

## **Student Accident Insurance Coverage 2024–2025 School Year**

Our School District provides to all enrolled students (Pre-K through 12<sup>th</sup> Grade) an Excess Student Accident insurance policy through Gerber Life Insurance Company. The Student Accident insurance provides coverage for participating in school sponsored and supervised activities on or off school premise. Coverage includes participation in Interscholastic Sports; including Football, One Day Field Trips and Overnight Field Trips\* (no more than 7 consecutive nights). This includes travel directly (uninterruptedly) to and from a regularly scheduled activity with other members as a group. Travel must be supervised by a person authorized by the school.

### **Schedule of Benefits:**

**Maximum Benefit \$25,000**

**Deductible \$250**

**Coinsurance None**

#### **Inpatient**

Room & Board:	100% Usual and Customary Charges
Intensive Care:	100% Usual and Customary Charges
Hospital Miscellaneous:	100% Usual and Customary Charges
Surgery:	100% Usual and Customary Charges based on data provided by Ingenix, at the 80 <sup>th</sup> percentile.
Assistant Surgeon:	100% Usual and Customary Charges
Anesthetist:	100% Usual and Customary Charges
Registered Nurse:	100% Usual and Customary Charges
Physician's Visits:	100% Usual and Customary Charges
Pre-admission Testing:	100% Usual and Customary Charges

#### **Outpatient**

Surgery:	100% Usual and Customary Charges based on data provided by Ingenix at the 80 <sup>th</sup> percentile.
Day Surgery Miscellaneous:	100% Usual and Customary Charges (Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.)
Assistant Surgeon:	100% Usual and Customary Charges
Anesthetist:	100% Usual and Customary Charges
Outpatient Misc. Benefit:	100% Usual and Customary Charges
Physician's Visits:	100% Usual and Customary Charges
Physiotherapy:	100% Usual and Customary Charges
Medical Emergency:	100% Usual and Customary Charges
Diagnostic X-Rays:	100% Usual and Customary Charges
Laboratory:	100% Usual and Customary Charges
Tests & Procedures:	100% Usual and Customary Charges
Prescription Drugs:	100% Usual and Customary Charges

**Other**

Ambulance: 100% Usual and Customary Charges  
Durable Medical Equipment: 100% Usual and Customary Charges  
Dental (Benefits paid on Injury to Sound, Natural Teeth only.) 100% Usual and Customary Charges  
Replacement of eyeglasses, hearing aids or contact lenses damaged during a covered Injury, if medical treatment is also received for the covered Injury. 100% Usual and Customary Charges

*This is a highlight of benefits and all claims payments are subject to the term of the policy.*

**HOW BENEFITS ARE PAID  
(Excess Coverage)**

**Excess Coverage:** 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.

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.

**NOTICE OF CLAIM**

Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this 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. Treatment must begin 180 days after the date of Injury and is received within 12 months after date of injury.

**In the event of an Accident, students should:**

1. Secure treatment at the nearest medical facility of their choice.
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, examples of the itemized forms on page 2 of the claim form packet, **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 or email to benefit.assist@webtpa.com
3. Call **1-866-975-9468, Policy #28-3767-24** with any Claims questions.