



PARTICIPANT ACCIDENT INSURANCE



A Member of the Tokio Marine Group

800.734.9326 | **PHLY.com**

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Specialty Group Accident Insurance helps cover the patient responsibility that results from high deductibles, increasing co-pays, and more cost-sharing in the form of coinsurance. By helping to offset the financial burden created by this cost-sharing, Group Accident Insurance policies also mitigate the chances that a family will need to take legal action against your client to cover their financial loss.

Why PHLIY?

- AM Best A++ Rating (Philadelphia Indemnity Insurance Company)
- Timely Underwriting
- Efficient Policy and Billing Administration
- Professional Claims Services
- Multiple Limit and Deductible Options
- 50+ Years of Product Experience

Accident Medical Expense Benefits

Payable services and supplies prescribed by a physician for injuries sustained in a covered accident include:

- Hospital bills, including room and board
- Emergency room and outpatient treatment
- Medical or surgical treatment by a licensed doctor
- Prescription drugs and medicines
- Services of a licensed or graduate nurse
- Dental care for injury to sound and natural teeth
- Ambulance expenses from the covered accident site to the hospital

Full Excess Coverage

Claimants are reimbursed for eligible expenses that are not payable by any other valid and collectible insurance in the possession of the claimant. If a claimant is not covered by any other valid and collectible insurance, then the accident insurance policy becomes the claimant's primary insurance coverage. When a claimant has other coverage (e.g. coverage through a parent's employer-employee policy), then the accident policy will reimburse the claimant for eligible expenses not payable by the primary policy. Examples of out-of-pocket expenses not covered by the primary policy include: deductibles, co-pays, coinsurance, and expenses excluded by the primary policy, but covered by the accident policy.

Additional Terms and Conditions

Coverage is provided to participants in policyholder sponsored and supervised activities.

Benefits are payable for injuries, which result directly and independently of all other causes, from a covered accident, while coverage is in effect, up to the policy maximum. Eligible medical expenses must be incurred within the benefit period; with the first eligible expense incurred within 180 days of the accident. If a deductible is selected, benefits will be paid after the deductible amount is satisfied.

Effective Date: Coverage becomes effective on the date requested provided the application is received and accepted by Philadelphia Insurance Companies. Coverage is paid for by the policyholder. 100% participation is required.

We offer coverage for:

- Amateur Sports
- Volunteer Groups
- Special Events
- Private and Public Schools
- Youth and Adult Groups
- Child Care Centers
- Camps and Clinics

Policies Include Accidental Death, Dismemberment, and Paralysis (Plegia) Benefits

If within one year from the date of a covered accident a covered person suffers any of the losses specified, we will pay a benefit for one of the conditions listed below. If the same accident causes more than one of these losses, we will pay the largest amount that applies.

- Loss of Life
- Total paralysis of upper and lower limbs, both lower limbs, or upper and lower limbs on one side of the body
- Loss of any combination of two: hands, feet, eyesight, speech, and hearing
- Loss of one hand, one foot, sight in one eye, speech, or hearing
- Loss of thumb and index finger of same hand

General Definitions

Please note that certain words used in the Policy have specific meanings. The words defined below and capitalized within the text of the Policy have the meanings set forth below.

Benefit Percentage - means the percentage of Covered Expenses We pay that are Incurred by the Covered Person after he satisfies any applicable Deductible. Benefit Percentages are shown in the Schedule of Benefits.

Covered Accident - means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. Occurs while the Covered Person is insured under this Policy;
2. Is not contributed to by: disease, sickness or mental or bodily infirmity; and
3. Is not otherwise excluded under the terms of this Policy.

Covered Expenses - means the lesser of the usual and customary charge and the maximum benefit shown, for services or supplies listed, in the Schedule of Benefits and described in the Accident Medical Expense Benefits section of this Policy. Covered Expenses must be Incurred by a Covered Person for treatment for injuries sustained in a Covered Accident.

Coverage will become effective on the date requested, provided the application is received and accepted by Philadelphia Insurance Companies. Coverage is paid for by the policyholder. 100% participation is required.

This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance (Form# PI-AH-BL-001) underwritten by Philadelphia Indemnity Insurance Company. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth on your policy form. Any policy Philadelphia Indemnity Insurance Company offers to issue will be subject to the laws of the jurisdiction in which it is issued. Philadelphia Indemnity Insurance Company may (1) not be able to offer this coverage in all states and (2) elect at its sole discretion not to offer or quote any specific benefit amount or risk. Please contact your agent or local administrator for the availability of coverage in your state. Please contact Philadelphia Insurance Companies at AH@phly.com or 800.734.9326 to confirm product availability.



PHILADELPHIA
INSURANCE COMPANIES

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Accident Medical Benefit Limitations and Excluded Expenses*

None of the following will be considered Covered Expenses unless coverage is specifically provided.

1. Blood, blood plasma, or blood storage except expenses by a Hospital for processing or administration of blood.
2. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
 - a. Cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
 - b. Reconstruction incidental to or following surgery resulting from a Covered Accident.
3. Any elective or routine: treatment, surgery, health treatment, or examinations, including any service, treatment or supplies that are (a) deemed by Us to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
4. Treatment in any Veterans' Administration, Federal, or state facility unless there is a legal obligation to pay.
5. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
6. Rest cures or custodial care.
7. Repair or replacement of: existing dentures, partial dentures, braces, or bridgework.
8. Personal services such as television and telephone, or transportation.
9. Expenses payable by any automobile insurance policy without regard to fault.
10. Services or treatment provided by an infirmary operated by the Policyholder.
11. Treatment of injuries that result over a period of time, such as blisters, tennis elbow, et al, that are a normal, foreseeable result of participation in the Covered Activity.
12. Treatment or service provided by a private duty nurse.
13. Repair or replacement of existing artificial limbs, eyes, and larynx.
14. Treatment of hernia of any kind.
15. Treatment of injury resulting from a condition that a Covered Person knew existed on the date of a Covered Accident, unless we have received a written medical release from their Physician.

Additional Exclusions and Limitations*

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section:

1. Intentionally self-inflicted Injury, suicide, or any attempt thereof while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Bungee jumping, parachuting, skydiving, parasailing, hang-gliding;
5. Declared or undeclared war or act of war;
6. Flight in, boarding, or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. Travel in or on any off-road motorized vehicle except a golf cart or any other vehicle We specifically agree to cover not requiring licensing as a motor vehicle;
8. Participation in any motorized race or contest of speed;

***Exclusions and limitations vary by state. Please request a sample policy for a complete list of exclusions and limitations in your state.**



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Additional Exclusions and Limitations*

9. An accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in Driver's Education Program;
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof; except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. Travel or activity outside the United States, Canada, or Mexico;
12. Travel in any Aircraft owned, leased, or controlled by the Policyholder or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder, if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
13. The Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
14. Voluntary ingestion of any: narcotic, drug, poison, gas, or fumes; unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; Injuries compensable under Workers' Compensation law or any similar law;

We will not pay benefits for:

16. Services or treatment rendered by a Physician, Nurse, or any other person who is:
 - a. Employed or retained by the Policyholder;
 - b. Providing homeopathic, aroma-therapeutic, or herbal therapeutic services;
 - c. Living in the Covered Person's household;
 - d. Who is a parent, sibling, spouse, or child of the Covered Person;
17. Any Hospital Stay or days of a Hospital Stay that are not appropriate for the condition and locality.
18. A Covered Person's Covered Loss if:
 - a. He was driving a private passenger automobile at the time of the Covered Accident that resulted in the Covered Loss; and
 - b. He was intoxicated, as that term is defined by the law of the jurisdiction in which the Covered Accident occurred.

*Exclusions and limitations vary by state. Please request a sample policy for a complete list of exclusions and limitations in your state.



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