



## **NCAA POST-ELIGIBILITY INSURANCE: DESCRIPTION OF COVERED EXPENSES**

Mutual of Omaha will pay the following medical expenses and mental health expenses incurred during the benefit period as a result of a covered injury sustained during participation in a qualifying intercollegiate sport. All benefits are subject to the benefit percentages and other provisions of the policy. The maximum benefit amount is \$90,000 and the sub-limit amount for mental health expenses related to the covered injury is \$25,000.

### **MEDICAL BENEFITS**

1. Hospital room and board charges, up to the average semi-private daily room rate, for each day in the hospital;
2. Intensive care unit charges are payable in lieu of payment for hospital room and board charges for each day the insured person is confined in an intensive care unit;
3. Hospital miscellaneous charges during a hospital confinement. Miscellaneous charges do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take-home items, or other convenience items;
4. Outpatient charges by a hospital or outpatient surgical center for:
  - emergency room treatment;
  - emergency room physician; or
  - use of surgical facilities;
5. Surgical charges for the primary performance of a surgical procedure by a physician subject to the following:
  - if bilateral or multiple surgical procedures are performed by one physician, Mutual of Omaha will pay the medical expenses for the primary procedure;
  - for each procedure that is not the primary procedure performed through the same incision as the primary procedure, Mutual of Omaha will pay 50% of the amount otherwise payable if the additional procedure were the primary procedure;
  - if multiple surgical procedures are performed during the same operating session, reimbursement shall be based upon 100% of allowable expense for the primary procedure, 50% of allowable expense for the secondary procedure and 25% of allowable expense for the third and subsequent procedures;
  - any procedure that would not be an integral part of the primary procedure or is unrelated to the diagnosis will be considered incidental and no benefits will be provided for such procedure;
  - if multiple unrelated surgical procedures are performed by two or more physicians on separate operative fields, benefits will be based on the medical expenses for each physician's primary procedure; and
  - if two or more physicians perform a procedure that is normally performed by one physician, Mutual of Omaha will only pay the medical expenses for the primary physician;
6. Charges for a second surgical opinion or consultation by a physician;
7. Surgical charges for assistant surgeon duties will be reimbursed at 25% of the allowable for surgery codes that have been assigned an assistant surgery indicator by the Centers for Medicare & Medicaid Services;
8. Charges for anesthesia and its administration for surgery;
9. Physician's charges for other than pre- or post-operative care for in-hospital visits or office visits;
10. Charges for, including physician's charges for reading or interpreting the results of, laboratory tests and diagnostic imaging including X-Ray, MRI, or CAT Scan;
11. Charges for nursing services, other than routine hospital care, by or under the supervision of a nurse;
12. Treatment of the spine by manual or mechanical means;
13. Charges for durable medical equipment;
14. Charges for physiotherapy which includes:
  - adjustment;
  - diathermy;
  - heat treatment;

*This is a general summary of the NCAA Post-Eligibility Insurance Program. The policy contains all of the provisions, exclusions and qualifications of the insurance benefits. If any discrepancy exists between this summary and the policy, the policy will govern and control the payment of benefits.*

- manipulation;
  - microtherm;
  - ultrasonic;
15. Ambulance service (surface) or/and ambulance service (air);
  16. Orthopedic appliances and prosthetics, not including replacements;
  17. Prescription drugs; and
  18. Dental expense for sound natural teeth, implants, or dentures that were in place at the time of the NCAA recognized injury;
  19. Eyeglasses, contact lenses, hearing aids, or related examinations or prescriptions.

#### **MENTAL HEALTH BENEFITS**

1. Hospital room and board charges, up to the average semi-private daily room rate, for each day in the hospital;
2. Intensive care unit charges are payable in lieu of payment for hospital room and board charges for each day the insured person is confined in an intensive care unit;
3. Hospital miscellaneous charges during a hospital confinement. Miscellaneous charges do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take-home items, or other convenience items;
4. Outpatient charges by a hospital for:
  - emergency room treatment; or
  - emergency room physician;
5. Physician's or mental health practitioner's charges for in-hospital visits or office visits;
6. Charges for, including physician's or mental health practitioner's charges for reading or interpreting the results of, laboratory tests;
7. Charges for nursing services, other than routine hospital care, by or under the supervision of a nurse;
8. Ambulance service (surface);
9. Prescription drugs;
10. Outpatient treatment received while not confined as an inpatient in a hospital, psychiatric hospital, or residential treatment facility, including:
  - Individual, group, and family therapies for the treatment of mental and nervous disorders;
  - Other outpatient mental health treatment such as:
    - Partial hospitalization treatment provided in a facility or program for mental health treatment provided under the direction of a physician or mental health practitioner;
    - Intensive outpatient program provided in a facility or program for mental health treatment provided under the direction of a physician or mental health practitioner;
    - Skilled behavioral health services provided in the home, but only when all of the following criteria are met:
      - The insured person is homebound;
      - The insured person's physician orders them;
      - The services take the place of a stay in a hospital or a residential treatment facility, or the insured person is unable to receive the same services outside the insured person's home;
      - The skilled behavioral health care is appropriate for the active treatment of a condition, illness, or disease;
    - Electro-convulsive therapy (ECT);
    - Transcranial magnetic stimulation (TMS);
    - Psychological testing;
    - Neuropsychological testing;
    - Peer counseling support by a peer support specialist (including telemedicine consultation).

*This is a general summary of the NCAA Post-Eligibility Insurance Program. The policy contains all of the provisions, exclusions and qualifications of the insurance benefits. If any discrepancy exists between this summary and the policy, the policy will govern and control the payment of benefits.*