

## Camps & Clinics Accident Insurance

The University of Wisconsin System Camps & Clinics Participant Accident Insurance

**Covered Insured's:** All camps and clinics participants of the Participating Organization who are in Active Service.

**Covered Activities:** The Covered Accident must take place: 1) on the premises of the Policyholder during normal hours of operation; or 2) on the premises of the Policyholder during other periods, if attending or participating in a Covered Activity; or 3) away from the premises of the Policyholder while attending or participating in a Covered Activity at its scheduled site. The Covered Activity includes travel without deviation or interruption between home and the site of the Covered Activity.

**Scope of Coverage:** Primary Accident

### Definitions

The terms listed below have the following meanings stated.

**Covered 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.

**Benefit Period** means the period of time, as stated in the Schedule, from the date of Injury within which benefits will be paid.

**Medically Necessary** means cares that is ordered, prescribed, or rendered by a Physician or Hospital, and is determined to be consistent with the diagnosis and treatment of the loss; appropriate with the standards of good medical practice, not solely for the convenience of the Insured; the most appropriate supply or level of service which can be safely provided; and, not considered experimental or investigative.

**Usual and Customary Charge** means the normal charge, in absence of insurance, made by the provider of any Appropriate Treatment, but not more than the prevailing charge in the area; 1) for a life service by a provider with similar training or experience; or 2) for a supply that is identical or substantially equivalent.

### Exclusions

1. Treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of your household.
2. Treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
3. Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident.
4. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
5. Mental and nervous disorders (except as provided in the Policy).
6. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy).
7. Expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy).
8. Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
9. Injury or loss contributed to by the use of drugs unless administered by a Doctor.
10. Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
11. Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
12. eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
13. Expenses payable by any automobile insurance Policy without regard to fault. (This exclusion does not apply in any state where prohibited).
14. Conditions that are not caused by a Covered Accident.
15. Participation in any activity or hazard not specifically covered by the Policy.
16. Any treatment, service or supply not specifically covered by the Policy.

In addition, We will not pay benefits for any loss or Injury that is caused by, or results from:

17. Intentionally self-inflicted Injury.
18. Suicide or attempted suicide.
19. War or any act of war, whether declared or not (except as provided by the Policy).
20. a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or
21. International organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or
22. National Guard active duty training is not excluded unless it extends beyond 31 days.
23. 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.
24. Piloting or serving as a crewmember in any aircraft (except as provided by the Policy).
25. Commission of, or attempt to commit, a felony.

**This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by ACE American 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 the Policyholder's master policy.**

## Claim Procedures

An Injury Claim Form should be filed with Health Special Risk (HSR) as soon as possible. Claim forms not filed within 90 days from the date of accident may result in denial of benefits.

In addition, every claim must be authorized by a Policyholder representative before medical claims are eligible.

The benefits under this policy are payable on a primary basis. We will determine the Reasonable and Customary Charge for the covered Medical Expense. In no event will the policy pay more than the Benefit Amount for Primary Accident Medical Expense.

Please advise all doctors/hospitals regarding this coverage so they may forward their itemized bills to HSR directly. If you have already been to the doctor/hospital and did not know about this coverage, or present the policy information, you are responsible for sending all of the itemized bills to HSR at the address shown below.

Please be advised that HSR cannot issue payment off of a balance due statement received in the mail. If you send a balance due bill, a request will be made to the treating doctor/hospital to submit the itemized medical claim (HCFA1500 or UB04) which includes the diagnostic codes and procedure codes necessary to process a claim.

Claims Company: **Health Special Risk, Inc.**  
Mailing Address: **8400 Belleview Drive  
Suite 150  
Plano, TX 75024**  
Phone Number: **(972) 512-5600**  
Toll Free Number: **(800) 328-1114**  
Fax Number: **(972) 512-5820**  
Policy Number: **PTP N04986192**  
Email: [claims@hsri.com](mailto:claims@hsri.com)

*This brochure provides general information for UW System's Participant Accident Insurance and does not guarantee coverage.*

# Participant Accident Insurance Program

## University of Wisconsin System Camps & Clinics

### 2022

**Policy Number: PTP N04986192**

*This program is underwritten by:*  
**ACE American Insurance  
Company**

*This program's Insurance Broker is:*



Insurance | Risk Management | Consulting

### Schedule of Benefits:

**Maximum Benefit:** \$10,000 per Injury

**Benefit Period:** 52 weeks

**Deductible:** \$0

Eligible Expenses covered up to 100% of **Usual and Customary Charges**.

Some Covered Expenses Include: 1) Hospital Room & Board; 2) Ancillary Hospital Expenses, 3) Emergency Room Treatment, 4) Physician Services, 5) Outpatient X-ray, CT Scan, MRI and Laboratory Tests, 6) Outpatient Physiotherapy, 7) Outpatient Nursing Services, 8) Ambulance Services, 9) Medical Equipment Rental, 10) Medical Services and Supplies, 11) Dental Services, 12) Prescription Drugs, 13) Home Health Care

### Accidental Death and Dismemberment Benefits

#### Covered Loss

If Injury to the Covered Person results in any one of the losses shown below within 365 days from the date of a Covered Accident, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

**AD&D Principal Sum:** \$10,000

(Must occur within 365 days of the Covered Accident)

### Schedule of Covered Losses

Loss	Benefit Amount
Loss of Life	100% Principal Sum
Two or more Members	100% Principal Sum
Quadriplegia	100% Principal Sum
One Member	50% Principal Sum
Hemiplegia	50% Principal Sum
Paraplegia	50% Principal Sum
Thumb and Index Finger of the Same Hand	25% Principal Sum
Uniplegia	25% Principal Sum