

Student Accident Insurance Coverage 2017–2018 School Year

Our School District will be providing to all enrolled students (Pre-K through 12th Grade) an Excess Student Accident insurance policy through Gerber Life Insurance Company. The Student Accident insurance provides coverage during the hours and days when school is in session, while participating in school sponsored and supervised activities. Coverage includes participation in Interscholastic Sports; including Football, Religious Education Classes, One Day Field Trips and Overnight Field Trips* (no more than 7 consecutive nights). This includes travel directly (uninterruptedly) to and from a regularly scheduled activity with other members as a group. The travel must be supervised by a person authorized by the school.

Schedule of Benefits:

Maximum Benefit \$10,000
Deductible \$250
Coinsurance None

Inpatient

Room & Board:	100% Usual and Customary Charges
Intensive Care:	100% Usual and Customary Charges
Hospital Miscellaneous:	100% Usual and Customary Charges
Surgery:	100% Usual and Customary Charges based on data provided by Ingenix, at the 80 th percentile.
Assistant Surgeon:	100% Usual and Customary Charges
Anesthetist:	100% Usual and Customary Charges
Registered Nurse:	100% Usual and Customary Charges
Physician's Visits:	100% Usual and Customary Charges
Pre-admission Testing:	100% Usual and Customary Charges

Outpatient

Surgery:	100% Usual and Customary Charges based on data provided by Ingenix at the 80 th percentile.
Day Surgery Miscellaneous:	100% Usual and Customary Charges (Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.)
Assistant Surgeon:	100% Usual and Customary Charges
Anesthetist:	100% Usual and Customary Charges
Outpatient Misc. Benefit:	100% Usual and Customary Charges
Physician's Visits:	100% Usual and Customary Charges
Physiotherapy:	100% Usual and Customary Charges
Medical Emergency:	100% Usual and Customary Charges
Diagnostic X-Rays:	100% Usual and Customary Charges
Laboratory:	100% Usual and Customary Charges
Tests & Procedures:	100% Usual and Customary Charges
Prescription Drugs:	100% Usual and Customary Charges

Other

Ambulance: 100% Usual and Customary Charges
Durable Medical Equipment: 100% Usual and Customary Charges
Dental (Benefits paid on Injury to Sound, Natural Teeth only.) 100% Usual and Customary Charges

Replacement of eyeglasses, hearing aids or contact lenses damaged during a covered Injury, if medical treatment is also received for the covered Injury. 100% Usual and Customary Charges

This is a highlight of benefits and all claims payments are subject to the term of the policy.

**HOW BENEFITS ARE PAID
(Excess Coverage)**

Excess Coverage: If an Injury to the Insured Person results in incurring Covered Medical Expenses for any of the services specified in the Schedule of Benefits, the Company will pay the Covered Medical Expenses incurred subject to the Deductible Amount and Coinsurance Percentage (if any), that are in excess of Covered Medical Expenses payable by any other valid and collectible insurance.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with policy provisions or requirements.

NOTICE OF CLAIM

Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company, with information sufficient to identify the Named Insured shall be deemed notice to the Company. Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss. Treatment must begin 180 days after the date of Injury and is received within 12 months after date of injury.

In the event of an Accident, students should:

1. Secure treatment at the nearest medical facility of their choice.
2. Obtain a receipt (if payment of any bills were made) and itemized copy of charges from the provider of medical services and send copies of their itemized bills, primary insurance Explanation of Benefits and the fully completed and **signed** accident claim form to the claims office – mail all correspondence to WEB-TPA, P.O. Box 2415, Grapevine, TX 76099-2415.
3. **Call 1-866-975-9468, Policy #28-3767-17** with any Claims questions.

Arizona/Nevada Voluntary Student Accident & Sickness Plans for the

**2017 - 2018
School Year**

Arranged and administered by:



PLAN DESCRIPTIONS

Our voluntary participation plans are a low-cost way for parents to provide protection for their children. They can be used on a standalone basis for those with no other health coverage or as “gap coverage” to assist with the high deductibles, high co-pays and other inside limits common to many of today’s health plans. They offer complete freedom of choice of provider!

Student Accident & Sickness Plan

Covers Injuries sustained and Sickness commencing while covered under the plan. Coverage protects your student 24 hours a day, anywhere in the world, including participating in all interscholastic sports, except high school tackle football. Repatriation and Medical Evacuation benefits are included.

\$200,000 maximum coverage per Injury • \$50,000 maximum coverage per Sickness • \$10,000 accidental death benefit

There is a \$50 deductible per Injury or Sickness.

Any student of a participating School or School District, grades P-12, is eligible to purchase the Student Accident & Sickness Plan. The first payment provides coverage for the remainder of the month premium is received by the Company plus the following month. Thereafter, premium is billed and payable every two months. If subsequent payments are not made for any reason, the student’s coverage under the Student Accident & Sickness Plan will end. However, the student will be covered under the School-Time Low-Option Plan, with a \$1,500 maximum per injury, for the remainder of the School Year.

Tackle Football Accident Plans

Covers injuries caused by accidents occurring:

- While practicing or playing in interscholastic high school tackle football activities which are School-sponsored and directly supervised, including spring practice and summer conditioning, weight training and passing league; and
- While traveling for football in a School Vehicle or traveling directly and without interruption between School and off-campus sites for such activities provided travel is arranged by and is at the direction of the School.

NOTE: Football coverage can be made effective as early as May 1st, 2017.

Full-Time (24/7) Accident Plans

Covers injuries caused by accidents occurring 24 hours a day, anywhere in the world, except while participating in interscholastic tackle football.

Note: Faculty/staff are also eligible for this plan!

School-Time Accident Plans

Covers injuries caused by accidents occurring:

- While on School premises during the hours and on the days when the School’s regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while the Covered Person is continuously on the School premises;
- While participating in or attending School-sponsored and directly supervised School Activities including interscholastic athletic activities and non-contact spring football (except interscholastic high school tackle football);
- While traveling directly and without interruption: to or from residence and School for regular attendance; or School and off-campus site to participate in School-sponsored and directly supervised School Activities provided travel is arranged by and is at the direction of the School;
- While traveling in School Vehicles at any time.

Dental Accident Plan

Covers injuries to teeth caused by accidents occurring anywhere in the world, 24 hours a day, including participation in all sports and all forms of transportation. The “Benefit Period” under the dental plan provides accident dental benefits for up to one year from the date of first Treatment. However, the benefit period for an Injury may be extended each year, provided that: coverage is renewed prior to October 1, the student remains enrolled in grades P-12, and written notice is received by the Company at the time of injury that further Treatment will be deferred to a later date.

Coverage is not limited to treatment of sound, natural teeth. We pay a maximum of \$75,000 up to 100% of the Usual, Customary and Reasonable charges for Treatment of injured teeth, including repair or replacement of existing caps and crowns. (We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.)

Pharmacy SmartCard™

Available to students, their families and school staff through our partnership with National Pharmaceutical Services (NPS), the SmartCard offers savings of up to **95%** of prescription drug costs and is accepted at over **63,000** pharmacies nationwide. In addition, the program can provide “Instant Alerts” to potential medication interactions to better protect your family along with unique “Proof of Savings” reports mailed directly to you every six months.

After payment has been processed, NPS will send an ID card that can be presented each time a member needs a prescription filled. All members of the household may participate.

The SmartCard is not an insurance product and is not insured by BCS Insurance Company.

VOLUNTARY BENEFITS

We offer two distinct schedules of benefits for the District to choose from. Each schedule includes several levels of accident coverage: a School-Time, Full-Time (24/7) or Tackle Football only basis. In addition, we offer a Student Accident & Sickness Plan, Dental Accident Plan and Pharmacy SmartCard.

We will pay benefits only for covered injuries sustained or Covered Sickness commencing while insured under this School Year's plan. Benefits payable will be based on the Usual, Customary and Reasonable charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements and limitations. We do not pay for a service or supply unless it is Medically Necessary and listed in the Description of Benefits, below. Applicable benefits mandated by the state of residence will be included in the covered expenses. *Applies to all voluntary plans except the Dental Accident Plan.*

Covered Benefit Levels	The Provider Network Discount (PND) Package			The Scheduled Benefit Package		Student Accident & Sickness Plan
	Low Option	Mid Option	High Option	Low Option	High Option	
Plan Name	MAXIMUMS PER ACCIDENT			MAXIMUMS PER ACCIDENT		\$50,000 Maximum per Sickness \$200,000 Maximum per Accident
Tackle Football Accident Plan	\$25,000	\$50,000	\$75,000	\$25,000	\$75,000	
Full-Time 24/7 Accident Plan	\$50,000	\$100,000	\$150,000	\$50,000	\$150,000	
School-Time Accident Plan	\$25,000	\$50,000	\$75,000	\$25,000	\$75,000	
Deductible Per Covered Accident/Sickness	\$200	\$100	\$50	\$0	\$0	\$50
Covered Expenses	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS		BENEFIT MAXIMUMS
Hospital Room & Board - Paid up to	80%	80%	90%	\$500/Day	\$750/Day	80% Semi Private Room Rate
Inpatient Hospital Miscellaneous Charges. Services described below are paid as scheduled. All other miscellaneous charges - Paid up to	80% to \$2,000/Day	80% to \$2,500/Day	90% to \$3,000/Day	\$750/Day	\$1,600/Day	80% to \$4,000/Day
Intensive Care Unit - Paid up to	80% to \$2,000/Day	80% to \$2,500/Day	90% to \$5,000/Day	\$1,500/Day	\$2,400/Day	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	100%			100%		100%
Emergency Room Physician Charges	100%			100%		100%
Outpatient Surgical (room & supplies)	80% to \$2,000	80% to \$2,500	90% to \$3,000	\$750	\$1,600	80% to \$4,000
Physician Non-Surgical Treatment & Exam (excluding Physical Therapy)	80%	80%	90%	See benefits below		
First Visit	See benefits above			\$60	\$80	80%
Each Follow Up Visit				\$40	\$50	80%
Consultation (when referred by attending Physician)				\$200	\$300	80%
Surgeon Services	80%	80%	90%	60%	90%	80%
Assistant Surgeon Services	80%	80%	90%	25% of Surgical Allowance		80%
Anesthesiologist Services	80%	80%	90%	25% of Surgical Allowance		80%
Physiotherapy (includes related office visits) when prescribed by a Physician	80% to \$500	80% to \$750	90% to \$1,000	\$50/Visit to \$500	\$75/Visit to \$900	80% to \$2,000
X-Ray Examinations (including reading)	80% to \$500	80% to \$750	90% to \$1,000	60% to \$600	80% to \$700	80%
Diagnostic Imaging MRI, Cat Scan	80%	80%	90%	60%	80%	80%
Ambulance (from site of an emergency directly to hospital)	100%			100%		100%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	80%	80%	90%	60%	100%	80%
Durable Medical Equipment	80% to \$400	80% to \$750	90% to \$1,000	60% to \$500	100% to \$800	80%
Out-Patient Prescription Drugs (for Injuries only)	80%	80%	90%	60%	100%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	80%	80%	90%	60%	90%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical attention)	\$300	\$300	\$300	\$300	\$300	80%
Medical Evacuation & Repatriation	\$0	\$0	\$0	\$0	\$0	100% to \$10,000

VOLUNTARY RATES

Plan Rates

Accident-Only Rates:

(One-Time Payment Per Student for Entire School Year)

COVERAGE OPTIONS	<i>Provider Network Package</i>			<i>Scheduled Benefit Package</i>	
	Low-Option	Mid-Option	High-Option	Low-Option	High-Option
Interscholastic Tackle Football	\$235	\$295	\$339	\$199	\$338
Full-Time (24/7)	\$225	\$276	\$328	\$210	\$299
School-Time	\$53	\$68	\$79	\$55	\$77

Student Accident & Sickness Rates: **\$208** First Payment covers the remainder of that month in which it was paid and the month following
\$338 Subsequent payments cover additional two-month periods

Dental Accident Coverage is **\$16** if purchased separately or **\$12** when added to any purchased Plan(s).

Pharmacy SmartCard is **\$36** for the entire family for 1 full year.

Effective Dates

Coverage begins at 11:59 pm on the day that the Company receives a completed enrollment form and payment of premium. Coverage for all plans may begin as early as May 1, 2017.

Termination Dates

Full-Time (24/7) and Dental coverages end at 12:01 am on the date School begins regularly scheduled classes for the 2018-2019 School Year.

Interscholastic High School Tackle Football and School-Time coverages end at 11:59 pm on the closing date of regular classes for the 2017-2018 School Year.

Student Accident & Sickness coverage ends at 11:59 pm on the last day of the month for which payment has been made. Coverage may be continued for up to 12 calendar months, or through September 30, 2018, whichever comes first, provided the required payments are made.

Additional Benefits

Accidental death, dismemberment, loss of sight, paralysis and psychiatric/psychological counseling benefits (applies to all voluntary plans except the Dental Accident Plan).

In addition to medical benefits, if, within 365 days from the date of Accident covered by the policy, bodily injuries result in any of the following losses, we will pay the benefit set opposite such loss. Only one such benefit (the largest) will be paid for all such losses due to any one Accident.

- Accidental Death **\$10,000**
- Single dismemberment or entire loss of sight in one eye **\$20,000**
- Double dismemberment or entire loss of sight in both eyes or paraplegia or hemiplegia or quadriplegia **\$30,000**
- Counseling – In addition to the AD&D benefits, we will pay 100% of the Usual, Customary and Reasonable costs of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to: **\$5,000**

LIMITED ACTIVITIES COVERAGE

The following coverages may be provided to your district at no additional charge in consideration of your district's application and diligent efforts to provide the voluntary Student Accident Coverage materials to the parent/guardian of every student in the district and maintenance of a proper system of signed waiver/proof of insurance (where required by law). Some of these coverages are designed to assist with district compliance of Education Code requirements where applicable.

NOTE: *To receive these coverages, please complete the Limited Activities Agreement attached to the application.*

Interscholastic Sports Oversight Coverage

Covers injuries to interscholastic athletes who: 1) did not purchase student accident insurance because district personnel inadvertently failed to offer student accident insurance plans to the injured athlete as required by Education Code (where applicable) and 2) did not file a Waiver of Student Insurance, and 3) participated in interscholastic athletics without any insurance coverage. Benefits are paid at 100% of Usual, Customary and Reasonable charges up to a maximum of \$1,500 per Accident.

Non-Competing Participants Coverage

Covers injuries occurring while traveling in School-provided and operated vehicles to and from athletic events for which they have been selected by the district to directly assist in the noncompetitive activities associated with the events, e.g., members of school bands, cheerleaders, pompom girls and team managers. Benefits are paid at 100% of Usual, Customary and Reasonable charges up to a maximum of \$1,500 per Accident.

One-Day Field Trip Coverage

Covers injuries which occur while your students are attending or participating in School-sponsored one-day field trips which are under the direct and immediate supervision of School personnel.

In order to qualify as a bona-fide "Field Trip", the district must be fully responsible for the students while they are participating in the outing. Benefits are paid at 100% of Usual, Customary and Reasonable charges up to a maximum of \$1,500 per Accident.

Students attending or participating in interscholastic events are not covered under this plan.

Blanket Accidental Death Coverage

Provides a \$2,500 accidental death benefit for all of your students and district employees for loss resulting from covered injuries occurring while attending School or participating in activities sponsored and under the direct and immediate supervision of the School during the regular School Year, including all sports and while being transported in a School-provided and operated vehicle.

Felonious Assault (Counseling Benefit) Coverage

Provides up to a \$1,500 psychiatric or psychological counseling benefit for all of your students for counseling required after a felonious assault. Benefits are provided for any student whose injury occurs during the regular School Year while: traveling directly to or from School; participating in a School-sponsored and supervised activity; or on the School's premises. A felonious assault is an act of violence directed against a student, which results in a bodily Injury for which a student requires and seeks medical Treatment, and the School files a written report with the police within 24 hours of the assault.

OPTIONAL COVERAGES

The following Blanket (100% participation required) coverages are available for District/School purchase. For more details, you may call our office for applicable coverage enrollment forms.

School-To-Work Coverage

Covers students for injuries which occur while at an approved worksite and under direct supervision, and while traveling directly and without interruption, at the direction of the School, between School and the worksite and between the worksite and home.

Benefits: 100% Usual, Customary and Reasonable charges for covered expenses	Maximum per Injury	\$25,000
Rate: \$6.00 per participant	Minimum premium required:	\$250

Short-Term 24-Hour Coverage

Both the frequency and severity of injuries tend to increase when students are not directly supervised. Covers students round-the-clock when participating in School-sponsored, but not necessarily directly supervised activities, such as: ski trips, camping, overnight, amusement parks, etc.

Adult chaperones may be added at the same rate.

Basic Benefits: 100% Usual, Customary and Reasonable charges for covered expenses as underwritten by BCS Insurance Company.	Maximum per Injury:	\$25,000
	Maximum per emergency sickness:	\$1,000
Catastrophic Benefits as underwritten by Ace American Insurance Company*.	Maximum per Injury:	\$1,000,000 excess medical
Rate: \$1.75 per person per day	Minimum premium required:	\$35

NOTE: Includes Benefits for Emergency Sickness, Remains Repatriation and Medical Evacuation!

Interscholastic Tackle Football Tryout Coverage

Covers all students trying out for interscholastic high school tackle football, including non-contact spring football practice and/or while traveling in a School Vehicle to and from football practice.

Benefits: 100% Usual, Customary and Reasonable charges for covered expenses	Maximum per Injury:	\$1,500
Rate: \$6.00 per person per coverage term	Minimum premium required:	\$50

Powder Puff Football Coverage

Covers students participating in Powder Puff Football activities. Coverage provides for up to two weeks of practice and one game.

Benefits: 100% Usual, Customary and Reasonable charges for covered expenses	Maximum per Injury:	\$1,500
Rate: \$10.00 per participant	Minimum premium required:	\$50

Elementary Competitor's Team Coverage

Covers students for injuries which occur during elementary level after-school team sports while participating in School-sponsored and School-supervised interscholastic athletics (except interscholastic high school tackle football). Coverage is provided for after-school sports practice, sports contests, and travel in School-provided and operated vehicles to and from sports practice and contests.

Benefits: 100% Usual, Customary and Reasonable charges for covered expenses	Maximum per Injury:	\$1,500
Rate: \$5.00 times estimated number of participants in grades K-8	Minimum premium required:	\$200

EXCLUSIONS

Benefits are not payable for any of the following or loss that results from them:

1. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
2. War or any act of war, declared or undeclared.
3. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony or violating or attempting to violate any duly enacted law.
4. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
5. Injury or Sickness contributed to by the use of alcohol or drugs unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician.
6. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports. (Does not apply to the *Dental Accident Plan*.)
7. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law including, but not limited to group, group type, and individual automobile "No Fault" coverage (excluding School Vehicle coverage).
8. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School, or by any member of the Covered Person's immediate family; or for which no charge is normally made.
9. Mental or nervous disorders (except as specifically provided by the Policy).
10. Treatment of Sickness, ailment, or infections (except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances). (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
11. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
12. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled motor vehicle. (Does not apply to the *Dental Accident Plan*.)
13. Treatment of osteomyelitis, pathological fractures and hernia. (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
14. Detached retina (unless directly caused by an Injury). (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan* or the Emergency Sickness Benefit.)
15. Any expenses related to the Treatment of tonsils, adenoids, epilepsy, seizure disorder or congenital weakness; or expenses for Treatment of congenital anomalies and conditions arising or resulting directly there from.
16. Supplies, except as otherwise provided in the Policy.

Requirements and Limitations

Aggravations of Injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a Motor Vehicle are limited to a \$5,000 maximum benefit (up to \$10,000 if vehicle is a School Vehicle). Some Motor Vehicle Injuries are not covered – see Exclusions above for details. School-Time and Interscholastic High School Tackle Football Injuries must be reported to the School within 72 hours of the date of Injury. The first Physician's visit must be within 120 days after the Accident occurs. This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit us from providing insurance, including but not limited to, the payment of claims. A claim form must be filed with Myers-Stevens & Toohey & Co., Inc. within 90 days after the date of loss. The plan pays for covered expenses incurred within a year from the date of the first Physician's visit. However, should the Injury sustained require the removal of surgical pins, continued treatment for serious burns, or treatment of a non-union or mal-union fracture, the benefit period will be extended to 104 weeks. Each covered condition may be subject to a deductible – see plan details.

Non-Duplication of Benefits (Excess Provision)

In order to keep premium as affordable as possible, these plans pay benefits on a non-duplicating basis. This means, if a person is covered by one or more of these plans and by any other valid insurance or health agreement, any amount payable or provided by the other coverages will be subtracted from the covered expenses and we will pay benefits based on the remaining amount.

(In Arizona: Does not apply to the Sickness-Only coverage under the Student Accident & Sickness Plan)

This brochure contains a brief description of the benefits available. Rates shown in this brochure include all administrative expenses, commissions and taxes.

Plans arranged and administered by:
Myers-Stevens & Toohey & Co., Inc.

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www.myers-stevens.com



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Student Accident and Sickness Plans underwritten by:

BCS Insurance Company

Oakbrook Terrace, Illinois

Rated A – (Excellent) by A.M. Best, an independent insurance company rating agency.

Policyholder: Family Insurance Trust, situated in District of Columbia



Catastrophic Short-Term 24-Hour
underwritten by

ACE American Insurance Company

2016 Best rated A++ (Superior)

(A.M. Best Rating ranges from A++ to D)

This rating is an indication of the company's financial strength and ability to meet obligations to its insureds.

CHUBB®