



CHUBB

Troup County School System
SDA N14302001
Student Accident Insurance Plans

2020-2021



Claims by:

Health Special Risk, Inc.

P.O. Box 117558

Carrollton, Texas 75011-7558

Phone: (972) 512-5600

Fax: (972) 512-5818

Toll Free: (866) 409-5734

E-mail: k12claims@hsri.com

Coverage Options Available

School Time Accident

Covers injuries caused by covered accidents occurring while:

- On school premises during the hours and on days when the school's regular classes are in session, after normal school hours while on the school premises, or while involved in a school-sponsored event at another school or site, except while participating on a school-sponsored sports team.
- Traveling directly and without interruption to or from home or school and the Covered Activity provided the vehicle is operated by a licensed driver over the age of 25, supervised directly by the school, and travel time does not exceed four hours each way.

24 Hour Accident

Covers injuries caused by covered accidents occurring 24 hours a day, anywhere in the world, except while participating on a school-sponsored sports team.

Sports Coverage (included with School Time Accident or 24 Hour Accident for students who are in grades PreK-8)

Covers injuries caused by covered accidents occurring while:

- Participating as a member or serving as an equipment manager, scorekeeper, trainer, or volunteer worker of a sports team in a scheduled game, official tournament game, or practice session.
- Traveling directly and without interruption to or from home or school and the Covered Activity provided the vehicle is operated by a licensed driver over the age of 25, supervised directly by the school, and travel time does not exceed four hours each way.

WE WILL PAY BENEFITS ONLY FOR COVERED INJURIES SUSTAINED WHILE INSURED UNDER THIS SCHOOL YEAR'S

	PLAN A	PLAN B
Accident Medical Expense	Co-insurance percentage below for Medically Necessary Covered Expenses resulting from an Injury. First treatment must occur within 90 days of the Covered Accident.	
Co-insurance rate for all Covered Medical Expenses:	70% of U&C	65% of U&C
Benefit Maximum:	\$25,000	\$25,000
Dental Expenses		
Injury Only:	Up to a maximum of \$500	Up to a maximum of \$250
Extension of Benefits:	Up to a maximum of \$600	Up to a maximum of \$600
Medical Emergency Care or Ambulatory Medical Center Expenses:	Up to a maximum of \$2,000	Up to a maximum of \$1,500
Ambulance Expenses to or from a Hospital:	Up to a maximum of \$800	Up to a maximum of \$500
Physiotherapy Expenses	Up to \$50 per visit, up to 5 visits.	Up to \$35 per visit, up to 5 visits.
Accidental Death & Dismemberment	In addition to medical benefits, if, within 365 days from the date of the accident covered by the policy, bodily injuries result in one of the below losses, we will pay the benefit opposite such loss.	
Benefit Maximum:	Two or more members - \$30,000; Life or One Member - \$15,000; Loss of Hearing in One Ear or Thumb and Index Finger of the Same Hand - \$7,500	
Heart and Circulatory Malfunction	If, within 48 hours of participating in a Covered Activity, a sudden heart or circulatory malfunction occurs that results in death, we will pay \$10,000. This benefit will not be paid if, within 5 years of the Covered Accident, the Covered Person was medically diagnosed as having or received treatment for a heart or circulatory malfunction or hypertension, angina or other heart and circulatory conditions.	

EXCLUSIONS:

We will not pay benefits for any loss or Injury that is caused by, or results from:

- ♦ intentionally self-inflicted Injury ♦ suicide or attempted suicide ♦ war or any act of war, whether declared or not ♦ a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days ♦ sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food ♦ piloting or serving as a crewmember in any aircraft (except as provided by the Policy) ♦ commission of, or attempt to commit, a felony ♦ an accident that results in a cardiovascular accident or stroke caused solely and exclusively by exertion, as verified by a Doctor, while the Covered Person participates in a Covered Activity ♦ any expense paid or payable by any other valid and collectible group insurance plan ♦ the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred ♦ medical expenses paid or payable under any mandatory no fault automobile insurance contract or mandatory basic reparations benefit of no fault ♦ riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline commission of or active participation in a riot or insurrection ♦ an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license ♦ Injury covered by workers' compensation, employers' liability laws, or similar occupational benefits ♦ Injury or loss contributed to the use of any drug or narcotic, except as prescribed by a Doctor ♦ Injury sustained while participating in a club, intramural, intercollegiate, interscholastic, professional or semi-professional sports (not applicable to student grade PreK-8).

In addition to the general exclusions, we will not pay Accident Medical Expense benefits for any loss, treatment or services resulting from or contributed to by:

- ♦ treatment by persons employed or retained by the Insured, or by any immediate family member or member of the Insured's household ♦ treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances ♦ treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the policy), whether or not caused by a covered accident ♦ pregnancy, childbirth, miscarriage, abortion or any complications ♦ mental and nervous disorders ♦ damage to or loss of dentures or bridges, or damage to existing orthodontic equipment ♦ Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits while engaging in activity for monetary gain from sources other than the Policyholder ♦ Injury or loss contributed to by the use of drugs unless administered by a doctor ♦ cosmetic surgery, except for reconstructive surgery needed as the result of an Injury ♦ any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that are deemed

by us to be experimental and are not recognized and generally accepted medical practices in the United States ♦ eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices ♦ expenses payable by any automobile insurance policy without regard to fault ♦ conditions that are not caused by a covered accident ♦ participation in any activity or hazard not specifically covered by this policy ♦ any treatment, service or supply not specifically covered by the policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

DEFINITIONS:

Covered Accident: means an Accident that occurs while coverage is in force for an Insured and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable. **Covered Activity** means any activity in which a Covered Person must be engaged when a Covered Accident occurs in order to be eligible for benefits under the Policy. These Covered Activities are listed in the Group Application and described in the Hazards section of the Policy. **Covered Expenses** means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. Coverage under this Policy must remain continuously in force from the date of the Covered Accident until the date the treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. **Covered Person** means any eligible person for whom the required premium is paid. **Injury** means accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **Medical Emergency** means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. **Medically Necessary** means a Treatment, service or supply that is: 1) required to treat an Injury; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eyeglass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense. **Usual and Customary Charges** 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.



EXCESS COVERAGE:

In order to keep premiums 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.

WHEN IS COVERAGE IN EFFECT?:

Coverage will begin on the later of the effective date shown in the application or the date the insured is eligible, provided the required premium is paid. Coverage will end of the earliest of the date the policy terminates, the insured is no longer eligible, the period ends for which premium is paid, or the date the participating school's coverage under the policy terminates.

Prices are per person, per year.

Grades PreK-8	PLAN A	PLAN B
School Time Accident (including Sports Coverage)	\$49.00	\$45.00
24 Hour Accident (including Sports Coverage)	\$167.00	\$152.00
Grades 9-12	PLAN A	PLAN B
School Time Accident	\$38.00	\$34.00
24 Hour Accident	\$142.00	\$129.00

HOW TO ENROLL ONLINE:

Enrolling online is easy and takes only a few minutes. Simply visit www.K12StudentInsurance.com and follow these instructions:

1. Browse the available rates.
2. Pick your state - see if your school is available.
3. Open New Account - Once you have determined that your school is covered, you'll need to open a new account for this school year (you must create a new account every school year). Once you have created your account for this year, remember your User ID and Password.
4. Add Student & Coverage by clicking on the "Add Student" button on the top of the page. Continue to add each student by clicking the "Add Student" button until all your students are added.
5. Select "Checkout".
6. Select your payment type and click "Continue Checkout".
7. Enter billing information and click "Continue Checkout".
8. Click "Pay and View Receipt" to complete your order.
9. Save your receipt for future reference.

If you have any questions about the enrollment process, please call 1-866-409-5733.

This information is a brief description of the important features of these insurance plans. It is not an insurance contract. The terms and conditions of coverage are set forth in the policy on file with your school under form # AH-10324-GA. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

Date of Application: _____

Person to be Insured (Student):

Name: _____ Date of Birth: _____

Home Address: _____ City: _____

State: _____ Zip: _____ SSN (optional): _____ - _____ - _____ Grade: _____

Name of School: _____

Name of School District/Diocese: _____

Prices are per person, per year. Elect coverage below:

Grades PreK-8	PLAN A	PLAN B
School Time Accident (including Sports Coverage)	<input type="checkbox"/> \$49.00	<input type="checkbox"/> \$45.00
24 Hour Accident (including Sports Coverage)	<input type="checkbox"/> \$167.00	<input type="checkbox"/> \$152.00
Grades 9-12	PLAN A	PLAN B
School Time Accident	<input type="checkbox"/> \$38.00	<input type="checkbox"/> \$34.00
24 Hour Accident	<input type="checkbox"/> \$142.00	<input type="checkbox"/> \$129.00

Total Enclosed: _____ Check Number: _____

Please make money order or check payable to: Health Special Risk, Inc.

Mail this form to:

HSR K12 Voluntary Account
PO Box 957824
St. Louis, MO 63195-7824

I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as detailed in the Student Accident Insurance Plans brochure. There is no obligation to purchase this insurance plan.

To the best of my knowledge and belief, all information I have provided is true and complete. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, the Insurance Company will ask me for written authorization to disclose information about me.

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Parent or Guardian Signature: _____ Date: _____