized by the School.

For competitive cheer/dance teams, if applicable, coverage is provided while participating in sponsored and supervised cheer/dance competitions as well as related practice sessions and while traveling in transportation paid for or reimbursed by the School and proceeding directly to and from and without interruption between approved locations authorized by the School.

For guest recruits coverage is provided: (1) while participating in any Policyholder/Sponsoring Organization sponsored and supervised activity or (2) participating in practice sessions for the sports at the School.

For competitive cheer/dance teams supervision must be provided by a safety-certified official coach or advisor of the Insured Person's Participating School, other than a member of the cheer unit or other undergraduate student. The coach or advisor must have a current safety certification from a nationally recognized credentialing program for safety certification and the activity must be in compliance with that program's safety rules

A graduate student can be considered a coach or advisor if officially designated by the school as the official coach or advisor and the school has given the graduate student the authority to authorize, organize and directly supervise covered events. The safety certification requirement does not apply with respect to activities that are held solely by dance team members.

## DEFINITIONS

***Accident*** means an unexpected and unintended event which: (a) causes Injury to an Insured and (b) occurs within the Scope of Coverage.

***Activities of Daily Living (ADLs)*** means: (a) transferring oneself (such as moving in or out of a bed or chair); (b) dressing (putting on or removing from oneself items of clothing); (c) bathing (washing oneself in a bathtub or shower or by sponge bath); (d) feeding (giving oneself food or nourishment, including through a feeding tube); (e) toileting (getting oneself on or off a toilet and related hygiene); and (f) continence (maintaining one's control of bladder or bowel functions or maintaining care of a catheter or colostomy bag if one cannot control bladder or bowel functions).

***Deductible (Reducing)*** means the amount of eligible Medical Expenses incurred by an Insured before benefits are payable under this policy. Expenses must be incurred within the Deductible Establishment Period. Medical Expenses payable under any Other Insurance Plan will be used to satisfy or reduce this Deductible. It applies separately to each Insured and each Injury.

***Hospital*** means a legally constituted institution that: (a) is licensed (if required) as a Hospital by applicable licensing authorities; (b) is open at all times; (c) is operated mainly to diagnose and treat illnesses and Injuries on an inpatient basis; (d) has a staff of one or more Physicians on call at all times; (e) has 24-hour nursing services by registered Nurses on duty or call; (f) is not mainly a nursing home, rest home, convalescence home or extended care facility, or a facility operated exclusively for the treatment of the aged, drug addicts or alcoholics; and (g) has organized facilities for major surgery or provides for such facilities for its patients through formal written agreement with other Hospitals.

***Injury or Injuries*** means bodily harm which: (a) requires treatment by a Physician; (b) results in loss due to an Accident, independent of sickness and all other causes; and (c) occurs during an Activity. Bodily harm does not include a Pre-Existing Condition.

***Instrumental Activities of Daily Living (IADLs)*** means: (a) using the telephone and other communication devices; (b) shopping; (c) preparing meals; (d) housekeeping or basic home maintenance; (e) doing laundry; (f) driving or arranging transportation; (g) self-administering medication(s); (h) handling finances.

***Medically Necessary*** means care that is ordered, prescribed, or rendered by a Physician or Hospital, and that We determine, or a qualified party or entity We select determines, to be: (a) consistent with the diagnosis and treatment of the loss; (b) appropriate with the standards of good medical practice; (c) not solely for the convenience of the Insured; (d) the most appropriate supply or level of service which can be safely provided; and (e) not considered Experimental or Investigational.

In the case of Hospital or Extended Care Facility confinement, Home Health Care or Custodial Care, the length of confinement or treatment and the services or supplies furnished by the Hospital or Extended Care Facility, Home Health Care or Custodial Care plan will be Medically Necessary only if We can reasonably determine that they are related to the care or treatment of the Insured's condition. The services or supplies must not be an Experimental or Investigational Drug or Treatment in nature. The fact that a Physician may prescribe, order, recommend, or approve care, a service or supply does not, of itself, make the care, service, or supply Medically Necessary.

***Partial Disability or Partially Disabled*** means the Insured, within two years of the date of an Accident and as a result of that Accident: (a) has suffered an irrecoverable loss of speech, hearing of both ears, sight in both eyes, use of both arms, use of both legs, or use of one arm and one leg and is unable to perform at least one ADL(s); or (b) has suffered severely diminished mental capacity due to brain stem or other neurological damage and is unable to perform at least one ADL(s) or at least two IADL(s).

***Total Disability or Totally Disabled*** means the Insured, within two years of the date of an Accident and as a result of that Accident: (a) has suffered an irrecoverable loss of speech, hearing of both ears, sight in both eyes, use of both arms, use of both legs, or use of one arm and one leg and is unable to perform at least three ADL(s) or (b) has suffered severely diminished mental capacity due to brain stem or other neurological damage and is unable to perform at least three ADL(s) or at least four IADL(s).

## EXCLUSIONS AND LIMITATIONS

No benefits are payable for: (1) bacterial infection, except infection of and through a wound accidentally sustained; (2) loss from intentionally self-inflicted injury, suicide while sane; (3) loss from commitment of or an attempt to commit a felony, or engagement in an illegal activity; (4) loss from an act of declared or undeclared war; (5) loss from participation in a riot or insurrection; (6) loss from travel or flight in or descent from any aircraft, unless the Insured is a passenger for authorized group or team travel on a regularly scheduled flight on a commercial airline, or is a passenger on an aircraft chartered solely for the purpose of travel which has a valid airworthiness certificate from the jurisdiction in which operated and which is being operated by a duly licensed pilot; (7) charges which exceed the Allowable Expense; (8) charges incurred for dental work unless the Insured sustains an Injury which results in damage to his or her natural teeth; (9) charges incurred for television, telephone, water pitcher, and other personal convenience items, or expenses for other persons, except as may be specifically provided for elsewhere in this policy; (10) charges incurred for services or supplies not specifically provided for in the policy; (11) charges which would not have been made in the absence of insurance or which the Insured is not legally obligated to pay; (12) charges incurred for cosmetic procedures, unless made Medically Necessary by an Injury; (13) charges incurred for eyeglasses, contact lenses, or hearing aids or for any examination or fitting related to these devices unless made Medically Necessary by an Injury; (14) charges incurred for care, treatment, or service which is not Medically Necessary to the diagnosis or treatment of an Injury; (15) charges incurred for the professional services of a person who either lives with the Insured or is an Immediate Family Member; (16) charges incurred for Experimental or Investigational Drug or Treatment; (17) charges incurred for articles of clothing which are intended for use more than once; (18) routine medical examination and related medical services; (19) charges which are recoverable from any other insurance policy, service contract, Workers' Compensation, or other arrangements of insured or self-insured group coverage; (20) charges for mental or nervous disorders, except as specifically provided herein; (21) elective treatment or surgery, health treatment or examination where no Injury is involved; (22) acts of aggression, assault, or battery; (23) fighting or brawling; (24) drugs that promote fertility, treat infertility, enable sexual performance, or provide sexual enhancement; (25) injuries associated with activities or travel outside the United States unless the Injury occurred as part of an Activity held outside the United States and the treatment is not considered an Experimental or Investigational Drug or Treatment in the United States; (26) sickness, disease, bodily or mental infirmity, or medical or surgical treatment thereof, or bacterial or viral infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning; (27) treatment in any Veterans Administration or federal Hospital, unless there is a legal obligation to pay; (28) active duty service in any Armed Forces; (29) Pre-existing Condition; (30) voluntary self-administration of any drug or chemical substance not prescribed by or not taken according to the directions of the Physician; (31) Injury caused by, attributable to, or resulting from the Insured's Intoxication; (32) Injury caused by, attributable to, or resulting from the Insured’s use of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage; (33) operating a motor vehicle under the influence of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage; (34) operating a motor vehicle while having a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Injury occurred; (35) services or treatment incurred to the extent they are paid or payable under any Other Insurance Plan; (36) services or treatment incurred to the extent that they are paid or payable under any automobile insurance policy without regard to fault. This exclusion does not apply in any state where it is prohibited; (37) Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any Other Insurance Plan.

**This document summarizes the provisions of the master policy issued to the NAIA.  If there is any conflict between the policy and this piece, policy provisions will prevail.**

Underwritten By:  Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, NE  68175