

2024-2025 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: 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. No coverage is provided while participating in Interscholastic Sports.

Annual Premium

Standard Plan - \$7.00 **Intermediate Plan - \$13.00** **Premier Plan - \$40.00**

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. No coverage is provided while participating in Interscholastic Sports.

Annual Premium

Standard Plan - \$41.00 **Intermediate Plan - \$76.00** **Premier Plan - \$202.00**

Optional 24-Hour Accident – Summer Only coverage, Students Only

Summer begins on the first day after the school year ends.

Summer ends the first day of the next school year.

Standard Plan - \$14.00 **Intermediate Plan - \$26.00** **Premier Plan - \$61.00**

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 24 months after the date of Injury. The maximum eligible expenses payable per covered Injury is \$50,000. 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 \$600. 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: \$8.00

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 1) the date you complete your enrollment on-line and your premium is paid, or 2) the date your enrollment form and premium payment are received by the agent, but not before the first day 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 at midnight on the day before school reopens for the following school year. Coverage is available under these plans throughout the school year at the premiums quoted. There are no pro rata premiums available.

Coverage Basis: Primary

Benefits are payable for covered medical expenses from the first dollar of expense incurred, after any applicable deductible has been satisfied. Benefits are paid without regard to payments from other insurance.

Accident Medical Expense benefits

When a covered accident results in 1) treatment by a legally qualified Physician or surgeon (other than a member of the immediate family or person retained by the school) or 2) Hospital confinement, and treatment begins within 60 days from the date of the accident, the Company will pay the benefit as shown in the Schedule of Benefits. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the Accident are covered. Benefits for any one Accident will not exceed the Maximum Benefits stated in the Schedule of Benefits for the Plan purchased. Expenses incurred after one year from the date of the accident are not covered, even though the service is a continuing one, or one that is necessarily delayed beyond one year from the date of the accident.

Accident Death & Dismemberment benefits

When a covered Injury results in any of the Losses stated in the Schedule of Benefits for Accidental Death or Dismemberment, then the Company will pay the benefit stated in the schedule for that Loss. The Loss must occur within 365 days after the date of the Accident. The maximum benefit as stated in the Schedule of Benefits under Maximum Benefits, is payable for the following Losses:

1) Life; 2) Both Hands or Both Feet or Sight of Both Eyes; 3) One Hand and One Foot; 4) One Hand and Entire Sight of One Eye; 5) One Foot and Entire Sight of One Eye; 6) Speech and Hearing. Half of the maximum benefit will be paid for the Loss of 1) One Hand, One Foot, the Sight of One Eye; 2) the loss of Thumb and Index Finger of the Same Hand 3) Loss of Speech or Hearing in One or Both Ears Loss of Hand or Foot means the complete Severance through or above the wrist or ankle joint. Loss of Sight means the total, permanent Loss of Sight in One Eye. Loss of Sight must be irrecoverable by natural, surgical or artificial means. Loss of Thumb and Index Finger of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). Severance means the complete separation and dismemberment of the part from the body.

If the Insured suffers more than one of the above covered losses as a result of the same accident, the total amount the Company will pay is the maximum benefit. Benefits are paid in addition to any other benefits provided by the Policy.

Definitions

A **Covered Accident** means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the Covered Person is insured under this Policy;
2. is not contributed to by disease, sickness, or mental or bodily infirmity; and
3. is not otherwise excluded under the terms of this Policy.

Usual and Customary Charges (U&C) mean the common charges made or accepted for medical services, care or supplies that are for the same or comparable service or supply in the geographic area in which the service or supply is furnished. **Usual and Customary Charges** are determined based upon:

- (1) the amount of resources expended to deliver the treatment;
- (2) the complexity of the treatment rendered; and
- (3) charging protocols and billing practices generally accepted by the medical community.

Exclusions

Benefits will not be paid for injuries caused by: 1.) intentionally self-inflicted injury; suicide or any attempt thereof while sane or insane; 2.) commission or attempt to commit a felony or an assault; 3.) voluntary commission of or active participation in a riot or insurrection; 4.) bungee jumping, parachuting, skydiving, ultralight, hang-gliding, paragliding, parasailing; 5.) declared or undeclared war or act of war; 6.) flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline; 7.) travel in or on any off-road motorized vehicle not used during participation in Covered Activities, except a golf cart or any other vehicle We specifically agree to cover not requiring licensing as a motor vehicle; 8.) participation in any motorized race or contest of speed; 9.) an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in a driver's education program; 10.) 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; 11.) travel or activity outside the United States, its possessions, or the countries of Canada or Mexico, unless We have agreed to provide it in advance; 12.) the Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred; 13.) voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; 14.) occupational injuries for which benefits are not paid under any Workers' Compensation Law or any similar law; 15.) services or treatment rendered by a Physician, Nurse or any other person who is: a. employed or retained by the Policyholder, unless the services or treatment are provided by a Policyholder-owned medical facility that is open to the public; b. living in the Covered Person's household; or c. who is a parent, sibling, spouse or child of the Covered Person; 16.) any Hospital Stay or days of a Hospital Stay that are not Appropriate Treatment for the condition; or 17.) a Covered Person's Covered Loss if He was: a. driving a private passenger automobile at the time of the Covered Accident that resulted in the Covered Loss; and b. intoxicated, as that term is defined by the law of the jurisdiction in which the Covered Accident occurred; 18.) injury sustained as a result of practice or play in any Interscholastic Sports or injuries covered under the Student Accident Insurance program purchased by the school; 19.) Treatment of hernia of any kind; 20.) Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to: a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person commences within 12 months of the date of the Covered Accident; or b. reconstruction incidental to or following surgery resulting from a Covered Accident; 21.) Treatment of injury resulting from a condition that a Covered Person knew existed on the date of a Covered Accident, unless We received a written medical release from His Physician prior to such Covered Accident; 22.) Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay. Additional limitations may apply. See policy for additional details.

Retain this description for your records

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. This information is a brief description of the important features of this insurance plan. It is not a contract. Terms and conditions of coverage are set forth on policy form series AH-BAM-2002, or applicable state versions, underwritten by QBE Insurance Corporation. This Blanket Accident Medical Insurance Policy is subject to the laws of the jurisdiction in which it is issued. Additional exclusions and limitation may apply. You may review a copy of the policy upon request.

How to file a claim

In the event of an Accident, students should notify school immediately. To file a claim, obtain a claim form from the school, attach bill(s) to the completed claim form and mail to the address indicated on the form.

Call the Claim Administrator below with any claims questions.

Claims for benefits must be filed within 90 days from the date of the accident, or as soon as reasonably possible.

Program Manager:

The Young Group, Inc.
P.O. Box 91386
Raleigh, NC 27675

Toll Free: **888.574.6288**

Claim Administrator:

Health Special Risk, Inc.
8400 Belleview Drive, Suite 150
Plano, TX 75024

Toll Free: **866.409.5734**

Schedule of Benefits

Coverage for Injuries due to Accidents only

Maximum Benefits:	Standard Plan	Intermediate Plan	Premier Plan
School-Time Option	\$25,000	\$25,000	\$25,000
24-Hour Option	\$25,000	\$25,000	\$25,000
Football Option	\$25,000	\$25,000	\$25,000
Accidental Death Benefit / Double Dismemberment	\$10,000 / \$15,000	\$10,000 / \$15,000	\$10,000 / \$15,000
Single Dismemberment	\$5,000	\$5,000	\$5,000
Loss Period for Medical Benefits	Treatment must begin within 60 days from the date of Injury		
Benefit Period for Medical and AD&D Benefits	1 Year	1 Year	1 Year
Accident Medical Coverage Basis	Primary	Primary	Primary
Covered Expenses:			
Hospital/Facility Services – Inpatient			
Hospital Room and Board (Semi-Private Room Rate)	\$150 Max per day	\$200 Max per day	80% U&C*
Inpatient Hospital Miscellaneous	\$500 Max per day	\$1,000 Max per day	80% U&C*
Registered Nurses' Services	75% U&C*	80% U&C*	80% U&C*
Physician's Visits (One visit/day max; only applies to non-surgical visits)	\$30 first visit / \$25 each subsequent visit	\$50 first visit / \$30 each subsequent visit	80% U&C*
Hospital/Facility Services – Outpatient			
Outpatient Hospital Miscellaneous (Except physician services and x-rays paid as below)	\$750 Maximum	\$1,000 Maximum	80% U&C* / \$5,000 Maximum
Hospital Emergency Treatment	\$150 Maximum	\$250 Maximum	80% U&C*
Physician's Services			
Surgical Fees	\$750 Maximum	\$1,000 Maximum	80% U&C* / \$5,000 Maximum
Assistant Surgeon &/or Anesthesiologist	20% of Surgical Benefits	25% of Surgical Benefits	80% U&C*
Consultant	\$200 Maximum	\$400 Maximum	80% U&C*
Physician's Visits (One visit/day max; only applies to non-surgical visits; excludes physical therapy)	\$30 first visit / \$25 each subsequent visit	\$50 first visit / \$30 subsequent visit	80% U&C* / \$50 per day maximum
Physician's Outpatient Treatment in connection with Physical Therapy (One visit/day max)	\$30 first visit / \$20 each subsequent visit / 5 Visits Max.	\$40 first visit / \$30 each subsequent visit / 5 Visits Max.	80% U&C* / \$50 per day max / 15 Visits Max.
Other Services			
Prescriptions - outpatient	\$50 Maximum	\$100 Maximum	80% U&C*
X-rays, including interpretation - outpatient	\$200 Maximum	\$400 Maximum	80% U&C*
Diagnostic Imaging (MRI, CAT Scan, etc) including interpretation – outpatient	\$200 Maximum	\$400 Maximum	80% U&C* / \$1,200 Maximum
Laboratory	\$50 Maximum	\$150 Maximum	80% U&C* / \$600 Maximum
Ambulance	\$200 Max.	\$500 Max.	80% U&C*
Durable Medical Equipment (including Orthopedic Braces & Appliances)	\$75 Maximum	\$100 Maximum	80% U&C*
Replacement of eyeglasses, hearing aids, contact lenses if medical treatment is also received for the covered injury	100% U&C*	100% U&C*	100% U&C*
Dental Treatment to sound, natural teeth due to covered injury	\$100/tooth	\$300/tooth	80% U&C*

* U&C means Usual & Customary expense

Coverage Selected:	(Keep for your records)		
Standard Plan	<input type="checkbox"/> School-Time \$7.00	<input type="checkbox"/> 24-Hour Accident \$41.00	<input type="checkbox"/> 24-Hour Summer Only \$14.00
Intermediate Plan	<input type="checkbox"/> School-Time \$13.00	<input type="checkbox"/> 24-Hour Accident \$76.00	<input type="checkbox"/> 24-Hour Summer Only \$26.00
Premier Plan	<input type="checkbox"/> School-Time \$40.00	<input type="checkbox"/> 24-Hour Accident \$202.00	<input type="checkbox"/> 24-Hour Summer Only \$61.00
	<input type="checkbox"/> 24-Hour Extended Dental \$8.00		

Enrollment

To enroll for coverage with a credit card, please go to www.k12studentinsurance.com

You can also enroll by using the form below. Just cut along the dotted line, complete the form and mail it, along with your check or money order, to the following address:

The Young Group, Inc.
P.O. Box 91386
Raleigh, NC 27675

QUESTIONS?
Call Toll-free: 888.574. 6288

If you are enrolling more than one Student, please complete a separate form for each Student.
Do not send cash.

2024-2025 ENROLLMENT FORM (please print or type)

Student's Last Name	Student's First Name	Student's Middle Initial	Grade
Address		City	State Zip
Telephone Number		Birthdate	
Email Address			
School System or School District		Name of School	

Check your selection below.

Standard Plan	<input type="checkbox"/> School-Time \$7.00	<input type="checkbox"/> 24-Hour Accident \$41.00	<input type="checkbox"/> 24-Hour Summer Only \$14.00
Intermediate Plan	<input type="checkbox"/> School-Time \$13.00	<input type="checkbox"/> 24-Hour Accident \$76.00	<input type="checkbox"/> 24-Hour Summer Only \$26.00
Premier Plan	<input type="checkbox"/> School-Time \$40.00	<input type="checkbox"/> 24-Hour Accident \$202.00	<input type="checkbox"/> 24-Hour Summer Only \$61.00
	<input type="checkbox"/> 24-Hour Extended Dental - \$8.00		

Please make check or money order payable to: QBE Insurance Corporation.

Total Enclosed:

Signature of Parent or Guardian Date

Student I.D. Card

Please fill-in the information below and cut along the dotted lines.



2024-2025 Student I.D. Card

Name of School: School District:

Student Name:

CLAIM QUESTIONS: CALL 866.409.5734

