

## 2019 – 2020 STUDENT ACCIDENT INSURANCE COVERAGE

**OPTIONAL SCHOOL-TIME ACCIDENT COVERAGE** - 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 and supervised activities on or off school premises. Includes participation in: Interscholastic Sports, excluding high school interscholastic tackle football (see below Optional Football Coverage option); Summer Recreation Activities sponsored by the school; One-Day School Field Trips (no Overnight) and School Sponsored Religious Activities. Coverage is provided for traveling to, during or after such 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.

**OPTIONAL 24-HOUR ACCIDENT COVERAGE** - Insurance coverage is provided around the clock, 24 Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away, any place, any time, anywhere. Coverage is provided for participation in Interscholastic Sports, excluding high school interscholastic tackle football (see below Optional Football Coverage option).

**OPTIONAL FOOTBALL COVERAGE** - Covers Accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is covered when going directly and uninterrupted to or from such practice or competition as part of a group in transportation furnished or arranged by the Policyholder. Refer to benefits and limitations described inside this brochure. Optional Football Coverage begins on the date of premium receipt and ends on the last day of practice or competition. Ninth Graders who play with 9<sup>th</sup> graders ONLY are not charged extra for football coverage. Their Optional School-Time or Optional 24-Hour Accident Coverage will apply if purchased.

**OPTIONAL 24-HOUR DENTAL COVERAGE (Can be purchased separately or with other coverage)** – Insurance coverage is in effect 24 Hours a day. Injury must be treated within 60 days after the Accident occurs. Benefits are payable within 36 months after the date of Injury. The maximum eligible expenses payable per covered Injury is \$10,000. In addition, when the dentist certifies that treatment must be deferred until after the Benefit Period, deferred benefits will be paid to a maximum of \$2,500. 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.

**COVERAGE PERIOD** – Coverage under the Optional School-Time Accident Coverage, the Optional 24-Hour Accident Coverage and the Optional 24-Hour Dental Coverage starts on the date of premium receipt by the Plan Administrator 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, except while the student is attending academic classroom sessions exclusively sponsored and solely supervised by the School during the summer. Optional 24-Hour Accident Coverage and Dental Coverage ends when school reopens for the following school year. Coverage is available under the plan throughout the school year at the premiums quoted (**no pro rata premiums available**).

### SCHEDULE OF BENEFITS Coverage for Injuries due to Accident only

<b>Maximum Benefit:</b>	<b>PLAN A</b>	<b>PLAN B</b>
School-Time Option	\$50,000	\$25,000
24-Hour Option	\$50,000	\$25,000
Football Option	\$50,000	\$25,000
Injuries Involving Motor Vehicles	\$10,000	\$10,000
Death Benefit/Double Dismemberment	\$20,000	\$20,000
Single Dismemberment	\$10,000	\$10,000
<b>Loss Period for Medical Benefits</b>	Treatment must begin within 60 days from the date of Injury	
<b>Benefit Period for Medical and AD&amp;D/Loss of Sight Benefits</b>	1 Year	1 Year
<b>Excess Coverage Applicability</b>	\$100 Primary Excess	\$100 Primary Excess
<b>Other Plan Reduction Percentage</b> (see Excess Coverage Provision)	50%	50%
<b>Hospital/Facility Services - Inpatient</b>		
Hospital Room and Board (Semi-Private Room Rate)	100% RE*	100% RE*
Hospital Intensive Care	100% RE*	100% RE*
Inpatient Hospital Miscellaneous	\$1,200 Per Day	\$600 Per Day
<b>Hospital/Facility Services - Outpatient</b>		
Outpatient Hospital Miscellaneous (Except physician services and x-rays paid as below)	80% RE*	\$1,000 Maximum
Day Surgery Miscellaneous	80% RE*	\$1,500 Maximum
Hospital Emergency Room	80% RE*	\$100 Maximum
<b>Physician's Services</b>		
Surgical	80% RE*	80% RE* to \$1,000 Maximum
Assistant Surgeon	25% of Surgical Benefits	25% of Surgical Benefits
Anesthesiologist	25% of Surgical Benefits	25% of Surgical Benefits
Physician's Non-surgical Treatment (Except as below)	80% RE*	\$30 Per Day
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	80% RE* / 10 Visits Maximum	\$30/Visit / \$300 Maximum
<b>Other Services</b>		
Registered Nurses' Services	100% RE*	100% RE*
Prescriptions - outpatient	\$300 Maximum	\$100 Maximum
Laboratory Tests – Outpatient	\$500 Maximum	\$150 Maximum
X-rays, includes interpretation - outpatient	80% RE*	\$300 Maximum
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation	80% RE*	\$150 Maximum
Ground Ambulance	\$1,000 Maximum	\$500 Maximum
Air Ambulance	\$1,000 Maximum	\$500 Maximum
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	\$500 Maximum	\$250 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$400 Maximum	\$200 Maximum
Dental Treatment to sound, natural teeth due to covered injury	\$1,500 Maximum	\$750 Maximum

\*RE means Reasonable Expense

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### 2019 – 2020 ENROLLMENT APPLICATION (please print or type)

Student's Last Name _____	Student's First Name _____	Student's Middle Initial _____	Grade _____
Address _____		City _____	State _____ Zip _____
Telephone Number _____		Birthdate _____	
School District _____		Name of School _____	
Check your selection:			
<b>School-Time</b>	Grades PreK-8	Plan A <input type="checkbox"/> \$ 39.00	Plan B <input type="checkbox"/> \$ 20.00
	Grades 9-12	<input type="checkbox"/> \$ 70.00	<input type="checkbox"/> \$ 40.00
<b>24-Hour</b>	Grades PreK-8	<input type="checkbox"/> \$181.00	<input type="checkbox"/> \$ 73.00
	Grades 9-12	<input type="checkbox"/> \$272.00	<input type="checkbox"/> \$125.00

**Please make check payable to Gerber Life Insurance Company**

Total Enclosed: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_ 0040

