2023 – 2024 VOLUNTARY STUDENT ACCIDENT INSURANCE COVERAGE

(If the school purchases Mandatory Coverage to cover students participating in Recess, Physical Education, One Day Field Trips and Overnight Field Trips, the below Optional Coverages will exclude coverage for these activities.)

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. **Annual Premium: Plan 1: $31.00 Plan 2: $20.00 Plan 3: $10.00**

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).
Annual Premium: Plan 1: $125.00 Plan 2: $81.00 Plan 3: $41.00

OPTIONAL FOOTBALL COVERAGE - Covers Accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is covered when going directly and uninterruptedly 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 9th graders ONLY are not charged extra for football coverage. Their Optional School-Time or Optional 24-Hour Accident Coverage will apply if purchased.
Annual Premium: Plan 1: $163.00 Plan 2: $106.00 Plan 3: $53.00
Spring/Summer Weight and Conditioning Training Only Rates Plan 1: $57.00 Plan 2: $44.00 Plan 3: $27.00
(for new players who participate in spring training and not already insured under Optional Football Coverage)

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 12 months after the date of Injury. The maximum eligible expenses payable per covered Injury is $25,000. 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 $1,000. 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: $7.00

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 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 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)**.

EXCESS PROVISION 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. The Excess Provision will not be applied to the first $100 of medical expenses incurred. 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.

MEDICAL EXPENSE BENEFITS – INJURY ONLY Benefits are payable under the Policy for Covered Medical Expenses less any Deductible incurred by or for an Insured Person for loss due to Injury subject to: a) the Maximum Benefit for all services; b) the maximum amount for specific services; both as set forth in the Schedule of Benefits; and c) any coinsurance amount set forth in the Schedule of Benefits or any endorsement to the policy thereto. The total payable for all Covered Medical Expenses shall never exceed the Maximum Benefit stated in the Schedule of Benefits.

ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT If such Injury shall independently of all other causes and within 365 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below in addition to payment under the "Medical Expense Benefits" provision. Loss of Life - $10,000.00; Loss of Both Hands, Both Feet or Sight of Both Eyes - $10,000.00; Loss of One Hand and One Foot - $10,000; Loss of Either One Hand or One Foot and Sight of One Eye - $10,000.00; Loss of One Hand or One Foot or Sight of One Eye - $5,000.00; Loss of Entire Thumb and Index Finger of Either Hand - $5,000.00
Loss shall mean with regards to hands and feet, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

DEFINITIONS Covered Medical Expenses means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a Deductible, if any. **Injury** for which benefits are provided, means accidental bodily injuries sustained by the Insured which are the direct cause, independent of disease or bodily infirmity or any other cause and which occur while the insurance is in force. **Usual and Customary Charges** means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality where service is rendered. No payment will be made under the Policy for any expenses incurred which in the judgement of the Company are in excess of Usual and Customary Charges.

EXCLUSIONS No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to: 1) Dental treatment, except for accidental Injury to Sound, Natural Teeth; 2) Elective Surgery or Elective Treatment; 3) Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet; 4) Injury caused by, contributed to, or resulting from intoxication, the use of intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician; 5) Injury for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation; 6) Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance in excess of $10,000; 7) Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting; 8) Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury; 9) Sickness or disease in any form; 10) Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury; 11) Supplies, except as specifically provided in the Policy; 12) Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and 16) War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded for such period not covered when the Company is notified of the Insured's entry in the armed services of any county.

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. Please refer to the master policy for further details. **IMPORTANT NOTICE – THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. This brochure has been designed to illustrate the highlights of this insurance. All information in this brochure is subject to the provisions of Policy Form COL-03-NH, underwritten by Gerber Life Insurance Company. If there is any conflict between this brochure and the Policy, the Policy will prevail. Please see the Master Policy for individual state details.**

HOW TO FILE A CLAIM

Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by the 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.

In the event of an Accident, students should: 1) Secure treatment at the nearest medical facility of their choice. (Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with is policy provisions or requirements.); 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; and 3) **Call 1-866-975-9468** with any Claims questions.

Medical withdrawal from school due to a covered Injury which originates after the Insured's Effective Date will not void an Insured's coverage.

UNDERWRITTEN BY:
Gerber Life Insurance Company
1311 Mamaroneck Avenue, Suite 350
White Plains, NY 10605

MARKETING AGENT: Lefebvre Insurance, LLC
901 Pleasant Street, #1413
Attleboro, MA 02703
(800) 451-9668

To apply for coverage, please enroll on-line with a credit card at www.k12specialmarkets.com or cut along the dotted line, complete the form and mail it, along with your check or money order, to the Please Return To: address shown below.

Please Return To: K12Special Markets Plan Administrators
1055 Main Street, Suite 101
Stevens Point, WI 54481

2023 – 2024 ENROLLMENT APPLICATION (please print or type)

Student's Last Name _____ Student's First Name _____ Student's Middle Initial _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Birthdate _____ Grade _____

School System _____ Name of School _____

Check your selection:

Plan 1	❑ School-Time $31.00	❑ 24-Hour Accident $125.00	❑ Football $163.00	❑ 24-Hour Dental $7.00
Plan 2	❑ School-Time $20.00	❑ 24-Hour Accident $ 81.00	❑ Football $106.00	❑ 24-Hour Dental $7.00
Plan 3	❑ School-Time $10.00	❑ 24-Hour Accident $ 41.00	❑ Football $ 53.00	❑ 24-Hour Dental $7.00

Spring/Summer Weight and Conditioning Training Only Rates ❑ **Plan 1** $57.00 ❑ **Plan 2** $44.00 ❑ **Plan 3** $27.00

Please make check payable to Special Markets Insurance Consultants, Inc.

Total Enclosed: _____

Signature of Parent or Guardian _____ Date _____ #1541

SCHEDULE OF BENEFITS
MEDICAL EXPENSE BENETIS
INJURY ONLY BENEFITS

Covered Medical Expenses will be paid under the Schedule of Benefits for loss due to Injury to an Insured Person provided that treatment by a Physician: a) begins within 60 days after the date of Injury; and, b) is received within one year after date of Injury.

Maximum Benefit:	**Plan 1**	**Plan 2**	**Plan 3**
School-Time Option	$100,000	$75,000	$50,000
24-Hour Option	$100,000	$75,000	$50,000
Football Option	$100,000	$75,000	$50,000
Injuries Involving Motor Vehicles	$10,000	$10,000	$10,000
Excess Provision	$100 Primary Excess	$100 Primary Excess	$100 Primary Excess
Inpatient			
Room & Board:	100% Usual and Customary Charges	100% Usual and Customary Charges	80% Usual &Customary / $200 maximum per day
Intensive Care:	100% Usual and Customary Charges	100% Usual and Customary Charges	80% Usual &Customary / $200 maximum per day
Hospital Miscellaneous:	$10,000 maximum	$7,500 maximum	$5,000 maximum
Surgery:	80% Usual and Customary Charges / $3,000 maximum	80% Usual and Customary Charges / $2,000 maximum	80% Usual &Customary / $1,000 maximum
Assistant Surgeon:	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
Anesthetist:	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
Registered Nurse:	100% Usual and Customary Charges	100% Usual and Customary Charges	80% Usual and Customary Charges
Physician's Visits:	$60 per day	$500 maximum	$25 per day
Pre-admission Testing:	Paid under Inpatient Hospital Miscellaneous	Paid under Inpatient Hospital Miscellaneous	Paid under Inpatient Hospital Miscellaneous
Outpatient			
Surgery:	80% Usual and Customary Charges / $3,000 maximum	80% Usual and Customary Charges / $2,000 maximum	80% Usual &Customary / $1,000 maximum
Day Surgery Miscellaneous:	$750 maximum	80% Usual and Customary Charges / $500 maximum	$250 maximum
	(Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.)		
Assistant Surgeon:	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
Anesthetist:	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
Physician's Visits:	$60 per day	$500 maximum	$25 per day
Physiotherapy:	$75/visit / 5 visit maximum	$40/visit / 5 visit maximum	$25/visit / 5 visit maximum
Medical Emergency:	$575 maximum	80% Usual and Customary/$400 maximum	80% Usual and Customary/$200 maximum
X-Rays:	$300 maximum	$250 maximum	$200 maximum
Laboratory:	$0 maximum	$0 maximum	$0 maximum
Tests & Procedures:	Paid under Laboratory	Paid under Laboratory	Paid under Laboratory
Prescription Drugs:	100% Usual and Customary Charges	100% Usual and Customary Charges	80% Usual and Customary Charges
Other			
Ambulance:			
Ground:	$500 maximum	$400 maximum	$200 maximum
Air:	$1,500 maximum	$1,000 maximum	$400 maximum
Durable Medical Equipment:	$500 maximum	$300 maximum	$150 maximum
Dental:	$2,000 maximum	$1,500 maximum	$1,000 maximum
(Benefits paid on Injury to Sound, Natural Teeth only.)			
Replacement of eyeglasses, hearing aids, contact lenses, damaged during a covered injury if medical treatment is also received for the covered injury	$700 maximum	$500 maximum	$150 maximum

Accidental Death, Dismemberment and Loss of Sight Benefits – Described on the 1st page.

GER 0723 EFTB(NH 1,2,3)