✂ Detach and Retain for Your Records

(please fill in your name and ID # below)

2026-27 Identification Card
United States Fire Insurance Company

Student Athlete Name: _____

The Student Athlete whose name appears above is insured under an **Individual Sports Accident Plan** issued to:

Institution: Drury University Policy #: US2263623

Claims must be submitted to NAHGA Claim Services within 180 days after the day of injury. This card is not a guarantee of payment or coverage.

CLAIM FILING INSTRUCTIONS

Coverage under this policy is EXCESS to all other insurance and claims must be submitted to any other insurance first. Initial medical treatment must be received by a doctor within 90 days after the date of the accident causing injury. Claims must be submitted to NAHGA Claim Services within 180 days after the date of injury. Mail all medical bills including the insured student's name, student ID number, address and name of the institution that the student attends to:

NAHGA Claim Services, PO Box 189, Bridgton, ME 04009
P: 877.497.4980 F: 207.647.4569

NAHGA INSURANCE

NOTICE TO HEALTH CARE PROVIDERS:

For information regarding plan benefits, eligibility or claim instructions please call NAHGA Claim Services at 877.497.4980. **This card is not a guarantee of payment or coverage.**

EIIA

Drury University

Policy Number:
US2263623

Policy Term: 8/1/2026 – 7/31/2027

Blanket Sports Accident Insurance Plan Brochure

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

This is a brief description of coverage provided under the group policy number above and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may vary or may not be available in all states.

Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan. For a detailed plan description, exclusions, and limitations please request a copy of your plan by contacting EIIA at 888.255.4029. The Policy contains a complete description of all the terms, conditions and exclusions of the insurance plan as underwritten by United States Fire Insurance Company. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

26-27 Drury University – ISP 5K MO 071526

This plan is only for student athletes that pay an additional premium of $892 per year

SCOPE OF COVERAGE

This brochure is a brief description of the benefits provided through your institution for eligible full-time intercollegiate student athletes. The plan term is for the 2026-27 academic year and will cover student athletes from the first to the last date a student athlete is required to be on campus for participation in a covered event.

Eligibility:

Every full-time student athlete who participates in intercollegiate athletics and does not provide evidence of primary medical health insurance is automatically enrolled in the Blanket Sports Accident Insurance Plan. An additional premium of $892 is required.

This coverage cannot be pro-rated and refunds will be considered if a student athlete has not practiced or played an intercollegiate sport. Must be verified by the athletic trainer.

SCHEDULE OF BENEFITS	
Benefit Period	12 months from the date of the Covered Injury, provided the Expense occurs prior to the Expiration Date and care is Medically Necessary
Class of Eligible Persons:	Every full-time student athlete who participates in intercollegiate athletics and does not provide evidence of primary medical health insurance is automatically enrolled in this Individual Athletic Accident Plan.
ACCIDENT MEDICAL EXPENSE BENEFITS	
Maximum Amount per occurrence per Covered Person	$5,000
Deductible:	$0
Hospital Room & Board Daily Maximum Benefit:	Semi-Private Room Rate
Hospital Miscellaneous Benefit:	URC
Outpatient Pre-Admission Testing Benefit:	URC
Hospital Emergency Room Benefit:	URC
Primary Surgeons Maximum Benefit Amount:	URC
Assistant Surgeon Benefit:	25% of Surgeon's URC
Outpatient Surgical Facility Maximum Benefit:	URC
Anesthesia Benefit:	URC
Physician's Visits	URC
X-Ray & Laboratory Benefit:	URC
Physiotherapy Benefit:	

Hospital Inpatient	*URC*
Outpatient	*$300 maximum without a physician's prescription*
Ground Ambulance Benefit Amount:	URC
Dental treatment for Injury Only Benefit Amount:	URC
ADDITIONAL ACCIDENT BENEFITS	
Outpatient Prescription Drug Benefit: Benefit payable per prescription:	URC
Durable Medical Equipment Benefit:	URC

DEFINITIONS

The terms shown below shall have the meaning given in this section whenever they appear in this Policy. Additional terms may be defined within the provision to which they apply.

Accident means a sudden, unforeseeable external event which:

1. Causes Injury to one or more Covered Persons; and
2. Occurs while coverage is in effect for the Covered Person.

Aircraft means a vehicle which:

1. Has a valid certificate of airworthiness; and
2. Is being flown by a pilot with a valid license appropriate to the aircraft.

Benefit Period means the period of time from the date of Injury, as shown in the Schedule of Benefits.

Club means an organization of students formed for the purpose of engaging in competition in a particular sport or activity. Competition between student clubs from different colleges, not organized by and therefore not representing the institution or their faculties, may also be called "Intercollegiate" sports or activities.

Covered Expenses means expenses actually incurred by or on behalf of a Covered Person for the Usual, Reasonable and Customary charges for the Medically Necessary treatment, services and supplies covered by the Policy and Certificate and which is performed or given under the direction of a Physician for treatment of an Injury. Coverage under the Policy and Certificate must remain continuously in force from the date of the Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. A Covered Expense for a an Injury cannot be in excess of the maximum benefit amount payable per service as shown in the Schedule and cannot be for medical services and supplies that are excluded under the Policy.

Covered Person means a person eligible for coverage as identified in the Application for whom proper premium payment has been made, and who is therefore insured under this Policy.

Eligible Expenses means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while this Policy is in force.

He, his, and him includes she, her and hers.

Health Care Plan means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. Group or blanket insurance, whether on an insured or self-funded basis;
2. Hospital or medical service organizations on a group basis;
3. Health Maintenance Organizations on a group basis.
4. Group labor management plans;
5. Employee benefit organization plan;
6. Professional association plans on a group basis; or
7. Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended.

Hospital means an institution which is an institution that

1. Is operated pursuant to law;
2. Has organized facilities for the care and treatment of sick and injured persons on a resident or inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff of one (1) or more licensed physicians and which provides twenty-four (24)-hour nursing service by registered nurses on duty or call.

Hospital does not mean:

> a convalescent, nursing, rest or extended care facilities or facilities operated exclusively for treatment of the aged, drug addict or alcoholic, even though the facilities are operated as a separate institution by a hospital.

Hospital Stay means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

Injury means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident. All injuries to the same Covered Person sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

Immediate Family Member means the Covered Person's parent (includes step-parent), grandparent, Spouse, Child(ren) (includes legally adopted or step or Foster Child(ren), brother, sister, step-Child(ren), grandchild(ren), or in-laws. A Member of the Immediate Family includes an individual who normally lives in the Covered Person's household.

Medically Necessary or Medical Necessity means a treatment, service or supply that is:

1. Required to treat an Injury; and
2. Prescribed or ordered by a Physician or furnished by a Hospital;
3. Performed in the least costly setting required by the condition;
4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Group Policy.

Nurse means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).

Other Valid and Collectible Insurance means any reimbursement for or recovery of any element of Covered Expenses incurred available from any other source whatsoever, except gifts and donations, but including without limitation:

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 Accidental bodily 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 or injuries or diseases related to the Covered Person's job to the extent that he actually received benefits under a Worker's Compensation Law. If the Covered Person enters into a settlement to give up his or her rights to recover future medical expenses that would have been payable except for that settlement.
6. Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to a Covered Person after he or she becomes disabled while Insured hereunder.
7. Any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

Physician means a person who is a qualified practitioner of medicine. A such, He or She must be acting within the scope of his/her license and under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person’s Spouse, son, daughter, father, mother, brother, or sister or other relative.

Principal Sum means the largest amount payable under the benefit for all losses resulting from any one Accident.

School means the participating School or School District where the Covered Person is enrolled or employed. The School must be a duly accredited (state certified or accredited) primary, elementary, secondary, or collegiate School.

Spouse means the lawful Spouse, if not legally separated or divorc**ed, or .**

Usual, Reasonable and Customary means:

1. With respect to fees or charges, fees for medical services or supplies which are;
    a. Usually charged by the provider for the service or supply given; and
    b. The average charged for the service or supply in the locality in which the service or supply is received; or
2. With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

Waiting Period means the length of time from the date of loss to the time when benefits can be received.

ACCIDENT MEDICAL and DENTAL EXPENSE BENEFITS

We will pay Accident Medical and Dental Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles, Benefit Periods, benefit maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Eligible Expenses incurred by or on behalf of the Covered Person;
3. for Eligible Expenses incurred within 90 days after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and

Customary Charges. Eligible Medical Expenses, from a Covered Accident, include:

1. **Hospital room and board expenses**: charges for the most common semi-private daily room rate for each day of the Hospital Stay, up to the Daily Maximum Benefit Amount shown in the Schedule of Benefits for

   Hospital Room and Board. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.

2. **Hospital Miscellaneous** - services, supplies and charges during a Hospital Stay, up to the maximum benefit amount shown in the Schedule of Benefits for the Hospital Miscellaneous Benefit. Miscellaneous services include services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies. Miscellaneous services do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.

3. **Pre-Admission Testing Benefit** - charges for Pre-admission testing (inpatient confinement must occur within 7 days of the testing).

4. **In-Patient Surgical Benefits** - charges for:
   a. A Physician, for primary performance of a surgical procedure, up to the maximum benefit amount shown in the Schedule of Benefits per procedure. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.

   b. A Physician, for: assistant surgeon duties up to the maximum benefit shown in the Schedule of Benefits for an Assistant Surgeon.

5. **Out-Patient Surgery Benefits:**

a. We will pay this benefit when the Covered Person requires Outpatient Surgery to treat a Covered Loss resulting directly and independently from all other causes from a Covered Accident. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.

b. **Outpatient Surgery** means the treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including the usual aftercare for such procedure, that is:

c. necessary for treatment of the Covered Person; and

d. given in the outpatient department of a Hospital or an ambulatory surgical center.

6. **Emergency Room** means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.

a. Emergency Room treatment includes all hospital related services including physician, x-ray and lab services shown in the Schedule of Benefits.

7. **Anesthesia Benefit** - Anesthesia for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis, up to the maximum benefit amount shown in the Schedule of Benefits for the Anesthesia benefit.

8. **Physician's Visits** - charges by a Physician for other than pre- or post-operative care:

a. For in-Hospital visits, up to the maximum benefit amount shown in the Schedule of Benefits for Physician's Visit – In-Hospital.

b. For office visits, up to the maximum benefit amount shown in the Schedule of Benefits for Physician's Office Visits.

Total visits per Injury will not exceed the combined maximum shown in the Schedule of Benefits for All In- Hospital and Office Physician's Visits.

9. **X-Ray Benefit** - We will pay the benefit shown in the Schedule of Benefits if the Covered Person requires x -ray examinations due to a Covered Loss, up to the maximum benefit per Covered Accident indicated in the Schedule of Benefits.

10. **Laboratory Benefit** - We will pay the benefit shown in the Schedule of Benefits if the Covered Person requires laboratory examinations due to a Covered Loss, up to the maximum benefit per Covered Accident indicated in the Schedule of Benefits.

11. **Nursing Benefit** - Outpatient Charges for nursing services by a registered nurse or licensed professional nurse, up to the maximum benefit amount shown on the Schedule of Benefits for the Nursing benefit.

12. **Physiotherapy** - Charges for physiotherapy:

    a. As an outpatient, up to the maximum benefit amount shown on the Schedule of Benefits for the Outpatient Physiotherapy benefit.

    Charges include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, microtherm, chiropractic, adjustments, manipulation, acupuncture, massage or any form of physical therapy.

    Total treatment per Injury will not exceed the maximum benefit amounts for Physiotherapy shown in the Schedule of Benefits.

13. **Ground Ambulance** - for services billed by a professional ambulance company up to the Maximum Benefit Amount shown in Schedule of Benefits for the Ambulance benefit.

    Ground Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the injured from the scene of the Accident to a Hospital. Surface trips must be to the closest local facility that can provided the covered service appropriate to the condition. If there is no such local facility available, coverage is for trips to the closest facility outside the local area.

14. **Dental Treatment for Injury Only** - Charges for dental treatment including dental x-rays for the repair and treatment for Injury to a tooth which was sound and natural at the time of Injury, up to the maximum benefit amount shown in the Schedule of Benefits for the Dental Treatment benefit.

ADDITIONAL ACCIDENT BENEFITS

OUT-PATIENT PRESCRIPTION DRUG BENEFIT

We will pay the Eligible Expenses shown in the Schedule of Benefits, if any; for a Prescription Drug or medication when prescribed by a Physician on an outpatient basis.

Prescription Drug means a drug which:

1. Under Federal law may only be dispensed by written prescription; and
2. Is utilized for the specific purpose approved for general use by the Food and Drug Administration.

The Prescription Drug must be dispensed for the out-patient use by the Covered Person:

1. On or after the Covered Person's Effective Date; and
2. By a licensed pharmacy provider.

Benefits are payable up to the maximum benefit amount shown on the Schedule of Benefits.

DURABLE MEDICAL EQUIPMENT BENEFIT

We will pay the benefit shown in the Schedule of Benefits if, by reason of Injury, a Covered Person requires the use of Durable Medical Equipment.

Durable Medical Equipment means medical equipment that:

1. is prescribed by the Physician who documents the necessity for the item including the expected duration of its use;
2. can withstand long-term repeated use without replacement;
3. is not useful in the absence of the Covered Injury and
4. can be used in the home without medical supervision; and
5. the purpose of the equipment is not to help the Covered Person participate in sports activity.

EXCLUSIONS

This Certificate does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following unless otherwise covered under this Certificate by Additional Benefits:

1. War or any act of war, declared or undeclared.
2. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps.
3. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro-rata premium upon request;
4. Participation in a riot or insurrection.
5. Disease or disorder of the body or mind.
6. Mental or nervous disorders.
7. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
8. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
9. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
10. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
11. Conditions that are not caused by a Covered Accident.
12. Covered Expenses for which the Covered Person would not be responsible in the absence of this Certificate.
13. Any treatment, service or supply not specifically covered by this Certificate.
14. Loss resulting from participation in any activity not specifically covered by this Certificate.
15. Charges which are in excess of Usual, Reasonable and Customary charges.
16. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
17. Services or treatment rendered by a Physician, Nurse, or any other person who is employed or retained by the Policyholder.
18. Services or treatment rendered by an Immediate Family Member of the Covered Person;
19. Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.

20. That part of the medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited).
21. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
22. Participation in any motorized race or speed contest.
23. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
24. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
25. Treatment of a hernia whether or not caused by a Covered Accident.
26. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
27. Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Certificate.
28. Expense incurred for treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Certificate.
29. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within 6 months of the Accident.
30. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
31. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
32. Travel in or upon:
    a. A snowmobile
    b. A water jet ski
    c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel
    d. Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation.
33. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
    a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
    b. While being used for any test or experimental purpose; or
    c. While piloting, operation, learning to operate or serving as a member of the crew thereof; or
    d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household; or
    e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
    f. an ultralight hang-gliding, parachuting, or bungee-cord jumping except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
34. The repair or replacement of existing artificial limbs, orthopedic braces or orthotic devises.
35. Rest cures or custodial care.

36. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.

CLAIM PROCEDURES

In the event of an **Accident**, you should:

1) Report your **Accident** to the athletic trainer immediately.
2) File all charges with your primary insurance carrier first.
3) If your primary insurance carrier does not pay the entire bill, secure a claim form and instructions from the Athletic Department or at www.eiia.org. Click on "For Students" and search for your institution. Complete the necessary information on the claim form, attach the itemized insurance bills along with the explanation of benefits from your primary carrier (if you have other insurance) and mail them to the address on the claim form or the claims administrator below. (Please do not submit duplicate claim forms)
4) All subsequent claim information regarding your claim should be identified with your name, the institution name and the initial date of your **Accident**.
5) All claim information should be submitted to:

NAHGA Claim Services
PO Box 189
Bridgton, ME 04009
Phone: 877.497.4980 Fax: 207.647.4569
E-mail: eiia@nahga.com

NAHGA INSURANCE
WHERE STELLAR SERVICE IS NO ACCIDENT

CRUM & FORSTER

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This material is provided for information purposes only and is not intended to be a representation of coverage that may exist in any particular situation under a policy issued by one of the companies within the Crum & Forster Enterprise. All conditions of coverage, terms, and limitations are defined and provided for in the policy.

Please keep this document as a brief summary of the coverage provided under form series BA-50000P-USF-MO, and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may vary or may not be available in all states.