

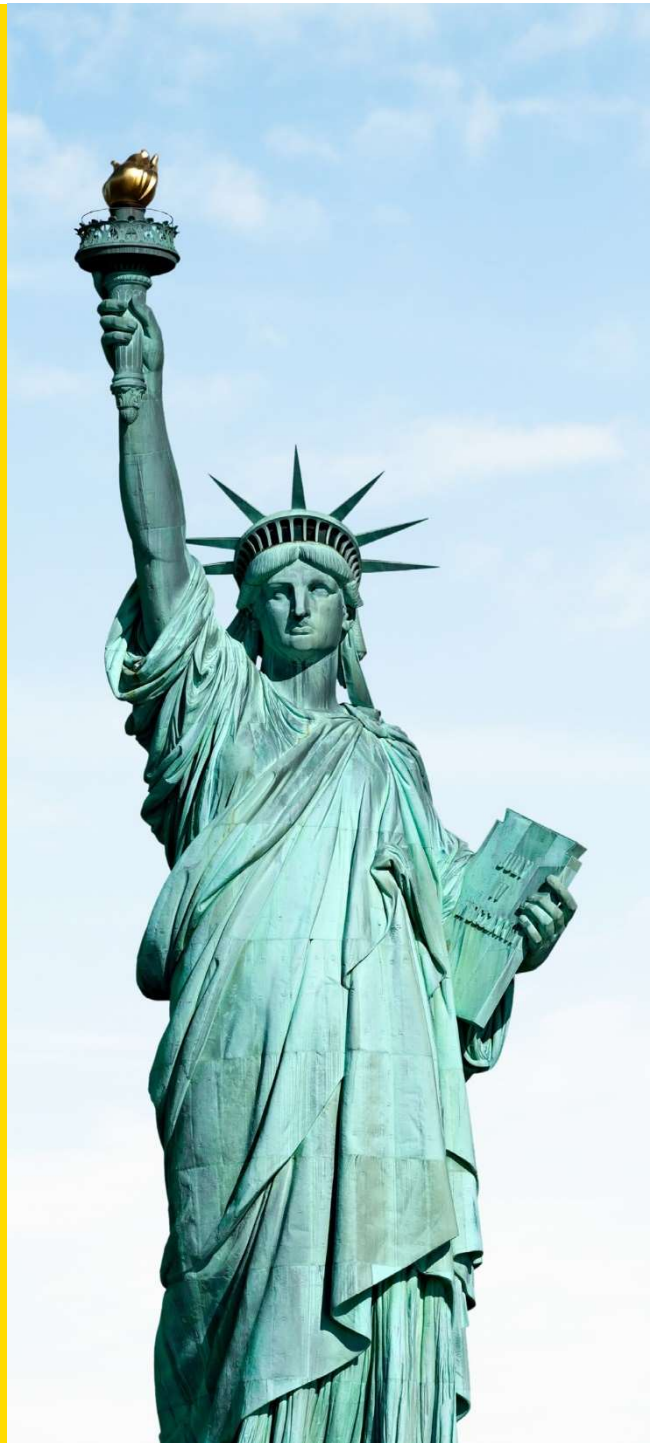


**Liberty  
Mutual<sup>®</sup>**  
**INSURANCE**

**M.S.A.D. No. 75**

**Voluntary Plans**

Prepared for Cross Insurance



Liberty Mutual Insurance Company  
& Liberty Insurance Underwriters  
Inc., 175 Berkeley Street, Boston,  
MA 02116

## Annual Premium and Rate Analysis

School Time Coverage	\$23
School Time Coverage w/ Extended Dental	\$29
24 Hour Coverage	\$53
24 Hour Coverage w/ Extended Dental	\$62
Sports Coverage – Football Grade 9	\$175
Sports Coverage – Football Grade 10 - 12	\$275
Effective Date	TBD
Policy Term	Annual
Rate Guarantee	1 Year
Commission	15%
Situs state	ME
Quote Expiration	September 19, 2021

This proposal does not bind or provide actual coverage and is not an offer of insurance. Specific terms of coverage, exclusions, and limitations are contained solely in a completed insurance policy for which a premium has been paid. This proposal may vary from your original request for coverage. Please review the proposal carefully for any variances.

### Eligibility:

**Option 1 – Voluntary School Coverage**

**Option 2 – Voluntary 24 Hour Coverage**

**Option 3 – Voluntary Sports Coverage**

Eligibility - All registered Students of the School District for which premium has been paid

## Schedule of Benefits

Full Excess Accident Expense Benefit Maximum	\$25,000
First Covered Expenses must be received within	90 days after the Covered Injury
Benefit Period	1 year from the date of the Covered Injury
<b>INPATIENT HOSPITAL SERVICES</b>	
<b>ROOM AND BOARD EXPENSES</b>	
Semi-Private Room	100% U&C up to \$500 per day
Intensive Care Unit/Critical Care Unit	100% U&C up to \$750 per day up to a maximum of 7 days
Hospital Miscellaneous Expenses	75% U&C; Up to \$10,000 per Hospital Confinement
Emergency Room Treatment (must occur within 72 Hours)	100% U&C; Up to \$250
Registered Nurse Services	100% U&C;
<b>PHYSICIAN SERVICES</b>	
Surgery	100% of U&C; Up to \$10,000
Assistant Surgeon	30% of physician's allowance
Anesthesia and its Administration	30% of physician's allowance
Physician In-Hospital Nonsurgical Visits	100% U&C;
<b>OUTPATIENT BENEFITS</b>	
Physician Office Non- Surgical Visits	100% U&C;
Combined Maximum for CT scan, MRI	100% U&C; Up to \$500
X-Ray (includes reading)	100% U&C; Up to \$500
Laboratory tests	100% U&C; Up to \$500
Outpatient Physiotherapy	100% U&C; Up to \$500
Outpatient Orthopedic Appliances	100% U&C; Up to \$500
Ambulance Services/1 trip to nearest Hospital	100% U&C
Dental Services	100% U&C; Up to \$400 per tooth
Outpatient Prescription Drugs	100% U&C
Eyeglasses, Contact Lenses, Hearing Aids	100% U&C
<b>Accidental Death and Dismemberment Benefits</b>	
Accidental Death	\$5,000
Accidental Dismemberment	\$5,000

## Conditions of Coverage:

### **VOLUNTARY SCHOOL COVERAGE**

When selected by the **Insured Person**, the Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the **Insured Person** suffers a **Covered Loss** that occurs while he or she is participating in or attending one of the following **School Covered Activities**:

1. regularly-scheduled classroom instruction;
2. regularly-scheduled and supervised recess or lunch period;
3. a study period or special instruction period supervised by a member of the **School's** faculty;
4. a **Supervised and Sponsored School Activity**; or
5. **Covered School Travel**.

**Covered School Travel** includes travel, only within the United States and directly and without interruption:

1. between home and **School**;
2. between home and another meeting place designated by the **School**;
3. between home and another **School** or site designated by the **School**, where a **Supervised and Sponsored School Activity** is scheduled;
4. between the **School** or other meeting place designated by the **School**, and another **School** or site designated by the **School**, where a **Supervised and Sponsored School Covered Activity** is scheduled.

**School Travel Coverage** for overnight **Supervised and Sponsored School Activities Covered School Travel** also includes travel by any **Common Carrier** providing transportation to a **Supervised and Sponsored School Activity Covered Activity** when the **Insured Person's** participation or attendance requires him to be away from his normal residence for a stay of one or more nights.

**Covered School Travel** means transportation on a **Common Carrier**, **School** bus or vehicle, or **Private Passenger Automobile** driven by a member of the faculty or staff of the **School**, a parent of the **Insured Person**, or other adult with a valid drivers' license whom the **School** has specifically designated to transport **Insured Persons** to a **Supervised and Sponsored School Activity Covered Activity**.

**Supervised and Sponsored School Activity** means a **Covered Activity** that:

1. takes place:
  - a. on **School** premises during, before or after normal **School** hours; or
  - b. at another **School** or site at which the **Covered Activity** is scheduled; and
2. is sponsored, organized or otherwise provided, or at which student attendance is required, by the **School**; and
3. is supervised by a member of the faculty or staff of the **School**, or by another adult specifically assigned supervisory duties and authority for that **Covered Activity** by the **School**; or
4. is a regularly-scheduled sports tryout, practice, workout or training session, team meeting, game, exhibition play or competition in which the **Insured Person** is participating.]

**Supervised and Sponsored School Activity** does not include participating in tryouts, practice, workouts, training sessions and meetings or any competitions or games for any sport as shown in the Schedule of Benefits.

### **Exclusions**

This coverage will not be in effect during travel to or from any **Supervised and Sponsored School Activity**:

1. if the **School** provides transportation to and from the **Supervised and Sponsored School Activity** for a group of two or more **Insured Persons** and if the **Insured Person** is travelling to or from it by another means of transportation.
2. during the **Insured Person's Personal Deviation** as shown in the Schedule of Benefits.
3. during travel to any **Supervised and Sponsored School Activity Covered Activity** that takes place outside the contiguous United States unless the Company has agreed in advance to provide coverage.
4. during a **School** activity that was not a **Supervised and Sponsored School Activity Covered Activity** during the preceding **School** year, unless the Company has agreed in advance to provide coverage.

Other exclusions that apply to this **Condition of Coverage** are in the Common Exclusions Section.

### **VOLUNTARY 24 HOUR COVERAGE**

When selected by the **Insured Person**, the Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the **Insured Person** suffers a **Covered Loss** that occurs any time while insured by this Policy.

#### Exclusions

1. This coverage will not be in effect while the **Insured Person** is participating in any activity, including tryouts, practice or any competitions or games for interscholastic and intramural football.
2. While performing **Occupational Duties** of the **Policyholder**.

### **VOLUNTARY SPORTS COVERAGE**

When selected by the **Insured Person**, the Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the **Insured Person** suffers a **Covered Injury** that occurs while he is participating in one of the following **Sponsored Sports Covered Activities**:

1. regularly-scheduled practice or training;
2. regularly-scheduled competition or exhibition game;
3. a scheduled tryout, workout session or team meeting;
4. a **Sponsored Sports Covered Activity** ; or
5. **Covered Sports Travel**.

**Covered Sports Travel** includes travel, only within the United States and] directly and without interruption:

1. between home and the premises of the **Sports Organization**;
2. between home and another meeting place designated by the **Sports Organization**;
3. between home and another site designated by the **Sports Organization**, where a **Sponsored Sports Covered Activity** is scheduled;
4. between the premises of the **Sports Organization** or other meeting place it designates, and another site where a **Sponsored Sports Covered Activity** is scheduled.

Definitions For purposes of this Condition of Coverage:

**Covered Sports Travel** means transportation on a **Common Carrier**, **School** bus or vehicle or **Private Passenger Automobile** driven by an adult with a valid drivers' license whom the **Sports Organization** has specifically designated to transport **Insured Persons** to a **Sponsored Sports Covered Activity**.

**Sports Organization** means a **School**, college or university, team, league, amateur sports team, sport clubs, sport camps or, other organization, as named in the Schedule of Benefits, that organizes, sponsors, supervises schedules or otherwise provides **Sponsored Sports Covered Activities**.

**Sponsored Sports Covered Activity** means a **Covered Activity** that:

1. takes place:
  - a. on a **Sports Organization's** premises during scheduled hours;
  - b. at another site at which the **Sponsored Sports Covered Activity** is scheduled; and
2. is sponsored, organized or otherwise provided by the **Sports Organization**; and
3. is supervised by a coach, referee, or by another adult specifically assigned supervisory duties and authority for that **Sponsored Sports Covered Activity** by the **Sports Organization**.

**Sponsored Sports Activity** does not include participating in any activity, including tryouts, practice workouts, training sessions, team meetings or any competitions or games as shown in the Schedule of Benefits.

#### Exclusions

1. This coverage will not be in effect during any sports activity unless it is sponsored, organized, supervised, scheduled or otherwise provided by the **Sports Organization** named in the Schedule of Benefits;
2. This coverage will not be in effect during travel to or from any **Sponsored Sports Covered Activity** if:
  - a) the **Sports Organization** provides transportation to and from it for a group of two or more persons;
  - b) and by the **Insured Person** when travelling to or from it by another means of transportation.
3. This coverage will not be in effect during travel to any **Sponsored Sports Covered Activity** that takes place outside the contiguous United States unless the Company has agreed in advance to provide it.
4. This coverage will not be in effect during the **Insured Person's Personal Deviation** as shown in the Schedule of Benefits.

Other exclusions that apply to this **Condition of Coverage** are in the Common Exclusions Section.

## Common Exclusions

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any 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 policy.

1. Intentionally self-inflicted injury, suicide, or any attempt 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. Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by the Policy;
5. The Insured Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Loss occurred or the laws of the Home Country;
6. 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;
7. A Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon the Company's receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
8. Travel or activity outside the United States;
9. 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 airline;
10. bungee-cord jumping; parachuting; skydiving; parasailing; hang-gliding; skiing; scuba diving; surfing; roller skating; riding in a rodeo; glider flying; flight in an ultra-light aircraft; sailplaning; bob-sledding; ballooning; fighting or brawling except in self-defense; operating, sitting or riding in or upon, alighting to or from, or working on or around any motorcycle or recreational motor vehicle including but not limited to two or three wheeled motor vehicles, four wheeled all-terrain vehicles (ATVs), jet skis, ski cycles, or snowmobiles;
11. 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;
12. Travel in or on any off-road motorized vehicle that does not require licensing as a motor vehicle;
13. Injuries compensable under Workers' Compensation law or any similar law;
14. An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor

In addition, benefits will not be paid for services or treatment rendered by any person (other than a Dentist) who is:

1. employed or retained by the Policyholder;
2. a Resident of the Same Household;
3. an Immediate Family Member including Domestic Partner of either the Insured Person or the Insured Person's Spouse;
4. the Insured Person.

## Excluded Accident Medical Expenses

The following will not be considered Covered Expenses unless coverage is specifically provided.

1. Routine physical and care of any kind;
2. Routine dental care and treatment;
3. Cosmetic or plastic surgery, except as the result of a Covered Injury;
4. Routine nursery or routine childcare;
5. Any Mental or Nervous Disorders;
6. Pre-existing Condition;
7. Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and/or hearing aids unless Necessary Treatment of a Covered Injury;
8. Services, supplies, or treatment including any period of Hospital Confinement which is not recommended, approved, and certified as Necessary Treatment and reasonable by a Physician, or expenses which are non-medical in nature;
9. Charges for Covered Medical Expenses for which the Insured Person would not be responsible in the absence of this Policy;
10. Any expense paid or payable by any Other Insurance;
11. Injury or Sickness for which benefits are payable under any worker's compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law;
12. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;
13. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
14. Repair or replacement of existing dentures, partial dentures, braces or bridgework;
15. Orthopedic appliances used mainly to protect an Injury so that the Insured Person can take part in interscholastic, intercollegiate and club sports;
16. Expenses payable by any automobile insurance policy without regard to fault;