

THE DIOCESE OF FALL RIVER

DEAR PARENT/GUARDIANS

The Diocese of Fall River has purchased accident medical insurance coverage for all students attending this school and while participating in all Diocese sponsored and supervised activities, including all sports. Travel to and from the activities is also covered by the insurance. Valuable information regarding this coverage is below:

BASIC COVERAGE:

Medical maximum - \$1,000,000; \$0 deductible; 1-year benefit paying period; \$5,000 Accidental death and dismemberment

BASIS OF COVERAGE: Primary Coverage

The Company will pay the Usual and Customary charges without regard of coverage under any other Benefit Plan only after the Insured Person satisfies any Deductible. Expenses must be incurred within the Maximum Benefit Period shown in the Rider Schedule. The Maximum Amount per Insured Person payable under this Rider is shown in the Rider Schedule. We pay benefits without regard to any coordination of benefits provisions in any other Benefit Plan.

BENEFITS:

All benefits are paid as **Usual and Customary Charges** with the exception of:

Hospital Room and Board- up to \$800 per day, semi-private room

Hospital Miscellaneous- up to \$800

Physiotherapy (in and out of hospital)- Maximum of 10 visits

Surgery- Usual and Reasonable up to \$5,000 maximum

Dental- up to \$500 per tooth; Replacement of caps, crowns and dentures or orthodontic appliances- up to \$500 per tooth, \$10,000 maximum

Durable Equipment- In-Hospital: \$950 maximum; Out-of-Hospital: \$500 maximum

Assistant Surgeon and Anesthesia and its administration- 25% of the Surgeon's allowance

Chiropractic services- up to \$200 per covered accident

Motor Vehicle Accident- maximum \$5,000

Expanded Sports Medical- up to \$25,000 per covered accident

IMPORTANT INFORMATION:

Direct All Inquiries to:

Lefebvre Insurance

901 Pleasant Street, #1413

Attleboro, MA 02703

(508) 384-0101

tom@lefebvreinsuranc.com

CLAIM FACILITY:

NAHGA

P. O. Box 189

Bridgton, ME 04009

1-888-998-2240

Fax: 1-207-647-4569

Email: claims@nahga.com

POLICY NUMBER: 10-BSR-104946



EXCLUSIONS AND LIMITATIONS:

1) suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury; 2) war or act of war, whether declared or undeclared; 3) injury sustained while on active-duty service in the military, naval, or air force of any country or international organization. Upon our receipt of proof of service we will refund any premium paid for this time Reserve or National Guard Service; 4) Expenses incurred for services, treatment supplies is not excluded, unless it extends beyond 31 days; 4) injury sustained while on any aircraft except a civil or public aircraft, or military transport aircraft. 5) injury sustained while on any aircraft as a pilot, crewmember or student pilot; flight instructor or examiner; is owned operated or leased by or on behalf of the Policyholder or any Employer or organization covering an Eligible class under the Policy; or being used for tests, experimental purposes, stunt flying, racing, or endurance tests; while in or on, boarding or alighting from, being struck or run down by, any aircraft except as an airline passenger or an aircraft operated by a passenger airline on a regularly scheduled trip over its established route or that is chartered by that airline or any transport type aircraft operated by the Military Airlift Command (MAC) of the United States or any national government recognized by the United States; 6) repair or replacement of artificial limbs or orthopedic braces; Injury for which the Insured Person is eligible to receive Worker's Compensation benefits or similar benefits; 7) Injury sustained or contracted as a consequence of the Insured Person's intoxication; or being under the influence of any narcotic unless administered or consumed on the advice of a licensed Physician; 8) Injury sustained by an Insured Person while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges; 9) Expenses incurred for services, treatment supplies or facilities rendered by the Policyholder's health services or infirmary or any Physician or nurse employed or retained by the Policyholder; 10) pregnancy, childbirth, elective abortion or abortion for any reason other than to preserve the life of the female upon whom the abortion is performed; complications of pregnancy or miscarriage, except as a result of a Covered Accident; 11). Elective or cosmetic surgery, except for reconstructive surgery needed as the result of an injury; 12) expenses paid or payable under any automobile insurance policy without regard to fault (this exclusion does not apply in any state where prohibited); 13) treatment or service provided by a private duty nurse; 14) routine physical exams and medical services or wellness visits; 15) expenses due to aggravation or re-injury of a Pre-existing condition; 16) mental and nervous disorders; 17) Medical Emergency Evacuation; 18) Experimental or Investigative treatment or procedures; 19) overuse symptoms including but not limited to: bursitis, tendonitis, shin splints, stress fracture, heat exhaustion, heat stroke, heat prostration, frostbite, malfunctions of the heart, embolism; reinjuries or the aggravation thereof; sprains, hernia, muscle tears, or repetitive motion injury, and or treatment of injuries that result over a period of time (blisters, tennis elbow, etc) and that are a normal; result of participation in a covered activity, unless specifically provided for; 20) sickness, disease, or bacterial or viral infection, or medical or surgical treatment thereof unless and only to the extent covered, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food; 21) Any loss incurred while outside of the United States, its territories or Canada.

Limitations:

Any covered injury occurring, and expenses occurred there from, as a result of a Covered Accident which occurs while the Insured Person is engaged in an activity which is covered under the Diocese of Fall River Compulsory Plan, will not be covered under a Voluntary Plan.

IMPORTANT NOTICE: This information is a brief description of the important benefits and features of the Accident Medical Insurance Plan. It is not intended to serve as the prevailing insurance contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth within the policy form, and said policy form will prevail in the event of any discrepancies. Any policy issued is subject to the laws of the jurisdiction in which it is issued.

For questions or inquiries please contact either Lefebvre Insurance at (508) 384-0101.

If interested, in 24-Hour coverage or Extended Dental coverage, please contact Lefebvre Insurance at (508) 384-0101.