

Chapter, Fraternal Corporation and Fraternal Corporation Guest Excess

MEDICAL INSURANCE GUIDE

Chapter, Fraternal Corporation and Fraternal Corporation Guest Excess Medical Insurance

PROGRAM GUIDE

For WoodmenLife members and their guests who participate
in Chapter and Fraternal Corporation-sponsored activities.

This program was developed in cooperation with Fraternal Outreach and Risk Management.

Note: The following Program Guide is provided for information and reference only. While WoodmenLife endeavors to ensure the accuracy of the information, no express or implied warranty is given by WoodmenLife as to the accuracy of the information contained herein. This Program Guide does not supersede or supplement the language of the three policies that supply the underlying excess medical insurance coverage, and in the event of a conflict, the insurance policies will control.

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What is Covered by the Chapter, Fraternal Corporation and Fraternal Corporation Guest Excess Medical Program?

- The Chapter, Fraternal Corporation and Fraternal Corporation Guest Excess Medical Program consists of several medical insurance policies that provide excess medical insurance to WoodmenLife members and their guests for injury sustained at Chapter and Fraternal Corporation-sponsored activities that are under the direct supervision of the Chapter or Fraternal Corporation.
- The policies will pay the reasonable expenses incurred by an insured person, in excess of the deductible amount (deductible applies for Chapter-sponsored activities only), for medical care due to:
 - injury, if the first expense is incurred within 26 weeks after the accident; or
 - sickness, if the first expense is incurred within 30 days after the sickness begins.
- The policies will not pay:
 - more than the maximum benefit for all expenses incurred as the result of any one accident or sickness; or
 - for expenses incurred more than 52 weeks after the sickness begins;
 - for expenses incurred more than two years after the accident begins;
 - more than the maximum dental limit for all expenses incurred for dental treatment, services and supplies.
- For claims resulting from Chapter-sponsored activities only, the deductible amount will be applied separately to each claim. The deductible amount, maximum dental limit and maximum benefit for all three policies are shown in the "Schedule of Benefits" on page 9.
- "Medical Care," for the purpose of this benefit, means necessary:
 - medical or surgical treatment, services and supplies; and
 - hospital, nursing and ambulance services, prescribed by a physician for the sole purpose of treating the injury or sickness.

Who is Covered by the Chapter, Fraternal Corporation and Fraternal Corporation Guest Excess Medical Program?

- The Chapter, Fraternal Corporation and Fraternal Corporation Guest Excess Medical Program provides coverage for WoodmenLife members, as well as invited guests of WoodmenLife members, for injuries sustained while participating in a Chapter or Fraternal Corporation-sponsored activity, under the direct supervision of the Chapter or Fraternal Corporation. WoodmenLife members and their guests are also covered when traveling with the group in connection with such sponsored activities. Coverage further extends to Fraternal Corporation employees participating in any Fraternal Corporation activity or traveling to or from a Fraternal Corporation activity.
- **•Exclusion:** If the Chapter's or Fraternal Corporation's property is being rented to a third party for a non-Chapter or non-Fraternal Corporation-sponsored event, anyone that may sustain injury at that event would NOT be covered, even if that person were a WoodmenLife member. Activities must be sponsored and under the direct supervision by a Chapter or Fraternal Corporation to receive coverage.
- A covered Chapter or Fraternal Corporation event does not have to be held on Chapter or Fraternal Corporation property. There are many Chapters and Fraternal Corporations that do not own property and hold events at various locations. As long as the event is sponsored and under the direct supervision by a Chapter or Fraternal Corporation, the venue of the event is typically not an issue provided that it is not connected to excluded activities (i.e. a shooting range).
- Covered activities include but are not limited to: meetings, potluck dinners, gift exchanges, attendance of sporting events, picnics, senior programs, family activities, or singing and dancing activities sponsored by and under the direct supervision of the Chapter or Fraternal Corporation. **Any form of organized and/or league sports or skiing activities are not covered.**

What is “Excess” Insurance?

- “Excess” (also known as “secondary”) insurance covers a claimant only after the claim has been filed with the claimant’s own primary health insurance carrier. Whatever expenses are left uncovered by the primary carrier are evaluated by the excess insurer.
- To speed up the claim process, file a claim first with the claimant’s primary insurance carrier. Then, when mailing your completed Hartford claim form, include all itemized bills and Explanation of Benefits forms from the primary carrier. By including all of these things, you will prevent Hartford from having to request additional information.
- If the claimant has no primary insurance, this policy will apply as primary insurance. Be sure to indicate this in the “Claimant Certification” section of the Notice of Claim form, if this is the case. Otherwise, our 3rd party provider will assume the claimant has other insurance, and will not pay on the claim until more information is received.
- These programs provide secondary insurance, rather than primary insurance, to keep insurance premiums at a reasonable level. A primary insurance program would be very expensive, and also extremely difficult to maintain.

- Example:

Covered Expenses	\$700
– Primary Carrier Paid	<u>\$400</u>
= Remaining Balance	\$300
– Deductible Paid by Member	<u>\$100</u> (Chapter activities only)
= Secondary Insurance Payment	\$200

Exclusions

The Policy **does not** cover loss resulting from or for:

1. intentionally self-inflicted Injury, suicide or attempted suicide, whether sane or insane;
2. war or act of war, whether declared or undeclared;
3. injury sustained while in the armed forces (land, water or air) of any country or international authority;
4. injury sustained while in or on, boarding or alighting from, being struck or run down by, any aircraft except as an airline passenger on an aircraft: (a) operated by a passenger airline on a regularly scheduled trip over its established route or that is chartered by that airline; or (b) any transport type aircraft operated by the Military Airlift Command (MAC) of the United States or any national government recognized by the United States;
5. medical services performed by any person retained or employed by the Chapter, Fraternal Corporation, or Policyholder;
6. preventative medicines or vaccines, or medical examinations which are not necessary for the treatment of an injury or sickness;
7. repair, replacement, examination for prescriptions, or fitting of: (a) eyeglasses; (b) contact lenses; or (c) hearing aids;
8. dental work or treatment on natural teeth that is not necessary for the repair or relief of injury;
9. cosmetic or plastic surgery that is not necessary for the repair or relief of Injury;
10. repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
11. repair or replacement of artificial limbs or orthopedic braces;
12. injury or sickness for which the insured person is eligible to receive Workers' Compensation benefits or similar benefits, regardless of whether he or she has applied for the benefits;
13. injury sustained while the insured person is voluntarily taking drugs that federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician;
14. injury sustained by an insured person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges;
15. injury sustained as a result of the insured person's being legally intoxicated from the use of alcohol while operating a motor vehicle;
16. expenses incurred for services, treatment, supplies or facilities rendered by: (a) the policyholder's health service or infirmary; or (b) any physician or nurse employed or retained by the policyholder;
17. expenses covered under any automobile reparations insurance (no-fault) or automobile insurance medical payments benefit;

Frequently Asked Questions

- *Why is there a deductible on the Chapter excess medical policy?*
 - **The deductible is necessary to keep the premiums as low as possible.** The deductible prevents the claims process from being overloaded with small claims. The administrative cost of handling a claim of less than \$100 would exceed the amount of the claim. Consequently, if there were no deductible, the premium for this policy would be very high. Because there are far fewer Fraternal Corporations, as compared to Chapters, the deductible is not necessary on the Fraternal Corporation excess medical policy. There are also far fewer guests than members that attend Fraternal Corporation events, so a deductible is not necessary on the Fraternal Corporation Guest Excess Medical Policy, either.

- *Does the medical coverage apply when a Chapter or Fraternal Corporation rents its facilities to others?*
 - **No.** This coverage applies only to Chapter or Fraternal Corporation-sponsored events. When facilities are rented for any non-Chapter or non-Fraternal Corporation function, the coverage does not apply, even if the guests are WoodmenLife members.

- *Does the Chapter or Fraternal Corporation medical insurance provide liability coverage?*
 - **No.** These policies provide only secondary medical coverage. All Fraternal Corporations and Chapters are covered by a liability policy, separate from the medical coverage. If an injury occurs that might have been caused by alleged negligence of the Chapter or Fraternal Corporation, immediately notify Risk Management at the Home Office so the incident can be reported to the liability carrier. You should not make any statements that WoodmenLife or its insurance carrier guarantees claim payments.

- *Are there any other benefits provided under the Chapter, Fraternal Corporation, and Guest Excess Medical Program?*
 - **No.** These policies provide only secondary medical coverage. All Fraternal Corporations and Chapters are covered by a liability policy, separate from the medical coverage. If an injury occurs that might have been caused by alleged negligence of the Chapter or Fraternal Corporation, immediately notify Risk Management at the Home Office so the incident can be reported to the liability carrier. You should not make any statements that WoodmenLife or its insurance carrier guarantees claim payments.

Schedule of Benefits

WoodmenLife CHAPTER Excess Medical Insurance Program

- Policy Number: 91 SR 922779
- Policy Period: Jan. 1-Dec. 31 of current year
- Coverage:
 - Maximum Benefit: \$5,000.00
 - Maximum Dental Limit: \$250.00
- Deductible: \$100

WoodmenLife FRATERNAL CORPORATION Excess Medical Insurance Program

- Policy Number: 91-CH-190006
- Policy Period: Jan. 1-Dec. 31 of current year
- Coverage:
 - Class: OTHER PAID STAFF
 - Accidental Death Benefit Principal Sum: \$5,000.00
 - Accidental Dismemberment Benefit Principal Sum: \$5,000.00
 - Paralysis and Coma Benefit Principal Sum: \$35,000.00
 - Accident Medical Expense Benefit Maximum Benefit: \$5,000.00
 - Deductible Amount: \$0.00
 - Maximum Dental Limit: \$250.00
 - Sickness Medical Expense Benefit Maximum Benefit: \$2,500.00
- Deductible Amount: \$0.00

WoodmenLife FRATERNAL CORPORATION GUEST Excess Medical Insurance Program

- Policy Number: 91 SR 961557
- Policy Period: Jan. 1-Dec. 31 of current year
- Coverage:
 - Accidental Death Benefit Principal Sum: \$5,000.00
 - Accidental Dismemberment Benefit Principal Sum: \$5,000.00
 - Accident Medical Expense Benefit Maximum Benefit: \$5,000.00
 - Maximum Dental Limit: \$250.00
- Deductible: None

Submitting a Claim

Notice of Claim

The 3rd party insurance provider should receive a written notice of claim within 30 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible.

Forms to submit to WoodmenLife:

1. Fully completed and signed Incident Report (Form 8613).
2. Fully completed and signed Medical Claim Form and Notice of Claim Form* (both contained in Form 8614).

***NOTE:** Risk Management in the Home Office will complete and sign the "Policyholder Certification" section of the Notice of Claim Form contained within the Medical Claim Form packet. The claimant (or parent, if the claimant is a minor child) should complete the "Claimant Certification" section of the Notice of Claim Form. The Notice of Claim Form will then be returned to the Claimant for submission to 3rd party insurance provider.

3. Forms can be submitted to WoodmenLife, ATTN: Risk Management, 1700 Farnam Street, Omaha, NE, 68102, RiskManagement@woodmenlife.org or by fax to 402-341-0656.

Forms to submit to 3rd party insurance provider:

1. Notice of Claim and Claimant's Statement. These forms are available by contacting Risk Management at RiskManagement@woodmenlife.org or 402-271-7224.
2. Itemized medical bills relating to the incident that include claimant name, date of service, diagnosis, procedure codes, amount charged, and provider information. "Balance Due" statements and/or incomplete bills do not provide enough claim detail to process the charges. In order to ensure complete claim information is received, the insurance company suggests providers submit standardized billing statements (called "UB-04" for hospital charges and/or a "CMS-1500" for physician charges).
3. Explanation of Benefits from the claimant's primary health insurance carrier. If the claimant is not insured by any other form of health insurance, this should be indicated in the "Claimant Certification" section of the Notice of Claim Form.
4. Cover letter, if you would like to explain the incident or supporting paperwork in greater detail.
4. Submit claim to: WoodmenLife, ATTN: Risk Management, 1700 Farnam Street, Omaha, NE, 68102, RiskManagement@woodmenlife.org or by fax to 402-341-0656.
5. **NOTE:** Our 3rd party medical insurance provider administers the claim process. It is up to the Claimant or the Claimant's legal guardian to submit the necessary paperwork to the insurance company and to follow up with them on the claim. Should the claim process be delayed for any reason, or if additional information is needed, the medical insurance company will notify you in writing.

If you have any questions relating to claim submission, you may contact Risk Management at RiskManagement@woodmenlife.org or 402-271-7224.



General Liability/Medical Incident Report

General Liability Medical

This incident report is mandatory before any claims will be considered and is absolutely required for all incidents. A separate claim form must be completed in addition to this incident report.

State and Chapter #: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Claimant

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Date of Birth: _____

Occupation: _____

Description of Incident (Use Revers Side if Necessary): _____

Describe any Injuries: _____

Witnesses

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____

Relationship to Chapter/Fraternal Corporation: _____

Phone: _____ Form Completed By: _____

Submit completed form to: WoodmenLife, Attn: Risk Management, 1700 Farnam Street, Omaha, NE, 68102, riskmanagement@woodmenlife.org or by fax 402-341-0656.



Medical Claim Form

Woodmen of the World Life Insurance Society Release and Waiver of Liability

In conjunction with the completed Notice of Claim attached hereto as Attachment A, and all conditions stated therein, this Release and Waiver of Liability ("Release") is executed today by and between me, as an adult claimant or as a parent / guardian of a minor claimant and Woodmen of the World Life Insurance Society ("WoodmenLife"). I hereby agree to all of the following terms and conditions as set forth below:

1. I hereby acknowledge and understand that in consideration for WoodmenLife submitting the attached Notice of Claim to The Hartford Life and Accident Insurance Company ("The Hartford"), I hereby waive my right and forever discharge and release WoodmenLife from any and all claims, damages, losses, disputes or other causes of action that have resulted or may result from my or my child's attendance at a WoodmenLife affiliated event, chapter event, or other activity.
2. I hereby acknowledge and understand that upon WoodmenLife submitting the attached Notice of Claim to the Hartford, my sole remedy and maximum recovery against WoodmenLife for any and all claims, damages, losses, disputes or other related causes of action shall be determined by The Hartford in its sole discretion in accordance with all of its applicable rules, regulations, procedures and/or policies established now or in the future in furtherance of its duties as the insurance carrier for WoodmenLife and WoodmenLife's affiliated fraternal corporations and chapters.
3. Any and all claim determinations by The Hartford are considered final and may only be appealed through The Hartford administrative process and not through WoodmenLife.

By signing this Release, I, for myself as an adult claimant or as a parent/guardian for a minor claimant along with my or his/her heirs, executors, administrators, successors, and/or assigns, hereby fully and forever release, discharge, waive, covenant not to sue, and agree to hold harmless WoodmenLife and/or its subsidiaries, fraternal corporations, chapters, other affiliates, and all of its/their officers, directors, employees, agents, successors, and/or assigns, from any and all claims, demands, damages, or causes of action, present or future, resulting from or arising out of the attached Notice of Claim.

This Release shall be governed by and construed in accordance with the laws of the state of Nebraska without regard to conflicts of law rules.

I hereby certify this Release is voluntary and not predicated on or influenced by any declaration, representation, or promise by anyone, except as provided within the Release. I further certify that I have READ and UNDERSTOOD all of the foregoing terms and conditions of this Release.

Claimant (Injured Party) Name (print)

Printed name of Parent / Guardian or Adult Claimant (print)

Witness (print)

Signature of Parent / Guardian or Adult Claimant (print)

Witness Signature (print)

Date

Date

Submit completed form to: WoodmenLife, Attn: Risk Management, 1700 Farnam Street, Omaha, NE, 68102, riskmanagement@woodmenlife.org or by fax 402-341-0656.

Important Telephone Numbers for Your Reference

Coverage Questions:

Risk Management, WoodmenLife RiskManagement@woodmenlife.org

Phone: 402-271-7224

Fax: 402-341-0656

Fraternal Projects and Administration

fraternal_outreach_mailbox@woodmenlife.org

Phone: 402-271-7233 (selection option #2)

Fax: 402-449-7733



Woodmen of the World Life Insurance Society
Home Office: Omaha, Nebraska
1-800-225-3108
woodmenlife.org

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