

2020 – 2021 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 9th 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

Maximum Benefit:	PLAN A	PLAN 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
Loss Period for Medical Benefits	Treatment must begin within 60 days from the date of Injury	
Benefit Period for Medical and AD&D/Loss of Sight Benefits	1 Year	1 Year
Excess Coverage Applicability	\$100 Primary Excess	\$100 Primary Excess
Other Plan Reduction Percentage (see Excess Coverage Provision)	50%	50%
Hospital/Facility Services - Inpatient		
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
Hospital/Facility Services - Outpatient		
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
Physician's Services		
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
Other Services		
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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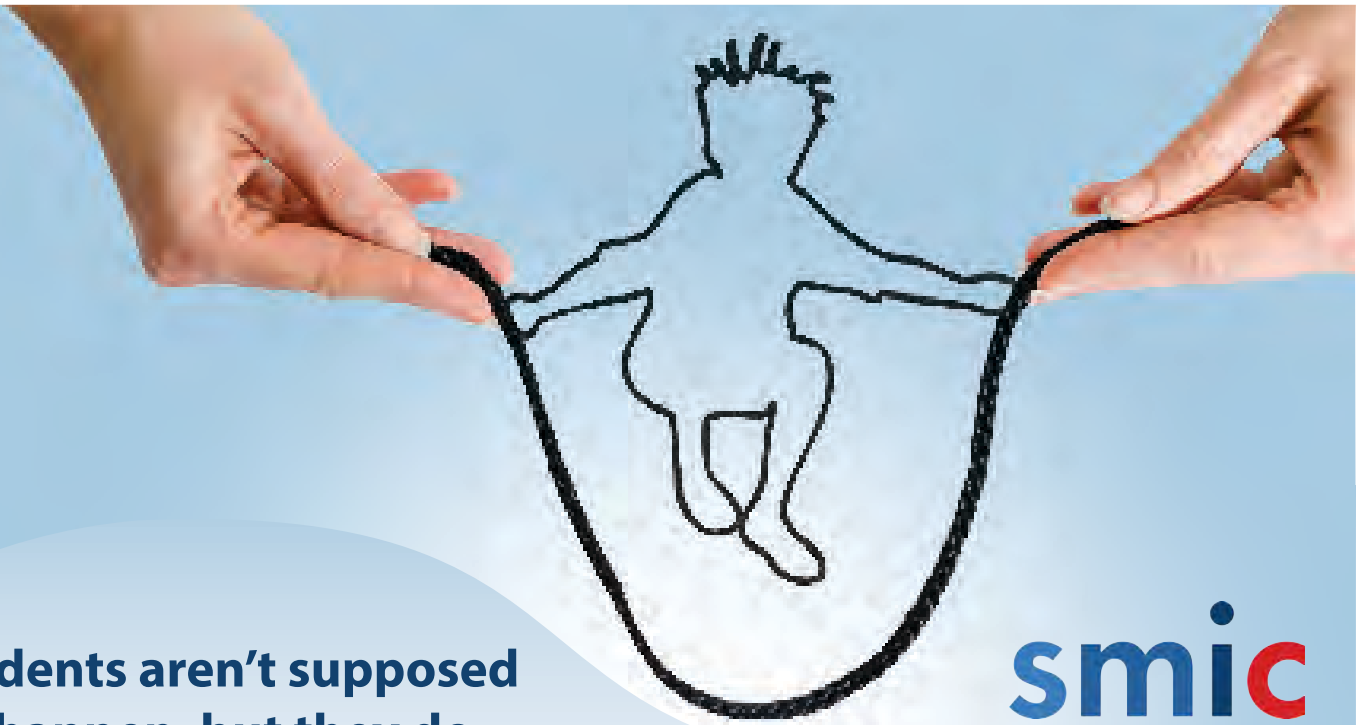
2020 – 2021 ENROLLMENT APPLICATION (please print or type)

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:			
School-Time	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
24-Hour	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



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Accidents aren't supposed to happen, but they do.

School recess, one-day field trips and general day-to-day activities can all lead to injuries. Having coverage during school hours, or around the clock can insure your loved ones get the care they need without financial hardship to your family.

ELIGIBILITY

Any enrolled student is eligible for coverage.

K-12 ACCIDENT PLANS THAT ARE AVAILABLE THROUGH YOUR SCHOOL:

- School Time Accident Only
- 24-Hour Accident Only
- Interscholastic Sports
- 24-Hour Dental

All available plans are offered by Special Markets Insurance Consultants, Inc. To research which plans are being offered by your school, please visit our website's online enrollment tool at www.k12specialmarkets.com

PAYMENT

Parents or guardians of students are responsible for enrollment and premium payment.

HOW TO ENROLL

Enrolling is easy and only takes a few minutes.

Go to www.k12specialmarkets.com.

1. Click on Coverage Details at the top,
2. Select State and click "Look Up"
3. Click on School or District
4. Click on link to display plan details.

Parents can either print and complete the enrolment application to mail with check or money order or:

You can enroll online:

1. Enroll online by clicking "Enroll Now"
2. Select State and click "Look Up"
3. Click on School or District
4. Select school location name (if applicable)
5. Check the plan options
6. Complete online application (more than one child can be enrolled on the same application)
7. Pay by credit/debit
8. Print ID card

FOR QUESTIONS, CALL

For further details of the coverage outlined above, including costs, benefits, exclusions and any reductions or limitation, and the terms under which the policy may be continued in force, please refer to www.k12specialmarkets.com. Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company.



Accidentes no suelen suceder, pero a veces suceden.

Recesos escolares, paseos y las actividades diarias en general pueden ocasionar lesiones. Contar con cobertura durante el horario escolar, o en todo momento, te asegura que tus seres queridos puedan obtener el cuidado necesario sin crear problemas financieros para tu familia.

ELIGIBILIDAD

Cualquier estudiante registrado es elegible para obtener cobertura.

SEGURO ESCOLAR DE ACCIDENTES PARA ESTUDIANTES (K-12) DISPONIBLE A TRAVÉS DE SU ESCUELA:

- Accidentes en la Escuela
- Accidentes las 24 Horas al Día
- Deportes Interescolares
- Dental 24 Horas

Todos los planes disponibles son ofrecidos por Special Markets Insurance Consultants, Inc. Por favor visite nuestro servicio de matriculación en línea en www.k12specialmarkets.com para obtener información acerca de los planes que su escuela ofrece.

PAGO

La inscripción y el pago de la prima son responsabilidad de los padres y/o representantes del estudiante.



COMO MATRICULARSE

Matricularse por internet es fácil y lleva sólo unos minutos.

Vaya a www.k12specialmarkets.com.

1. Haga clic en "Coverage Details" en la parte superior
2. Seleccione su estado y haga clic en "Look Up"
3. Haga clic en su Escuela o Distrito Escolar
4. Haga clic en el nombre para mostrar detalles del plan

Parientes pueden imprimir y completar la aplicación para mandarla por correo o por orden de pago.

O TAMBIEN:

Pueden inscribirse vía web:

1. Inscribáse vía web haciendo clic en "enroll now"
2. Seleccione su estado y haga clic en "look up"
3. Haga clic en su Escuela o Distrito Escolar
4. Seleccione el nombre de su escuela (si es posible)
5. Verifique las opciones del plan
6. Complete la aplicación vía web (dos o más niños pueden ser inscriptos en la misma aplicación)
7. Pague con tarjeta de débito o crédito
8. Imprima su tarjeta de identificación

PARA PREGUNTAS, LLAME AL

Por favor, visite www.k12specialmarkets.com para obtener información adicional acerca de la cobertura de este plan, precios, beneficios, exclusiones, reducciones o limitaciones y los términos bajo los cuales la póliza pueda continuar activa. Los estudiantes sólo pueden obtener cobertura si su distrito escolar está asegurado con la compañía de seguros.