

2022-2023 Student Accident Insurance Summary

OPTIONAL SCHOOL TIME ACCIDENT COVERAGE – School Time Insurance coverage is provided for covered Injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored, school supervised, school scheduled and funded activities on or off school premises during the regular school term. Excludes participation in school Sports that are covered by another policy. Includes One-Day School Field Trips (excludes trips of 7 or more consecutive nights); School Sponsored Religious Activities and summer school classes for educational credit. Coverage is provided for traveling to and from school scheduled activities, as a member of a group, in transportation furnished or arranged by the Policyholder and traveling directly to or from their home premises and the school or the site of a covered activity. **Private travel, coverage at home or during the summer is not covered except as outlined above.**

School Time Options (excluding school sports):	Basic Plan A	Plan B
	\$10	\$14

OPTIONAL 24-HOUR ACCIDENT COVERAGE - Insurance coverage is provided for school time activities as defined above PLUS coverage expands to weekends and vacation periods, while at home and the summer months (only one summer may be included in coverage). Students are protected while at home or away from home, any place, anytime, anywhere in the USA.

24-Hour Premium Options (excluding school sports):	Basic Plan A	Plan B
	\$55	\$78

OPTIONAL 24-HOUR DENTAL COVERAGE - Expanded Insurance coverage is in effect 24 Hours a day. Injury must be treated within 60 days after the Accident occurs. Benefits are payable within 12 months after the date of Injury. The maximum eligible expenses payable per covered Injury is \$750 per injured tooth, not to exceed a total aggregate of \$25,000. The student must be treated by a legally qualified dentist who is not a member of the student's immediate family for Injury to teeth. Coverage is limited to treatment of sound, natural teeth.

Annual Premium: \$5

OPTIONAL IN-HOSPITAL SICKNESS COVERAGE - is an additional endorsement that can be added to an accident plan to provide coverage for overnight hospitalization for a covered illness or disease. The benefit will pay up to a maximum of \$5,000 per claim, not to exceed \$500 per night of hospitalization. Mental illness, pre-existing conditions, drug or alcohol treatment or addiction, childbirth or abortion, dental conditions or outpatient visits are not covered. All endorsement provisions apply. **Annual Premium \$40** for up to a 12-month period.

Schedule of Maximum Policy Benefits

Covered Benefits	Plan A "Basic"	Enhanced Plan "B"
Maximum Benefit Per Accident	\$25,000	\$25,000
Death Benefit/Single Dismemberment	\$5,000	\$10,000
Double Dismemberment	\$20,000	\$20,000
In-Patient Hospital (Semi-Private Room Rate)	100%*/\$750 Max	100%*/\$1,500 Max
Hospital Intensive Care	100%*/\$750 Max	100%*/\$1,500 Max
Outpatient Hospital Misc./Surgical Center	100%*/\$750 Max	100%*/\$1,250 Max
Hospital Emergency Room	100%*/\$150 Max	100%*/\$250 Max
Day Surgery Miscellaneous	100%*/\$750 Max	100%*/\$1,250 Max
Physician's Surgical Treatment	100%*/\$750 Max	100%*/\$1,250 Max
Assistant Surgeon/Anesthesiologist	25% of Surgical Benefit	25% of Surgical Benefit
Physician's Non-surgical Visit(1 per day)	100%*/\$35 per day	100%*/\$50 per day
Physical Therapy	\$35; 10 Visits Max	\$50; 10 Visits Max
Registered Nurses' Services	100%*Up To \$2000	100%*Up to \$4000
Prescribed Prescriptions by MD	100%*up to \$50	100%*Up To \$75
X-rays, includes interpretation – outpatient	100%*/\$200 Max	100%*/\$250 Max
Diagnostic Imaging (MRI, CAT incl. readings)	100%*/\$400 Max	100%*/\$500 Max
Air or Ground Ambulance	100%*/\$350 Max	100%*/\$500 Max
Durable Medical Equipment	100%*/\$200 Max	100%*/\$250 Max
Dental Treatment to sound, natural teeth	100%*/\$200 Max	100%*/\$250 Max
Replacement eyeglasses/contacts/hearing aids	100%*/\$200 Max	100%*/\$250 Max
Heart or Circulatory Malfunction	100%*/\$10,000 Max	100%*/\$10,000 Max

*RE (Reasonable Expense means expenses paid will be based on usual, customary, and reasonable charges) School sports or accidents that are covered by another policy are not covered under this policy.

HOW TO ENROLL: Enroll now online www.schoolinsuranceonline.com – Select your School District from the website or click on Purchase Now. Fill in the form and pay with a credit card. Once you complete the simple checkout process, print your ID card and Summary of Insurance for your records. If you need a hard copy application, please call our offices and they will mail you one. Do not wait until an accident happens, enroll today!

Underwritten by Reliance Standard Life Insurance, 1100 East Woodfield Road, Two Woodfield Lake, Schaumburg, IL

COVERAGE PERIOD: Coverage under the Optional School-Time Accident Coverage, the Optional 24-Hour Accident Coverage and the Optional 24-Hour Dental Coverage starts at 11:59 PM on the date of the premium receipt, but not before the start of the school year. Optional School-Time Accident Coverage ends at the close of the regular nine-month school term **May or June 2023**, except while the student is attending academic classroom sessions exclusively sponsored and solely supervised by the School during the summer. Optional 24-Hour Accident and Dental Coverage ends when school reopens for the following school year, **August 2023**. Coverage is available under these plans throughout the school year. No discounts for late enrollments and there are no refunds after the first full day of coverage unless the student enters the armed forces. Please note these plans do not provide coverage for outpatient sickness visits. This is a summary of insurance that summarizes the provisions and benefits of the policy (files form # LRS-8985-0100-FL). Any difference between the policy and the certificate will be settled according to the provisions of the master policy issued to the policy holder. **RETAIN THIS DESCRIPTION FOR YOUR RECORDS.** This is not a Policy, rather a brief description of the benefits provided under the master policy issued to the school.

The Certificate of Insurance summarizes the policy provisions and benefits. This policy will not pay 100% of all incurred medical expenses. Policy limits and exclusions apply. Policy benefits are payable, subject to the limits specified on the front page, for accidental bodily injury resulting from a covered accident. The company will pay the reasonable cost of covered eligible medical charges not to exceed the maximum benefits listed in the policy (summarized in this form). The maximum benefit payable for any one covered accident is \$25,000.00. First medical treatment by a licensed physician or dentist for a covered condition must be obtained **within sixty days (60)** from the original date of the covered injury to be eligible for policy benefits. The company will pay for covered medical charges for treatment and care rendered **within 52 weeks** after the date of a covered accident or condition. Expenses incurred after one (1) year from the date of injury are not covered, even though services may continue, or for medical treatment that is delayed beyond one year from the date of injury. This Blanket Student Accident Insurance is secondary to all other policies. This provision will not apply if the total Reasonable Expenses incurred for Hospital and Professional Services Benefits are less than the amount stated in the Schedule of Benefits under Excess Coverage Applicability.

POLICY DEFINITIONS

“Covered Accident” means bodily injury of the insured that results directly and independently of all other causes from a covered accident occurring while the policy is in force. Self-inflicted injuries caused by prolonged over exertion, stress or strain, or disease process or aggravation of an existing condition is expressly excluded from coverage under the accident policy. **“Covered Charges”** means reasonable charges which are not in excess of usual and customary charges; not in excess of the maximum benefit amount payable for services specified below; services and supplies which are not excluded from coverage; and services and supplies which are a medical necessity for treatment of the covered accident. **“Reasonable Expense”** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. Such services and supplies must be recommended and approved by a Physician. **“Pre-Existing Condition”** means any physical condition for which the existence of symptoms would cause a normally prudent person to seek medical care or advice. Physical condition includes any complication or residual of a prior illness, condition, or disease the person was advised or treated for in the six (6) months before the effective date of the Insured’s coverage under the policy. **“Sickness”** means an illness or disease for which symptoms first originate and for which medical treatment is rendered by a physician while this Endorsement is in force. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. **“Hospital”** means a licensed or properly accredited general hospital which is open at all times and operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients under the supervision of one (1) or more legally qualified physicians available at all times with continuous, twenty-four (24) hour nursing services by Registered Nurses on duty or call. “Hospital” does not mean a facility that is primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating mental or nervous disorders, alcoholics, or drug addicts. **“At-School Accident Coverage”** applies while a covered person is in attendance at the school during the hours and on the days that school is in session; participating in activities, except as a spectator, which are exclusively school-funded, school sponsored, school-supervised and scheduled by the school on or away from school premises, during or after school hours or school-sponsored religious instruction; traveling by bus directly and without interruption to or from the covered person’s residence and the school for regular school sessions or such travel time as is required, however, not to exceed one (1) hour before the regular school classes begin and not more than one (1) hour after school is dismissed; No coverage is provided for interscholastic sports. **“24-Hour Accident Coverage”** includes “At-School Coverage” and extends coverage to twenty-four (24) hours per day while a covered person is at home, school or on vacation. Under the 24-hour coverage plan, the same benefits, limitations, and exclusions of the “At-School Coverage” plan will apply. No benefits are payable for practicing for or participating in tackle football or sports. Additional policy terms and provisions apply which are stated in the Master Blanket Accident Insurance Policy issued to the school district and on file for your review. **“Effects of Other Coverage”** means the insurance coverage provided under the policy shall be “EXCESS” to any other collectible insurance or plans, including but not limited to auto P.I.P. and auto medical payments, HMOs or PPOs, subject to limits stated in the policy when total charges for treatment of a covered accident are in excess of \$1.00. Third party subrogation rights are reserved. Total payments by all insurance plans, including HMOs or PPOs, shall never exceed the total medical expenses incurred.

EXCLUSIONS – WHAT THE POLICY DOES NOT COVER

1. The practice or play of interscholastic sports, league sports or tackle football including travel to or from such practice or play if the student is enrolled in the 9th, 10th, 11th, or 12th grades. Participation in any organized sports camps, league practices or competitions that are not exclusively funded, sponsored, scheduled, and supervised by the Member school district Board of Education to which the Policy is issued. Participation in organized classes, practices or competitions in boxing, wrestling, self-defense, or martial arts, including but not limited to Karate, Aikido, Tae Kwon Do, Jujitsu, Kung Fu, kickboxing, or weapons training unless the organized program is exclusively sponsored, funded, and scheduled by the Member school district Board of Education to which the Policy is issued, and directly supervised by a Member school employee. 2. Damage to other than whole, sound, vital and natural teeth or to existing dental bridges, crowns, restorations, or braces; orthodontic procedure and services. Treatment for injury or fracture of tooth caused either by decay, infection, or the breakdown of a dental restoration. 3. Pathological fractures, stress fracture, boils, athlete’s foot, impetigo or similar skin infection, rashes, poisonous vegetation reactions, warts, blisters, calluses, cramps, muscle spasms, allergies or allergic reactions, ingrown nails, appendicitis, hernia of any kind, however caused; infections occurring other than as a result of such injury; detached retina; or psychiatric care. 4. Any form of illness, sickness or disease including but not limited to the following: Perthes’ Disease, Osgood-Schlatter’s Disease, Osteomyelitis, Osteochondritis, Osteogenesis Imperfecta, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Hysterical Reactions, or similar conditions. 5. Any form of fighting or brawling or criminal or felonious assault or the Insured being engaged in an illegal occupation. Intentionally self-inflicted injury. 6. Services or treatment rendered as a part of the member school service by a hospital, physician, or person employed or retained by the member, or by a person related to the Insured by blood or marriage. 7. Riding in or on, being struck by, being towed by, boarding, or alighting from, or operating any motorized or engine-driven vehicle. Eligible medical expenses not collectible from other valid coverage will be payable up to \$1,500.00. 8. War or any act of war (raids by air, land or sea shall be deemed act of war), civil disobedience, plots, or insurrection. 9. Injuries sustained by the Insured for which benefits are payable under any Workers’ Compensation or Employer Liability Laws, or while engaging in activity for monetary gain from sources other than the Member. 10. Aviation in any form except while the Insured is riding as a passenger in a licensed airplane provided by an incorporated passenger carrier on a regularly scheduled passenger flight and route. 11. Riding in or on, being struck by, being towed by, boarding, or alighting from, or operating any snowmobile, all-terrain vehicle, or two (2) or three (3) wheeled motor vehicle. 12. The use of or while under the influence of drugs unless administered as prescribed by a physician. 13. The existence or aggravation of physical or mental infirmity, condition, or disease, whether infectious, congenital, secondary, or acquired in origin. Conditions or the aggravation of conditions that originated prior to the Insured’s Effective Date. 14. Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association-sponsored catastrophe sports accident policy or trust fund is expressly excluded from coverage. 15. Snow skiing, snow tubing, snowboarding, water skiing, wake boarding, skate boarding, surf boarding, hydro-sliding, jet skiing or using any “personal watercraft” as defined by Florida statutes. 16. Any expense for which a benefit is not listed.

HOW TO FILE A CLAIM: (Para reportar un reclamo, Comuníquese con la oficina de la escuela). Obtain a claim reporting form from your school or our website www.schoolinsuranceofflorida.com. Complete the form and mail to address on the form. If you have other insurance, you must file with your primary insurance first. When you receive the explanation of benefits notice from your primary carrier, send it to the agency with the matching itemized bills. If any bills were paid by you, obtain an itemized receipt of charges (showing procedure and diagnosis codes) from the provider of medical services, and send copies of the itemized bills, and receipts, and the fully completed and signed accident claim form to the claim’s office. **School Insurance of Florida, P.O. Box 784268, Winter Garden, Florida 34778. Call 1-800-432-6915 with any questions. FLORIDA LAW STATES: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an enrollment form containing any false or incomplete, or misleading information is guilty of a felony of the third degree. A certificate of insurance summarizes the provisions and benefits of the policy (files for # LRS 8985-0100-FL).** Any difference between the policy and the certificate will be settled according to the provisions of the master policy.