



CATLIN INSURANCE COMPANY, INC.

Home Statutory Office: 1330 Post Oak Boulevard, Suite 2325 – Houston, Texas 77056

Administrative Office: 3340 Peachtree Road N.E., Suite 2950 – Atlanta, GA 30326

Description of Coverage

California Student Accident Insurance Program (CSAIP)

PreK-8 or K-8: Mandatory School-Time Coverage Including Interscholastic Sports and Football

PreK-12 or K-12: Mandatory School-Time Coverage Including Interscholastic Sports and Football

Accident Medical Maximum Expense Benefit (AME)	\$25,000 per Injury
Deductible	\$0 per injury
Injuries Involving Motor Vehicles	Part of overall AME - \$25,000
Loss Period – Treatment Must Begin	Within 90 days of date of Injury
Benefit Period	1 year from the date of accident
Coverage	100% Usual & Customary (U&C) Charges
Plan Design	Full Excess
Inpatient	
Hospital Room & Board	100% of U&C
Hospital Intensive Care	100% of U&C
Inpatient Hospital Miscellaneous	100% of U&C
Outpatient	
Free-standing Ambulatory Surgical Facility	100% of U&C
Outpatient Hospital Miscellaneous	100% of U&C
Emergency Room Physician	100% of U&C
Hospital Emergency Room	100% of U&C
Physician Services	
Surgical	100% of U&C
Assistant Surgeon	100% of U&C
Anesthesiologist	100% of U&C
Physical Therapy	100% of U&C
Other Services	
Registered Nurses' Services	100% of U&C
Prescriptions	100% of U&C
Laboratory Tests	100% of U&C
X-rays and Interpretation	100% of U&C
Diagnostic Imaging (MRI, CAT Scan, etc.)	100% of U&C
Air/Ground Ambulance	100% of U&C
Durable Medical Equipment	100% of U&C
Dental Treatment to Sound Natural Teeth	100% of U&C
Replacement of eyeglasses, hearing aids, contact lenses if medical treatment is also received for the covered injury.	100% of U&C
Accidental Death & Dismemberment Benefits	
Accidental Death Benefit	\$20,000
Accidental Dismemberment Benefit	\$10,000 (single) / \$20,000 (double)
Note: Once coverage is accepted, a Master Policy will be issued to your school and a Certificate or Description of Coverage will be provided. If there is any conflict between the Master Policy and the Certificate or Description of Coverage, the terms and conditions contained in the Master Policy will prevail.	

Policy Exclusions:

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

- Self-inflicted Injury, suicide or any attempt thereof while sane or insane;
- Commission or attempt to commit a felony or to which a contributing cause was the Covered Person's being engaged in an illegal occupation;
- Commission of or active participation in: a riot; or insurrection;
- Declared or undeclared war or act of war;
- 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;
 - a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
 - a passenger in a military Aircraft flown by the Air Mobility Command or its foreign equivalent;
- Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
- Participation in any motorized race or contest of speed;
- 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;
- 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;
- Medical or surgical treatment; diagnostic procedure; administration of anesthesia; or medical mishap or negligence; including malpractice;
- 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;
- the Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
- 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;
- A Covered Accident that occurs 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 active duty training is not excluded unless it extends beyond 31 days.
- Treatment by persons employed or retained by the policyholder, or by any Immediate Family Member or member of the Covered Person's household;
- Treatment of: sickness; disease; or infection except: pyogenic infection; or viral or bacterial infections that result from the accidental ingestion of contaminated food substance;
- Treatment of: hernia; Osgood-Schlatter's Disease; osteochondritis; appendicitis; osteomyelitis; cardiac disease or conditions; pathological fractures; congenital weakness; detached retina unless caused by a Covered injury or Mental Disorder; or psychological or psychiatric care/counseling or treatment (except as provided in the Policy), whether or not caused by a Covered Accident;
- Charges incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy);
- Covered Expenses for which the Covered Person would not be responsible;
- Blood; blood plasma; or blood storage; except charges by a Hospital for processing or administration of blood;
- Cosmetic; or Plastic Surgery; except needed as a result of the Covered Injury;