2024-2025
Student Accident
Insurance Coverage

Optional school time accident coverage (Students & Employees)

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 Sports; Summer Recreation Activities sponsored by the school and One-Day School Field Trips (no Overnight). 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.

Annual Premium

Option 1 - $29.00 **Option 2 - $37.00**

Optional 24 hour accident coverage (Students & Employees)

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 Sports.

Annual Premium

Option 1 - $105.00 **Option 2 - $154.00**

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

Summer Only coverage begins on the first day after the school year ends.
Summer Only coverage ends the first day of the next school year.

Option 1 - $36.00 **Option 2 - $48.00**

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 $1,000, as long as the Student is age 21 or under. 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 the date your enrollment form and premium payment are received by the Program Administrator, but not before the effective date of the policy. 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: Excess

Benefits are payable for covered medical expenses that are not payable under any other health care plan. The amount from any other health care plan includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. This Blanket Accident Insurance policy is secondary to all other insurance policies. If no other health insurance exists, benefits will be payable like primary coverage.

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 requires 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. Half of the maximum benefit will be paid for the Loss of one Hand, one Foot, the Sight of one eye or the loss of Thumb and Index Finger of the Same Hand. 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) suicide, intentionally self-inflicted injury, or any attempt thereat while sane or insane; 2) treatment of hernia of any kind; 3) 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; 4) commission or attempt to commit a felony or an assault, or voluntary commission of or active participation in a riot or insurrection; 5) declared or undeclared war or act of war; 6) services or treatment provided by persons who do not normally charge for services, unless there is a legal obligation to pay; 7) flight in, boarding or alighting from an aircraft except as a fare-paying passenger on a regularly scheduled commercial or charter airline; 8) bungee jumping, parachuting, skydiving, ultralight, hang-gliding, paragliding, parasailing; 9) an accident if the insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the insured holds a valid learner's permit and the insured is receiving instruction from a driver's education instructor; 10) services or treatment rendered by any person who is employed or retained by the policyholder or living in the insured's household: a parent, sibling, spouse or child of the insured; 11) 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**.;
12) occupational injuries for which benefits are not paid under any Workers' Compensation Law or any similar law; 13) sickness, disease, bodily or mental illness, 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; 14) the insured being legally intoxicated as determined according to the laws of the jurisdiction in which the covered accident occurred or 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; 15) any hospital stay or days of a hospital stay that are not appropriate treatment for the condition; 16) 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;** 17) injury sustained as a result of practice or play in High School Interscholastic Sports.

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 (09-22), 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:
Apex Insurance Agency, Inc.
4725 Peachtree Corners Circle, Suite 370
Peachtree Corners, GA 30092

Program Administrator:
A-G Specialty Insurance LLC.
Claims Department
P.O. Box 824936
Lockbox # 824936
Philadelphia, PA 19182-4936
1-800-634-8628

Schedule of Benefits

Coverage for Injuries due to Accidents only

Maximum Benefits:	**Option 1**	**Option 2**
School-Time Option	$25,000	$25,000
24-Hour Option	$25,000	$25,000
Accidental Death Benefit / Double Dismemberment	$10,000 / $10,000	$10,000 / $10,000
Single Dismemberment	$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
Accident Medical Coverage Basis	Excess	Excess
Covered Expenses:		
Hospital/Facility Services – Inpatient		
Hospital Room and Board (Semi-Private Room Rate)	Up to $150 per day	80% U&C*
Inpatient Hospital Miscellaneous	Up to $1,200	Up to $2,400
Physician's Visits (One visit/day max; only applies to non-surgical visits)	Up to $40 per visit	Up to $60 per visit
Hospital/Facility Services – Outpatient		
Outpatient Hospital Miscellaneous (Except physician services and x-rays paid as below)	Up to $1,000	Up to $1,200
Hospital Emergency Treatment	Up to $150	Up to $300
Physician's Services		
Surgical Fees	Up to $1,000	Up to $1,200
Assistant Surgeon &/or Anesthesiologist	Up to 20% of Surgical Benefits	Up to 25% of Surgical Benefits
Consultant	Up to $200	Up to $400
Physician's Visits (One visit/day max; only applies to non-surgical visits; excludes physical therapy)	Up to $40 per visit	Up to $60 per visit
Physician's Outpatient Treatment in connection with Physical Therapy (One visit/day max)	Up to $150 per	Up to $300
Other Services		
Prescriptions - outpatient	Up to $250	Up to $550
X-rays, including interpretation - outpatient	Up to $200	Up to $600
Diagnostic Imaging (MRI, CAT Scan, etc) including interpretation – outpatient	Up to $300	Up to $600
Laboratory	Up to $100	Up to $600
Ambulance	Up to $300	Up to $800
Medical Equipment Rental	Up to $100	Up to $185
Replacement of eyeglasses, hearing aids, contact lenses if medical treatment is also received for the covered injury	100% U&C*	100% U&C*
Dental Treatment to sound, natural teeth due to covered injury	$10,000 maximum per policy term	$10,000 maximum per policy term
Expanded Medical for Covered Sports Conditions	100% U&C*	100% U&C*

* U&C means Usual & Customary Charges

Coverage Selected: (Keep for your records)

Option 1 ☐ School-Time $29.00 ☐ 24-Hour Accident $105.00 ☐ 24-Hour Summer Only $36.00

Option 2 ☐ School-Time $37.00 ☐ 24-Hour Accident $154.00 ☐ 24-Hour Summer Only $48.00

☐ 24-Hour Extended Dental $8.00

Enrollment

You can 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:

PLAN ADMINISTRATOR

A-G Specialty Insurance LLC.
P.O. Box 824936
Lock Box # 824936
Philadelphia, PA 19182-4936

Questions? Call

800.634.8628

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)

Student's Last Name | Student's First Name | Student's Middle Initial | Grade

Address | City | State | Zip

Telephone Number | Email Address | Birthdate

School System or School District | Name of School

Bibb County School District

Check your selection below.

Option 1 ☐ School-Time $29.00 ☐ 24-Hour Accident $105.00 ☐ 24-Hour Summer Only $36.00

Option 2 ☐ School-Time $37.00 ☐ 24-Hour Accident $154.00 ☐ 24-Hour Summer Only $48.00

☐ 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:

Bibb County School District

Student Name:

COVERAGE OR CLAIM QUESTIONS: CALL 800.634.8628