

Student Accident Medical Insurance Program



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**Underwritten by
Gerber Life Insurance Company**

Coverage not available in all states. Please contact National Representative.

STUDENT ACCIDENT MEDICAL INSURANCE

Educators and administrators are looking for an accident medical insurance program their school(s) need and students deserve. The Student Accident insurance program underwritten by Gerber Life Insurance Company (the Company) is such a plan. A.M. Best rates Gerber Life "A" (Excellent) for financial condition. A.M. Best's "A" (Excellent) rating is the third highest of 13 active company ratings. For the latest information on ratings, please visit www.ambest.com.

MANDATORY COVERAGE* WHO IS COVERED AND WHEN

Eligibility: All enrolled students of the school, Pre-K through 12th grade, if premium is paid for.

**School Time
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, including Football, One-Day Field Trips and Religious Activities sponsored by the school. Traveling directly (uninterruptedly) to and from a regularly scheduled activity with other members as a group. The travel must be supervised by a person authorized by the school. Overnight Field Trips are included at no additional charge provided each trip is no more than 7 consecutive nights. Trips of longer duration may need additional premium charged. Please contact your agent for more details.

*Under "Mandatory Coverage" all students/athletes are covered and the premium is paid by the school.

OPTIONAL COVERAGE** WHO IS COVERED AND WHEN

Eligibility: All enrolled students of the school, Pre-K through 12th grade, if premium is paid for.

**Under "Optional Coverage" all students must be given the opportunity to enroll. Premiums are the responsibility of the individual student and/or their parent/legal guardian.

OPTIONAL 24- HOUR ACCIDENT COVERAGE (EXTENSION)

Insurance coverage is extended to provide for covered injuries that occur other than during the hours and days when school is in session and/or while attending or participating in school sponsored and supervised activities on or off school premises. The Extended Accident Coverage provides coverage during the weekends and Vacation periods, including the entire summer. No coverage is provided for participation in interscholastic tackle football. No coverage is provided for participating in Interscholastic Sports or school sponsored/supervised activities covered under the Student Accident Insurance Program purchased by the school. Coverage starts on the date of premium receipt by the Plan Administrator (but not before the start of the school year). It ends when school reopens for the following school year.

OPTIONAL 24-HOUR ACCIDENT DENTAL COVERAGE

Injury must be treated within 60 days after the accident occurs. Medical Expense 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. Each Insured who pays the additional premium required for this benefit is insured under this provision. Coverage starts on the date of premium receipt by the Plan Administrator, but not before the start of the school year. It ends when school reopens for the following school year. This provision covers Accidents occurring anytime and anywhere. The Insured must be treated by a legally qualified dentist who is not a member of the Insured's Immediate Family for Injury to teeth. The Company will then pay the Reasonable Expense which is Medically Necessary. Coverage is limited to treatment of sound, natural teeth. The maximum benefit payable under this provision is stated in the Policy. All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

DEFINITIONS

Hospital means an institution that meets all of the following: 1) it is licensed as a Hospital pursuant to applicable law; 2) it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; 3) it is managed under the supervision of a staff of medical doctors; 4) it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.); 5) it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; and 6) it charges for its services.

Hospital also means a psychiatric hospital as defined by Medicare. It must be eligible to receive payments under Medicare. A Hospital is mainly not a place for rest, a place for the aged, a place for the treatment of drug addicts or alcoholics, or a nursing home.

Injury means bodily injury caused by an Accident. The Injury must occur while the Policy is in force and while the Insured is covered under the Policy. The Injury must be sustained as stated on the face page of the Policy, except where specifically stated otherwise in the Policy.

Other Plan means any other valid and collectible insurance or self-funded plan such as: individual and family type insurance coverage; group, blanket or franchise insurance, group hospital, medical service, pre-payment, trustee, Union Welfare; Blue-Cross, Blue Shield, group practice or other pre-payment coverage; labor-management plans, or employee benefit organization plans; self-funded ERISA plan, Workers' Compensation Law, Occupational Disease Law or any similar legislation; Medicare; or "No-Fault" auto legislation, where applicable.

Reasonable Expense 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. Such services and supplies must be recommended and approved by a Physician.

HOSPITAL AND PROFESSIONAL SERVICES

The Company will pay Reasonable Expenses incurred for a covered Injury. The Injury must be treated within the number of days stated in the Schedule of Benefits. Services must be given: (1) by a Physician; (2) for Medically Necessary treatment; and (3) within the time limit stated in the Schedule of Benefits. Benefits are paid to the maximum stated in the Schedule of Benefits for any one Injury for Reasonable Expenses which are in excess of the Deductible. Benefits under this provision are subject to all other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions.

COUNSELING BENEFIT

If as a result of an Act of Violence an Insured is killed while on School Property, the Company will pay a lump sum of \$10,000 for Counseling Services. The lump sum benefit will be paid directly to the covered School or to the hospital or person rendering such services after the commencement of Counseling Services. The company will not pay for any expense for loss due to participation in a riot or insurrection. All provisions in this Policy apply to this coverage.

Definitions for the purpose of this section: **Act of Violence** means an Injury inflicted by a person with malicious intent to cause bodily harm. **Counseling Services** means psychiatric/psychological counseling that is under the care, supervision, or direction of a professional counselor or Physician and essential to assist the Insured in coping with the Act of Violence. Counseling Services must be: a) Arranged by the covered School; b) Provided to a living Insured due to an Act of Violence; and c) Received during the Benefit Period shown on the Schedule of Benefits. **School Property** means the physical location of the covered School or the location of an activity or event approved by the covered School.

EXCESS COVERAGE

(\$100 Primary Excess in PA only)

The Company will pay Reasonable Expenses that are not recoverable from any Other Plan. The Company will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or similar provisions. The amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. This Blanket Student Accident Insurance is secondary to all other policies.

This provision will not apply if the total Reasonable Expenses incurred for Hospital and Professional Services Benefits are less than the amount stated in the Schedule of Benefits under Excess Coverage Applicability.

Any covered Hospital and Professional Services Benefits payable under this provision will be reduced by the Other Plan Reduction Percentage shown under Excess Coverage Provision Applicability if: 1) The Insured has coverage under any Other Plan; 2) The Other Plan is an HMO, PPO or similar arrangement; and 3) The Insured does not use the facilities or services of the HMO, PPO or similar arrangement.

Any covered Hospital and Professional Service will not be reduced for emergency treatment within 24 hours after a covered Accident which occurred outside the geographic service area of the HMO, PPO or similar arrangement.

Definitions for purposes of the Accident Medical Benefits-Hospital and Professional Services Benefits provided by this Policy: **HMO** or Health Maintenance Organization means any organized system of health care that provides health maintenance and treatment services for a fixed sum of money agreed and paid in advance to the provider or service. **PPO** or Preferred Provider Organization means an organization offering health care services through designated health care providers who agree to perform those services at rates lower than non-Preferred Providers.

ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT

When a covered Injury results in any of the Losses to the Insured which are stated in the Schedule of Benefits for Accidental Death, Dismemberment, or Loss of Sight then the Company will pay the benefit stated in the schedule for that Loss. The Loss (other than Loss of Life in PA) must be sustained within 365 days after the date of the Accident.

The maximum benefit payable under this provision is stated in the Schedule of Benefits under Maximums and Benefit Period: 1) Life 2) Both Hands or Both Feet or Sight of Both Eyes; 3) Loss of One Hand and One Foot; 4) Loss of One Hand and Entire Sight of One Eye; 5) Loss of One Foot and Entire Sight of One Eye; 6) Loss of One Hand or Foot; 7) Loss of Sight in One Eye; 8) Loss of Thumb and Index Finger of the Same Hand.

Half of the maximum benefit will be paid for the Loss of one Hand, one Foot or the Sight of one eye.

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. The 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 paid under this provision will be paid in addition to any other benefits provided by the Policy.

Benefits under this provision are subject to all other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions.

EXCLUSIONS

No Benefits are payable for Hospital and Professional Services for the following: 1) Injuries which are not caused by an Accident; 2) Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis; 3) Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three-, or four-wheeled recreational motor vehicle or snowmobile; 4) Aggravation, during a Regularly Scheduled Activity, of an Injury the Insured suffered before participating in that Regularly Scheduled Activity, unless the Company receives a written medical release from the Insured's Physician; 5) Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the Football and/or Sports Coverage provision has been paid; 6) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; 7) Treatment performed by a member of the Insured's Immediate Family or by a person retained by the School; 8) Injury caused by war or acts of war; suicide or intentionally self-inflicted Injury, while sane or insane (in Missouri while sane); violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered by or on the advice of a Physician; 9) Medical expenses for which the Insured is entitled to benefits under any (a) Workers' Compensation act; or (b) mandatory no-fault automobile insurance contract; or similar legislation; 10) Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain; and 11) Expenses incurred for experimental or investigational treatment or procedures.

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.

In the event of an Accident, students should:

1. Secure treatment at the nearest medical facility of their choice. (Non-compliance with primary HMO/PPO plan will reduce this plan's benefits by 50% as stated in the Schedule of Benefits)
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, primary carrier 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.
3. **Call 1-866-975-9468** with any Claims questions.

IMPORTANT NOTICE – THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

This brochure has been designed to illustrate the highlights of this insurance and it does not include all coverage details. All information in this brochure is subject to the provisions of Policy Form COL-11, underwritten by Gerber Life Insurance Company. If there is any conflict between this brochure and the Policy, the Policy will prevail.

Note: Please see the Master Policy for complete and individual state details.

MANDATORY COVERAGE SCHEDULE OF BENEFITS

PREMIUM PER STUDENT

Grades PreK-8	\$4.00
Grades 9-12	\$8.00

Maximum Benefit \$25,000

Injuries Involving Motor Vehicles	\$ 25,000
Motor Vehicle Aggregate	\$500,000
Accidental Death Benefit	\$ 10,000
Single Dismemberment	\$ 5,000
Double Dismemberment	\$ 10,000

Loss Period

For Hospital and Professional Services
For Accidental Death, Dismemberment or Loss of Sight

Treatment must begin within 60 days after the date of Injury
Loss (other than Loss of Life in PA) must be sustained
within 365 days after the date of the Accident

Benefit Period

Two Years

Excess Coverage Applicability

Full Excess / \$100 Primary Excess in PA

Other Plan Reduction Percentage

50%

(see Excess Coverage and #1 under Notice of Claim in brochure)

Hospital/Facility Services

Inpatient

Hospital Room and Board	100% RE* up to the semi-private room rate
Hospital Intensive Care	100% RE*
Inpatient Hospital Miscellaneous	100% RE*

Outpatient

Outpatient Hospital Miscellaneous (Except physician services and x-rays paid as below)	100% RE*
Hospital Emergency Room	100% RE*
Day Surgery Miscellaneous	100% RE*

Physician's Services

Surgical	100% RE*
Assistant Surgeon	RE* to 100% of surgical benefit paid only if surgeon is paid
Anesthesiologist	RE* to 100% of surgical benefit paid only if surgeon is paid
Physician's Non-surgical Outpatient Treatment (Except as below)	100% of Reasonable Expenses
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	\$1,000 maximum per non-surgical Injury

Other Services

Registered Nurses' Services	100% RE*
Prescriptions - outpatient	100% RE*
Laboratory Tests - outpatient	100% RE*
X-rays (Includes Interpretation) - outpatient	100% RE*
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation	100% RE*
Ground Ambulance	100% RE*
Air Ambulance	100% RE*
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	100% RE*
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered Injury.	100% RE*
Heart & Circulatory Malfunction	\$10,000 Maximum

Dental Services

100% RE*

Treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered Injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma.

*RE means Reasonable Expense

This has been designed to illustrate the highlights of this insurance. All information is subject to the provisions of the Policy.
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