



Corporate Headquarters: PO Box 590, Carnesville GA 30521 Phone: 678-935-7304 Fax: 706-286-8432  
 www.fastrakracing.com

**PARTICIPANT ACCIDENT MEDICAL INSURANCE**

<b>Accidental Death &amp; Specific Loss</b>	
Principal Sum Amount -	\$10,000
Loss Period	Loss within 365 days of Injury
Aggregate Limit (applies to Accidental Death & Specific Loss)	\$500,000
<b>Paralysis Benefits Included</b>	Yes

<b>Accident Medical Expense Benefit</b>	
Maximum Benefit Amount per Injury	\$100,000
Coverage Type	Full Excess
Benefit Percentage	100% of Allowable Expense
Deductible (Reducing)	\$10,000
Loss Period	Initial treatment received within 90 days of Injury
Benefit Period	Benefits payable for 52 weeks from accident date

**BENEFITS:**

**Accidental Death & Specific Loss**

**Loss Table**

Loss of Life .....	100% of Principal Sum
Loss of Both Feet, Both Hands or Both Eyes .....	100% of Principal Sum
Loss of One Hand and One Foot.....	100% of Principal Sum
Loss of One Hand & One Eye or One Foot & One Eye .....	100% of Principal Sum
Loss of Speech and Hearing .....	100% of Principal Sum
Loss of One Hand, One Foot or One Eye .....	50% of Principal Sum
Loss of Speech or Hearing .....	50% of Principal Sum
Loss of Thumb and Index Finger of the Same Hand .....	25% of Principal Sum
Quadriplegia .....	100% of Principal Sum
Paraplegia .....	75% of Principal Sum
Hemiplegia .....	50% of Principal Sum
Uniplegia .....	25% of Principal Sum

Only one of the amounts shown above (the largest applicable) will be paid for covered injuries resulting from one accident.

**Aggregate Limit Of Liability**

The Aggregate Limit of Liability is shown in the Schedule. We will not be liable for any amount over this limit for any one Accident. If the total amount of benefits to be paid to two or more Insureds is more than the Aggregate Limit of Liability, the benefit We will pay for each Insured's loss will be a proportionate share of the Aggregate Limit of Liability.



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**Medical Expense for Accident Benefit:**

We will pay the following Medical Expenses incurred as a result of an Accident. The Medical Expense Maximum and any applicable sub-limit amounts are shown in the Schedule.

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 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:
  - a. emergency room treatment. Treatment must be received within 72 hours of the Accident;
  - b. emergency room physician; or
  - c. use of surgical facilities;
5. surgical charges for the primary performance of a surgical procedure by a Physician; subject to the following:
  - a. if bilateral or multiple surgical procedures are performed by one Physician, We will pay the Medical Expenses for the primary procedure;
  - b. for each procedure that is not the primary procedure performed through the same incision as the primary procedure, we will pay 50% of the amount otherwise payable if the additional procedure were the primary procedure;
  - c. 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;
  - d. 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;
  - e. 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
  - f. if two or more Physicians perform a procedure that is normally performed by one Physician, We 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:
  - a. adjustment;
  - b. diathermy;
  - c. heat treatment;
  - d. manipulation;
  - e. microtherm;
  - f. ultrasonic;
15. Ambulance Service (Surface) or and Ambulance Service (Air);
16. Orthopedic Appliances and prosthetics, not including replacements;
17. Prescription Drugs;



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18. dental expense for sound natural teeth;
19. extended dental expense for the replacement of caps, crowns, dentures, braces or other orthodontic appliances when damaged due to Accident;
20. other Medical Expenses as noted in the Schedule.

#### **Full Excess Medical Expense**

We will pay the Medical Expenses an Insured incurs for covered services that exceed amounts payable by any Other Insurance Plan, subject to the Deductible, Benefit Percentage, and Benefit Period shown in the Schedule. We will determine the amount of benefits provided by any Other Insurance Plan without reference to any coordination of benefits, non-duplication of benefits or similar provisions. The amount of benefits provided by an Other Insurance Plan includes any amount to which the Insured is entitled whether or not a claim is made for the benefits. This Policy is secondary to all Other Insurance Plans.

The first Medical Expense must be incurred within the Loss Period stated in the Schedule.

The Maximum Benefit Amount payable and sub-limits under this policy are shown in the Schedule.

#### **EXCLUSIONS:**

We will not pay benefits for a loss due to or expenses incurred for:

1. intentionally self-inflicted injury, suicide while sane or insane;
2. voluntary self-administration of any drug or chemical substance not prescribed by or not taken according to the directions of the Insured's Physician;
3. treatment for alcoholism or drug addiction;
4. Injury caused by, attributable to, or resulting from the Insured's Intoxication;
5. Injury caused by, attributable to, or resulting from the Insured's use of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage;
6. operating a motor vehicle under the influence of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage;
7. operating a motor vehicle while having a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Injury occurred;
8. commitment of or an attempt to commit a felony, or engagement in an illegal activity;
9. participation in a riot or insurrection;
10. any Injury that results from fighting, brawling, assault or battery;
11. an act of declared or undeclared war;
12. active duty service in any Armed Forces;
13. operating, learning to operate, or serving as a pilot or crew member of any aircraft;
14. sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning;
15. dental treatment or dental X-rays, except as otherwise provided, and only when Injury occurs to sound natural teeth;
16. orthodontic braces or appliances;
17. any loss for which benefits are paid under state or federal worker's compensation, employers' liability, or occupational disease law;
18. treatment in any Veterans Administration or federal Hospital, unless there is a legal obligation to pay;
19. charges which the Insured would not have to pay if the Insured did not have insurance;
20. a charge which is in excess of the Allowable Expense;
21. cosmetic surgery, except reconstructive surgery due to a covered Injury;



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22. elective treatment or surgery that is not prescribed by a Physician and is not Medically Necessary, health treatment, or examination where no Injury is involved;
23. preventive medicines or, serums or, vaccines;
24. routine medical care and normal health checkups;
25. rest cures or Custodial Care;
26. blood or blood plasma, except for charges by a Hospital for the processing or administration of blood;
27. mental and nervous disorders;
28. Pre-existing Conditions\*\*;
29. human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC)\*;
30. infectious disease;
31. any Heart or Circulatory Malfunction;
32. services or treatment rendered by a Physician, Nurse or any other person who is:
  - a. employed or retained by the Policyholder/Sponsoring Organization; or
  - b. the Insured or an Immediate Family Member;
33. services or treatment incurred to the extent that they are paid or payable under any Other Insurance Plan;
34. services or treatment incurred to the extent that they are paid or payable under any automobile insurance policy without regard to fault. This exclusion does not apply in any state where it is prohibited;
35. eyeglasses, contact lenses, hearing aids, or related examinations or prescriptions;
36. 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;
37. treatment of a hernia.
38. injuries associated with activities or travel outside the United States;

\*not a valid exclusion in Florida

\*\*not a valid exclusion in Oregon

#### **DEFINITIONS:**

Accident means an unexpected and unintended event, independent of Sickness and all other causes, which: (a) causes Injury to an Insured; and (b) occurs within the Scope of Coverage.

Allowable Expense means a Medical Expense otherwise payable under the policy that is not in excess of the 80<sup>th</sup> percentile identified on Context4HealthCare (the "Database"). When there is, in Our determination, minimal data available from the Database for a Medical Expense, We will determine the amount to pay by calculating the unit cost for the applicable service category using the Database and multiplying that by the relative value of the Medical Expense based upon a commercially available relative value scale selected by Us. In the event of an unusually complex medical procedure, a Medical Expense for a new procedure or a Medical Expense that otherwise does not have a relative value that is in Our determination applicable, We will assign a relative value. The Medical Expenses We pay may not reflect the actual charges of a provider and does not take into account the provider's training, experience or category of licensure. A provider may charge the Insured the difference between what the provider charges and the amount We pay under the policy. The Database will be updated by us as information becomes available from the supplier, up to twice each year. We may modify the Database in Our discretion to reflect Our experience. We have the right, in Our discretion, to substitute or replace the Database with another database or databases of comparable purpose, with or without notice.

Deductible (Reducing) means the amount of eligible Medical Expenses incurred by an Insured for each loss before benefits are payable under this policy. Medical Expenses payable under any Other Insurance Plan will be used to satisfy or reduce this Deductible. It applies separately to each Insured and each Injury.



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Hospital means an institution which: (a) is operated pursuant to law; (b) is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis; (c) is under the supervision of a staff of Physicians; (d) provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.); and (e) has medical, diagnostic and treatment facilities, with major surgical facilities on its premises or available to it on a prearranged basis.

Hospital does not include: (a) a clinic or facility for: (i) convalescent, custodial, educational or nursing care; (ii) the aged, drug addicts or alcoholics; (iii) rehabilitation; or (iv) a military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless: (1) the services are rendered on an emergency basis; and (2) the individual has a legal liability to pay for the services given in the absence of insurance.

Injury means bodily harm which: (a) requires treatment by a Physician; (b) results in loss due to an Accident, independent of Sickness and all other causes; and (c) occurs within the Scope of Coverage. Bodily harm does not include a Pre-Existing Condition.

Medical Expenses means expenses incurred for Medically Necessary services and supplies. Medical Expenses are incurred on the date the service or supply is rendered or provided. *Medically Necessary, Medical Necessity* means care that is ordered, prescribed, or rendered by a Physician or Hospital, and is determined by Us, or a qualified party or entity selected by Us, to be: (a) consistent with the diagnosis and treatment of the loss; (b) appropriate with the standards of good medical practice; (c) not solely for the convenience of the Insured; (d) the most appropriate supply or level of service which can be safely provided; and (e) not considered experimental or investigative.

Other Insurance Plan means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under: (a) any individual, group, blanket, or franchise policy of accident, disability, or health insurance; (b) any arrangement of benefits for members of a group, whether insured or uninsured; (c) any prepaid service arrangement such as Blue Cross or Blue Shield, individual or group practice plans, or health maintenance organizations; (d) any amount payable for Hospital, medical, or other health services for 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; (e) any amount payable for services for injuries or diseases related to the Insured's job to the extent that the Insured actually receives benefits under a workers compensation law. If the Insured enters into a settlement to give up the Insured's rights to recover future medical expenses under a workers compensation law, this policy will not pay those medical expenses that would have been payable except for that settlement; or (f) any benefits payable under any program provided or sponsored solely or primarily by any federal, state, or local governmental unit or agency or subdivision or through operation of law or regulation, except Medicaid and Medicare.

Paralysis means loss of use of one or more limbs as a result of neurological damage, without Severance of a limb. Paralysis must start within the Loss Period stated in the Schedule. This loss must be determined by a Physician to be complete and irreversible. The Insured must be under the care of a Physician for 12 consecutive months from the date of loss of use. At the end of this time, a Physician must determine that the loss of use is not reversible.

Sponsored or Supervised Activity means a Policyholder/Sponsoring Organization authorized function: (a) in which the Insured participates; and (b) which is organized by or under its auspices and sanctioned by the appropriate governing authority; and (c) which is within the scope of customary activities for such entity.

**Coverage Underwritten by: Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, NE 68175**