

## DEFINITIONS

**Accident** means an unexpected and unintended event, independent of sickness and all other causes, which causes injury to an Insured and occurs within the Scope of Coverage.

**Hospital** means an institution which is operated pursuant to law; has organized facilities for the care and treatment of sick and injured persons on an inpatient basis; is under the supervision of a staff of Physicians; provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.); and has medical, diagnostic and treatment facilities, with major surgical facilities on its premises or available to it on a prearranged basis.

Hospital does not include a clinic or facility for convalescent or nursing care rest or extended care; the treatment of the aged, drug addicts or alcoholics; rehabilitation; or military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless the services are rendered on an emergency basis and the individual has a legal liability to pay for the services given in the absence of insurance.

**Injury/Injuries** means bodily harm which requires treatment by a Physician; results in loss due to an Accident, independent of sickness and all other causes; and occurs within the Scope of Coverage. Bodily harm does not include a Pre-Existing Condition.

**Insured** means a person who is eligible for insurance under the terms of the policy; and for whom proper premium has been paid.

**Intensive Care Unit** means a section, ward, or wing within a Hospital which is separated from other Hospital facilities and:

1. Is operated exclusively for the purpose of providing professional treatment for critically ill or Injured patients;
2. Has special supplies and equipment necessary for such treatment which is available on a standby basis for immediate use;
3. Provides room and board, and constant observation by registered graduate nurses or other specialty trained Hospital personnel; and
4. Is not maintained for the purpose of providing normal post-operative recovery treatment or service.

**Intoxicated, intoxication** means the Insured's condition as determined and defined by the laws in the jurisdiction in which the loss or cause of loss was incurred; (for the purposes of this exception, the laws governing the operation of motor vehicles while intoxicated will apply to any activity occurring at the time of the accident.)

**Laboratory Tests** means laboratory procedures identified in Physician Current Procedural Terminology (CPT) as codes 80000- 89999, inclusive.

**Maximum Benefit Amount** means the total benefits payable under an applicable benefit provision. The Maximum Benefit Amount is shown in the Schedule.

## DEFINITIONS (continued)

**Medical Expenses** means expenses incurred for Medically Necessary services and supplies. Medical Expenses are incurred on the date the service or supply is rendered or provided.

**Medically Necessary, Medical Necessity** means care that is ordered, prescribed, or rendered by a Physician or Hospital, and is determined by the Company, or a qualified party or entity selected by the Company, to be:

1. Consistent with the diagnosis and treatment of the loss;
2. Appropriate with the standards of good medical practice;
3. Not solely for the convenience of the Insured;
4. The most appropriate supply or level of service which can be safely provided; and
5. Not considered experimental or investigative.

**Other Insurance Plan** means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. Any individual, group, blanket, or franchise policy of accident, disability, or health insurance;
2. Any arrangement of benefits for members of a group, whether insured or uninsured;
3. Any prepaid service arrangement such as Blue Cross or Blue Shield, individual or group practice plans, or health maintenance organizations;
4. Any amount payable for Hospital, medical, or other health services for Injury arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any motor vehicle insurance policy;
5. Any amount payable for services for injuries or diseases related to the Insured's job to the extent that the Insured actually receives benefits under a workers compensation law. If the Insured enters into a settlement to give up the Insured's rights to recover future medical expenses under a workers compensation law, this policy will not pay those medical expenses that would have been payable except for that settlement; or
6. Any benefits payable under any program provided or sponsored solely or primarily by any federal, state, or local governmental unit or agency or subdivision or through operation of law or regulation, except Medicaid and Tricare.

**Physician** means a legally qualified physician, Nurse Practitioner or Physician's Assistant practicing within the scope of his or her license; and recognized as a physician in the state where services are rendered. Physician does not include the Insured; or an Immediate Family Member; or a person living with the Insured; or a person employed or retained by the Policyholder.

## DEFINITIONS (continued)

**Pre-Existing Condition** means any condition for which an Insured has received care, diagnosis or advice from a Physician or of which symptoms were manifested within 12 months before being covered by this policy.

**Reasonable Allowable Expense** means a Medical Expense otherwise payable under the policy that is not in excess of the 80th percentile identified on Context4HealthCare (the "Database"). The Medical Expenses The Company pays may not reflect the actual charges of a provider and does not take into account the provider's training, experience or category of licensure. A provider may charge the Insured the difference between what the provider charges and the amount The Company pays under the policy. The Company has the right, in Our discretion, to substitute or replace the Database with another database or databases of comparable purpose, with or without notice.

## CLAIM PROCEDURE

In the event of Injury, the student should:

1. Report to a Physician or Hospital.
2. Obtain a claim form from the Institute or from the website [www.4studenthealth.com/kcai](http://www.4studenthealth.com/kcai). Please submit one claim form for each Injury. Mail the completed claim form, all medical bills and your Primary Carrier's explanation of benefits to the address below.

SUMMIT AMERICA INSURANCE SERVICES, INC.  
P.O. Box 25936  
Overland Park, KS 66225

3. File claim within 90 days of Injury.

Written proof of loss must be furnished to the Company at its said office in case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss within 90 days after the termination of the period for which the Company is liable and in case of claim for any other loss within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

The Insured Person has the right to request an independent medical review if health care services have been denied, modified, or delayed based on the Company's determination of medical necessity.

### Underwritten by:

Mutual of Omaha Insurance Company  
3300 Mutual of Omaha Plaza; Omaha, NE 68175

Mutual of Omaha Insurance Company is rated  
A+ (Superior) by AM Best Company 2017

# 2017-2018

## ACCIDENT ONLY INSURANCE PLAN BENEFIT SUMMARY



### KANSAS CITY ART INSTITUTE

**Mutual of Omaha Insurance Company**

Policy No. SR2014M0-P-053423

Download an ID card at  
[www.4studenthealth.com/kcai](http://www.4studenthealth.com/kcai)

*This brochure describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a Policy of insurance underwritten by Mutual of Omaha Insurance Company. Any discrepancy between this brochure and the Policy will be governed by the Policy. Please keep this brochure for future reference.*

### For questions regarding benefits or claims:

SUMMIT AMERICA INSURANCE SERVICES, INC.  
P.O. Box 25936  
Overland Park, KS 66225  
Call Toll Free (877) 246-6997  
or email claims-related questions to:  
[claims@summitamerica-ins.com](mailto:claims@summitamerica-ins.com)

## PLAN INFORMATION

**Policyholder:** Kansas City Art Institute  
**Insurance Company:** Mutual of Omaha Insurance Company  
**Policy Number:** SR2014MO-P-053423  
**Effective Dates:** 08/15/2017 to 08/15/2018

The following is a brief description of the Injury medical expense benefits for students attending Kansas City Art Institute. Complete details of coverage are in the Policy issued to the Institute. It may be inspected during business hours at the business office of the Institute.

## WHO IS ELIGIBLE FOR COVERAGE UNDER THIS PLAN

All students enrolled in nine (9) credits or more are eligible and automatically covered under this Plan. Students must actively attend classes for at least the first 31 days beginning with the first day for which coverage is purchased.

Coverage is provided 24 hours a day during the policy term. No coverage is provided for intercollegiate, club, or intramural sports.

## WHEN COVERAGE BEGINS AND ENDS

Insurance for an Insured begins on the later of:

1. The Policy Effective Date; or
2. The day the Insured becomes eligible under the terms of this policy. In no event, however, will insurance be deemed to commence prior to the effective date of the Policy.

Coverage for an Insured will end on the earliest of the date:

1. The Insured is no longer eligible;
2. Any premium for the Insured is due and unpaid, subject to the Grace Period provision;
3. This policy is terminated.

Termination of insurance will not affect a claim incurred while coverage was in effect.

## NOTICE OF COVERAGE

This policy is issued to Kansas City Art Institute (“the Policyholder”). This policy is a legal contract between the Policyholder and Mutual of Omaha Insurance Company (“the Company”). It is issued in consideration of payment of premiums. This policy is issued in and will be interpreted by the laws of the State of Missouri, without giving effect to the principles of conflicts of law of that State or any other state. Any part of this policy which is in conflict with the laws of the State of Missouri is changed to conform to the minimum requirements of that State’s laws.

The Company agrees to pay the benefits described in this policy for any Accident that occurs while this policy is in force, subject to the terms, conditions, and limitations of this policy.

## SCHEDULE OF BENEFITS

**Maximum Benefit:** \$2,500 per Injury

Benefits for any one Injury shall not exceed, in the aggregate, the Maximum Benefit.

**Medical Deductible:** None

**Benefit Period:**

The Injury must occur while this policy is in force. Treatment by a Legally Qualified Physician must begin within 60 days after the date of the injury. Charges must be incurred within 52 weeks of the date of the accident.

Covered Expense	Coverage
<b>Hospital Room &amp; Board</b> (including daily room rate and general nursing care for each day in the Hospital)	Semi-Private Room Rate
<b>Intensive Care Unit</b> (payable in lieu of payment for Hospital room and board charges for each day the Insured is confined in an intensive care unit)	100% Reasonable Allowable Expense
<b>Hospital Miscellaneous Charges During Hospital Confinement</b> (does not include charges for telephone, radio or television, extra beds or cots, meals for guests, take-home items, or other convenience items)	100% Reasonable Allowable Expense
<b>Outpatient Hospital Charges</b> (including emergency room treatment [within 72 hours of accident]; emergency room physician, or use of surgical facilities)	100% Reasonable Allowable Expense
<b>Surgical Charges</b> (When more than one surgical procedure is performed by one Physician during the same operative session, the company will pay 100% of Allowable Expense for the primary procedure, 50% for the secondary procedure, and 25% for the third and subsequent procedures.)	100% Reasonable Allowable Expense
<b>Assistant Surgeon Charges</b>	25% Reasonable Allowable Expense
<b>Anesthesia Charges</b>	100% Reasonable Allowable Expense
<b>Physician’s Charges</b> (for other than pre- or post-operative care for in-Hospital visits or office visits)	100% Reasonable Allowable Expense
<b>Laboratory Tests, Diagnostic Imaging (including X-Ray), MRI, or CAT Scan</b>	100% Reasonable Allowable Expense
<b>Nursing Services</b> (other than routine Hospital care, by or under the supervision of a Nurse)	100% Reasonable Allowable Expense
<b>Treatment of the Spine</b> (by manual or mechanical means)	100% Reasonable Allowable Expense
<b>Charges for Durable Medical Equipment</b>	100% Reasonable Allowable Expense
<b>Outpatient Physiotherapy</b> (includes adjustment; diathermy; heat treatment; manipulation; microtherm; and ultrasonic)	100% Reasonable Allowable Expense

## Schedule of benefits (continued)

Covered Expense	Coverage
<b>Ambulance Service</b> (surface and air)	100% Reasonable Allowable Expense
<b>Orthopedic Appliances and Prosthetics</b> (not including replacements)	100% Reasonable Allowable Expense
<b>Prescription Drugs</b>	100% Reasonable Allowable Expense
<b>Dental Treatment</b> (for Injury to sound, natural teeth)	100% Reasonable Allowable Expense

## EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Intentionally self-inflicted injury, suicide while sane.
2. Voluntary self-administration of any drug or chemical substance not prescribed by or not taken according to the directions of the Insured’s Physician.
3. Injury caused by, attributable to, or resulting from the Insured’s Intoxication.
4. 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.
5. Commitment of or an attempt to commit a felony, or engagement in an illegal activity.
6. Any Injury that results from fighting, brawling, assault or battery.
7. An act of declared or undeclared war.
8. Active duty service in any Armed Forces.
9. Operating, learning to operate, or serving as a pilot or crew member of any aircraft unless specified in the Insured Risk section of this policy.
10. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, 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.
11. Treatment in any Veterans Administration or federal Hospital, unless there is a legal obligation to pay.
12. Charges which the Insured would not have to pay if the Insured did not have insurance.
13. A charge which is in excess of the Allowable Expense.
14. Pre-existing Conditions.
15. Services or treatment incurred to the extent that they are paid or payable under any Other Insurance Plan.

## EXCESS MEDICAL EXPENSE

The Company’s liability for benefits payable on account of expense incurred for any hospitalization, medical, surgical, and other services resulting from covered Injury of the Insured shall be limited to that part of the expense, if any, which is in excess of the total benefits payable for the same loss, on a provision of service basis or on an expense incurred basis under any Other Insurance Plan. If one or more of the policies, plans or service contracts provide benefits on an excess insurance or an excess coverage basis, benefits should be paid first by the company or Other Insurance Plan whose policy or service contract has been in effect for the longer period of time at date of such loss.

The first Medical Expense must be incurred within the Loss Period stated in the Schedule.

The Maximum Benefit Amounts payable under this policy are shown in the Schedule.

## ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

**Principal Sum:** \$2,000

If, within 365 days from the date of an Accident covered by this Plan, Injury from such Accident results in Loss listed below, the Company will pay the percentage of the Principal Sum listed in the table below. If the Covered Person sustains more than one such Loss as the result of one Accident, the Company will pay only one amount, the largest to which the Covered Person is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

Loss	Percentage of Principal Sum
Loss of Life .....	100%
Loss of Both Feet, Both Hands or Entire Sight in Both Eyes .....	100%
Loss of One Hand and One Foot .....	100%
Loss of One Hand and Entire Sight in One Eye or One Foot and Entire Sight in One Eye.....	100%
Loss of One Hand, One Foot, or Entire Sight in One Eye .....	50%
Loss of Speech and Hearing .....	100%
Loss of Speech or Hearing .....	50%
Loss of Thumb and Index Finger of the Same Hand .....	25%
Loss of a hand or foot means complete Severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).	
“Severance” means the complete separation and dismemberment of the part from the body.	