

## PRO offers a group accident program for 2012 to its members

### Major features of our program include

- Coverage is for professional riders and grooms
- Provides accidental death, dismemberment, medical expense reimbursement and accident disability
- Covers all eventing and equine-related activities in the U.S. and internationally including competitions, training, practice, lessons, travel and horse care
- Requires 75% participation for “buy up” plan (100% for base)

### Base plan: Mandatory participation by all members

AD&D/Loss of Use – \$15K; AME – \$100K Excess Corridor w/ \$5K deductible

### Buy up options

AD&D/Loss of Use – \$100K; AME – \$1,000,000 Excess Corridor w/ \$5K deductible

### Benefits to members

- Every member gets the minimum coverage amount
- If the member purchases the buy-up, the base plan increases from the benefits shown to the buy-up option benefits. In short for that member the base plan goes away and the buy-up policy takes over

### Medical claim examples

#### **PRO Rider has other medical coverage.**

Accident claim totals \$50,000, riders primary medical coverage pays \$35,000 leaving \$15,000 unpaid.

Zurich accident program has a \$5,000 per occurrence deductible, after which it pays 100% of all medically necessary expenses up to the limit of the policy (\$100,000 in the core plan and \$1,000,000 in the buy-up plan). So in this example, \$10,000 of the \$15,000 of unreimbursed expenses would be paid by the Zurich plan.

#### **PRO Rider does not have other medical coverage.**

Accident claim totals \$50,000. In this scenario the Zurich accident program would pay \$45,000 and the PRO Rider would pay the \$5,000 deductible.

### Frequently asked claim questions

- 1) ***My primary medical coverage limits the amount of reimbursement and number of visits for certain medical procedures such as physical therapy or chiropractic. How will this plan work in these situations?***

The Zurich program does not have any limit for specific medical services such as PT. The only limit is the overall maximum after the deductible has been satisfied. As long as the expense is medically necessary the Zurich program would pay the usual and customary amount with no limit on number of visits or per visit dollar amount, again up to the policy maximum of wither \$100,000 or \$1,000,000.

#### **Effective Date March 1, 2012 – November 30, 2012**

All members will receive the Base Plan: \$200 weekly benefit for a 52 week benefit period with a 30 day waiting period. The cost of \$123 will be covered by your association.

Each member will have a Buy up option at an additional cost:

\$600 weekly benefit for a 52 week benefit period with a 30-day wait prorated at \$396.75.

#### **Beginning December 1, 2012**

The offerings will remain the same, but the premiums will change to cover a full 12 month period.

The BASE Plan price will be \$164 per year covered by the association.

The Buy up option will be \$529 per year.



2) **How does the \$5,000 deductible work? Do I have to satisfy it once a year?**

The \$5,000 deductible applies to each covered accident or per occurrence. If you had two separate accidents within a calendar year you would have to satisfy the deductible each time.

3) **How does the \$100,000 or \$1,000,000 accident medical limit work?**

These policy limits are for each accident or occurrence, so if you had the \$100,000 core plan and you had 3 separate accidents with claims of \$50,000, \$75,000 and \$100,000 you would be reimbursed for all three as they are separate occurrences.

4) **Would the cost for a medical evacuation via air ambulance be covered?**

Yes, if it is determined to be medically necessary.

## Definitions

- **AD&D – Accidental death and dismemberment:** If an Insured suffers a loss of life or dismemberment as a result of a Covered Injury, the applicable amount shown in the Schedule will be paid. The death must occur within 365 days of the Covered Injury.
- **AME – Accidental medical expense:** Usual and Customary expenses for Medically Necessary Covered Medical Service(s) incurred by the Insured resulting from a Covered Accident while participating in a Covered Activity, up to the Maximum Benefit selected will be considered. Coverage is provided in excess of the deductible and any other in-force policy provided that:
  1. the first treatment or service occurs within ninety (90) days of the Covered Injury; and
  2. the medical expenses are incurred within fifty-two (52) weeks of the Covered Injury.
- **AWI – Accident Weekly Indemnity:** If an Insured suffers a Covered Injury, which renders him or her Totally Disabled, the Accident Weekly Indemnity Benefit provided will be paid:
  1. the Total Disability occurs within thirty (30) days of the date of the Covered Injury;
  2. the Insured has satisfied the Benefit Waiting Period as shown in the Schedule; and
  3. the Insured is being attended to by a duly licensed Physician.

Payments will begin on the first day after the Benefit Waiting Period and will continue for as long as the Insured is Totally Disabled, but will not exceed the Benefit Period of fifty-two (52) weeks. The amount of the payments will be equal to the amount shown on the Schedule.
- **Covered loss of use** means total paralysis of a Limb or Limbs, which has continued for 12 consecutive months and is determined by our competent medical authority to be permanent, complete and irreversible.
- **Accident weekly disability:** If an Insured suffers a Covered Injury, which renders him or her Totally Disabled, We will pay an Accident Weekly Indemnity Benefit provided:
  1. the Total Disability occurs within thirty (30) days of the date of the Covered Injury;
  2. the Insured has satisfied the Benefit Waiting Period as shown in the Schedule; and
  3. the Insured is being attended to by a duly licensed Physician.

Payments will begin on the first day after the Benefit Waiting Period and will continue for as long as the Insured is Totally Disabled, but will not exceed the Benefit Period of fifty-two (52) weeks. The amount of the payments will be equal to the amount shown on the Schedule.
- **Excess corridor:** The benefit amount for this benefit is payable in excess of any In Force Policy and its applicable deductible. In the event and only in the event of the reduction or exhaustion of the limit of insurance of the In Force Policy solely as the result of actual payment of benefits covered there under, this Policy shall pay excess of the reduced limit of insurance of the In Force Policy and its applicable deductible. This Policy shall only pay pursuant to the terms and conditions of this Policy and no other policy. We will pay the Usual and Customary amount, reduced by any other insurance plan and the deductible amount, up to the maximum specified on this rider. In no event will We pay more than the maximum amount stated in this rider. If no In Force Policy exists, this Policy will pay benefits on a primary basis and a deductible of \$5,000 will apply to such benefit.

## Notice

**This is an equine related accidental EXCESS medical and disability plan and does NOT cover non-equine related accidents or medical conditions. This is not a replacement for health insurance or state mandated worker's comp.**

## Additional Medical Examples

These are hypothetical examples and the actual claim determination would be made by the insurance carrier based on the specifics of that claim.

Example of insurance benefits (BASE plan) \$100,000 excess medical and \$200/wk disability

(A) While clipping a horse, a groom gets kicked in the leg resulting in a compound leg fracture. She has no health insurance and her rider does not have workers compensation insurance. This kick results in the need for several extensive reconstructive surgeries with hospitalizations taking two weeks as well as physical rehab costing \$60,000 and she cannot work for an additional 12 weeks at the direction of her doctor. The surgery and hospital will be paid \$55,000 by the insurance company (\$5,000.00 deductible applies). Since the groom can't work and will be off a total of 14 weeks, she will then be paid \$200.00 per week for 10 weeks (30 day waiting period applies).

Example of insurance benefits (optional BUY UP plan) \$1,000,000 excess medical and \$600/wk disability

(B) While driving to a competition, a rider is involved in an accident and suffers a serious traumatic brain injury requiring 45 days in an acute care hospital and two months at a specialized rehab facility costing \$550,000. The rider had private health insurance but after deductibles and co pays the rider has a remaining hospital bill of \$125,000. The rider now goes home but his physician determines that additional in home care and rehab services are needed that his private medical insurance plan does not cover totaling another \$75,000. After six months the rider no longer requires in home care but because of cognitive difficulties still cannot ride or teach for the next six months. The PRO insurance plan would cover \$120,000 of the hospital bill (\$5,000 deductible) and would cover the \$75,000 in home care that was excluded in the rider's private insurance plan. In addition, the rider would receive 48 weeks of disability at \$600/wk (30 day waiting period with 52 week maximum).

(C) While competing, rider falls off and breaks her wrist and suffers a concussion. She has no medical insurance. She was eventually seen at the local hospital and was kept overnight for observation of possible head injury after a CT scan. She received a hospital bill for \$6,500. She returns to riding in four weeks and continues to train her students throughout most of this time. Under either the base or optional buy up plan, PRO insurance would cover \$1,500 (\$5,000 deductible) under excess medical and no disability insurance would be paid.