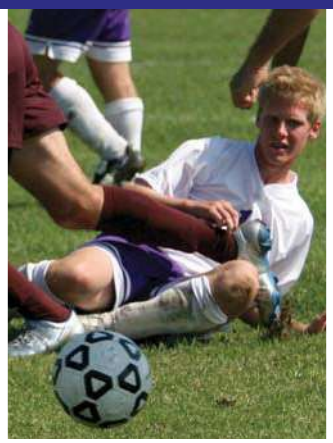
Voluntary Student Accident Insurance Plans







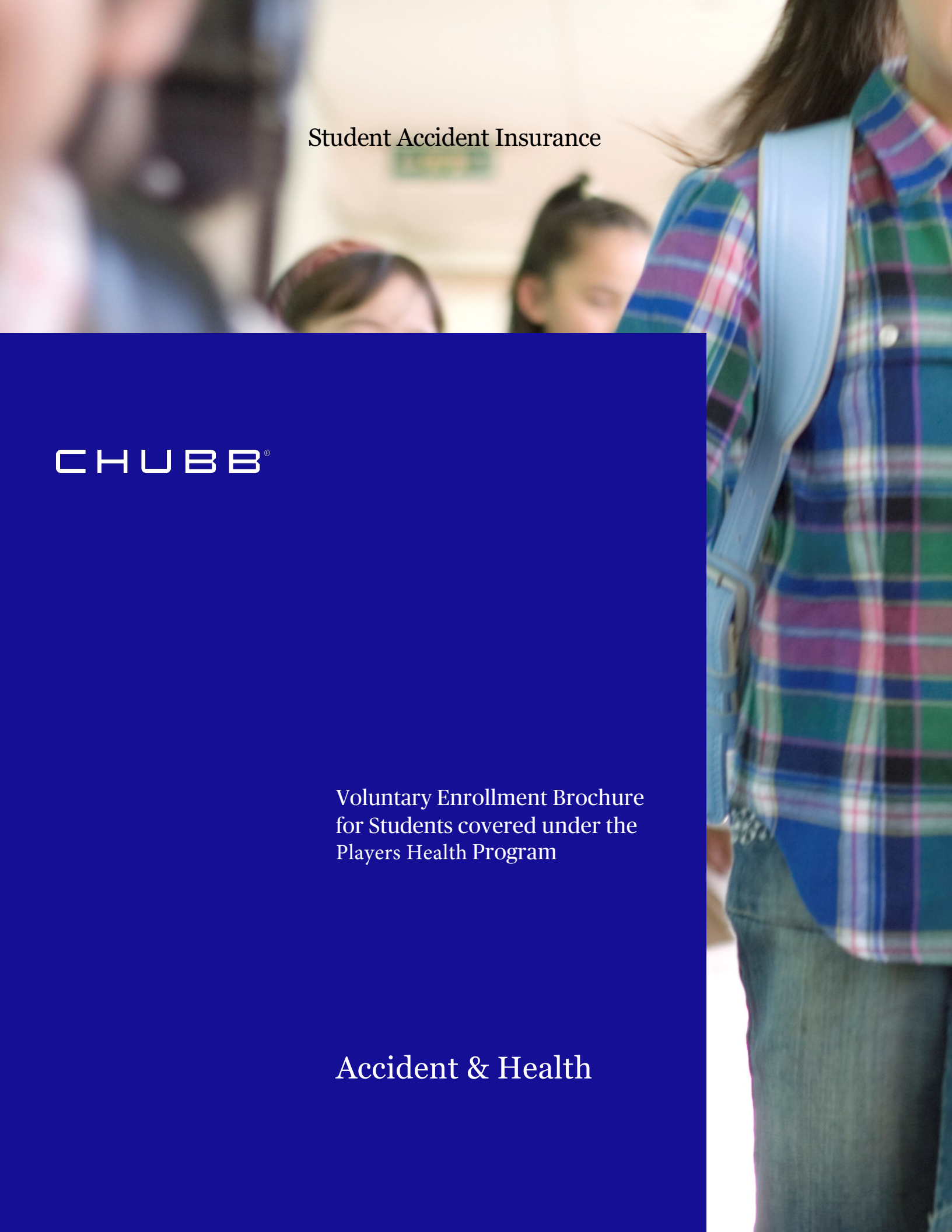
PLAYERS HEALTH

Student Accident Insurance

Offering Student Accident Insurance Plans…

Especially designed to cover your students:

- *School Sponsored Sports*
- *School Sponsored Activities*
- *All School Coverage*



Student Accident Insurance

CHUBB®

Voluntary Enrollment Brochure
for Students covered under the
Players Health Program

Accident & Health

Protection when your child needs it most

Student Accident Insurance is designed to help shield your family from the financial burdens that may arise from an accident. While in class, on a field trip, or participating in school sponsored sports your child is exposed to many risks. Our insurance plans give you the opportunity to ensure they are covered when the unexpected occurs.

Highlights

- Accidental Death & Dismemberment coverage kicks in if your child is injured in a serious accident
- Accident Medical Expense benefits help alleviate costs of injuries that may land your child in the hospital
- School Coverage option allows for coverage while on school premise and while participating in school sponsored
- Activities Coverage option allows for the coverage to expand 24 hours a day, anywhere in the world
- Sports Coverage for Interscholastic Football protects high risk sports activities
- Most coverage will pay in addition to any other insurance you may have.

Choose the Plan that is Right for You

The following coverages allow you to choose the right level of protection for your participating student. These coverages are available in two limits outlined by Plan A and Plan B as described in the following sections and on the enrollment form. You may select from the following coverage options:

Coverage	Description
School Coverage & Sports Coverage (excludes Interscholastic Football)	Covers your insured student while participating in school sponsored activites on school premises both during and after normal school hours, or at another school or location where the covered activity is scheduled. Coverage includes travel directly between home and school or the site of scheduled covered activities, not to exceed 8 hours each way. Covers your insured student while participating as a team member in a scheduled game, official tournament game, or practice session. Coverage includes direct travel between home and school or site of the covered activities when the insured student is scheduled to participate, not to exceed 8 hours each way.
24 Hour Coverage (excludes Interscholastic Football)	Covers your insured student for 24 hours a day under all circumstances that they may be exposed, subject to the terms and conditions of the Policy.
Sports Coverage (Interscholastic Football Only)	Covers your insured student while participating as a team member in a scheduled game, official tournament game, or practice session. Coverage includes direct travel between home and school or site of the covered activities when the insured student is scheduled to participate, not to exceed 8 hours each way.

Benefits

Accidental Death & Dismemberment Benefits

If the Insured Person is injured in a covered accident and suffers any of the losses shown in the *Schedule of Covered Losses* below within 365 days, we will pay the benefit amount shown for that loss. If more than one loss occurs in the same accident, only one benefit, the largest, will be paid.

Schedule of Covered Losses

Covered Loss	Benefit Amount
Life	100% of the Principal Sum
Loss of Life - Heart & Circulatory	
Loss of One Hand, Loss of One Foot or Loss of Sight of an Eye	
Loss of Speech or Loss of Hearing	
Loss of Speech & Loss of Hearing	200% of the Principal Sum
Loss of Speech & Loss of One of: Hand, Foot or Sight of One Eye	
Loss of Hearing & Loss of One of: Hand, Foot, or Sight of One Eye	
Loss of Both Hands, Loss of Both Feet, Loss of Sight of Both Eyes or a Combination of Any Two of: Loss of a Hand, Loss of a Foot or Loss Sight of One Eye	
Loss of Thumb & Index Finger of the Same Hand	50% of the Principal Sum

"Loss of Hand" means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint, proximal to the torso, on the same hand or at least three (3) fingers and the thumb on the same hand. "Loss of Foot" means the complete severance of a foot through or above the ankle joint.

"Loss of Sight" means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician. "Loss of Sight of One Eye" means permanent loss of vision of one eye. "Loss of Speech" means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician. "Loss of Hearing" means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. "Loss of Thumb and Index Finger" means complete severance, through the metacarpal phalangeal joints, proximal to the torso, of the thumb and index finger of the same hand, as determined by a Physician.

Accident Medical Expense Benefit

We will reimburse up to the maximum benefit amount for Accident Medical Expenses if accidental bodily injury causes an Insured Person to first incur Medical Expenses for care and treatment within 90 days of a covered accident. The Accident Medical Expense benefit amount is payable on an excess basis, only for medically necessary charges and services incurred within 52 weeks of the covered accident. If a Dentist certifies that Dental Services cannot be performed within 156 weeks of the covered accident, then the sublimit for Deferred Dental Services will apply. In no event will We pay for Extended Dental Services performed beyond 208 weeks of the covered accident. The benefit amount is subject to the Coinsurance, Out of Network Percentage and Maximum Benefit Amount listed in the selected plan.

Accident Medical Expense Plan Options

	Plan A	Plan B
Maximum Benefit Amount	$25,000	$25,000
Deductible	$0	$0
Coinsurance	70%	65%
Incurral Period	52 weeks	52 weeks
Sublimits:		
Emergency Room Fees	70% of Reasonable & Customary Charges up to $2,000	65% of Reasonable & Customary Charges up to $1,500
Ambulatory Medical Center Fees	70% of Reasonable & Customary Charges up to $2,000	65% of Reasonable & Customary Charges up to $1,500
Physical Therapy	70% of Reasonable & Customary Charges up to $50 per visit for a maximum of 5 visits	65% of Reasonable & Customary Charges up to $35 per visit for a maximum of 5 visits
Dental Services	70% of Reasonable & Customary Charges up to $500 per accident	65% of Reasonable & Customary Charges up to $250 per accident
Deferred Dental Services (if certified by Dentist)	70% of Reasonable & Customary Charges up to $600 per accident	65% of Reasonable & Customary Charges up to $600 per accident
Emergency Transportation Vehicle	70% of Reasonable & Customary Charges up to $800	65% of Reasonable & Customary Charges up to $500

Payment Clauses & Exclusions

Multiple Losses Maximum Payment Clauses

For the types of coverage listed below, if an Insured has multiple losses as the result of one accident, the Insurer pays only the single largest benefit amount applicable:

- Accidental Loss of Life & Dismemberment

Your beneficiary for the loss of life benefit shall be the beneficiary you name on the enrollment form.

Plan Exclusions

Insurance does not apply to any accident, accidental bodily injury or loss when: 1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any accident, accidental bodily injury or Loss; or 2) there is any other legal prohibition against providing insurance of any accident, accidental bodily injury or loss.

In addition, insurance does not apply to any accident, accidental bodily injury or loss caused by or resulting from, directly or indirectly:

- an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. This exclusion does not apply to an Insured Person's bacterial infection caused by an accident or from accidental consumption of a substance contaminated by bacteria;

- an Insured Person's an insured person's suicide, attempted suicide or intentionally self-inflicted injury;

- an Insured Person being engaged in or participating in interscholastic sports (except as provided by the Policy);

- an Insured Person being intoxicated at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such accident occurs. If such jurisdiction does not have a law to define Intoxication, then under this policy it will mean a blood alcohol content of .08 or greater;

- an Insured Person being under the influence of any narcotic or other controlled substance or intentionally ingesting or inhaling any poison gas or fumes at the time of an accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician;

- an Insured Person participating in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty consecutive days of active military service;

- an Insured Person being in, entering, or exiting any aircraft owned, leased or operated by the Policyholder or on the Policyholder's behalf; or operated by an employee of the Policyholder on the Policyholder's behalf;

- an Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member; this does not apply to passengers temporarily performing pilot or crew functions in a life-threatening emergency;

- an Insured Person's participation in Specialized Aviation Activities;

- war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these, the destruction or seizure of property for a military purpose, or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.

The Benefit Amount for Accident Medical Expense does not apply to charges and services

- for which an Insured Person has no obligation to pay;
- for any injury where worker's compensation benefits or occupational injury benefits are payable;
- for any injury occurring while fighting, except in self-defense;
- for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice;
- for treatment by a person employed or retained by the Policyholder;
- for treatment involving conditions caused by Repetitive Motion Injuries or cumulative trauma and not as the result of an accidental bodily injury;
- personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, internet access, barber services or guest meals while confined in a Hospital; or
- routine physical exams that are not the result of an accidental bodily injury.

Claims

How to File a Claim

In the event of an accident, notify the school immediately. Written notice of claim must be given to the Company within 20 days after an Insured's loss, or as soon as reasonably possible. The Company will send claim forms to the claimant upon receipt of a written notice of claim. The school should complete Section A of the claim form. The claimant should complete the remainder of the claim form, attach any other requested information, and mail to the address listed below. Claims for benefits must be filed with the Company within 90 days from date of accident, or as soon as reasonably possible.

WebTPA
P.O. Box 669
Grapevine, TX 76099-0669
877-563-7492

CHUBB®

Accident Coverage for Students - Enrollment Form

Student Information

School Name:_____

School District:_____

Student Last Name:_____ Student First Name:_____

Student Date of Birth (mo/day/year):_____ Grade Level During Policy Term: _____

Street Address:_____

City:_____ State:_____ Zip Code: _____

Parent/Guardian Email Address: _____

Primary Telephone Number:_____ Fax Number: _____

Date of Enrollment: _____ Beneficiary Name: _____

Plan Selection - Check the box(es) next to the annual premium amount listed for your choice.

Coverage	Plan A	Plan B
School Coverage & Sports Coverage (excluding Interscholastic Football)	$71.00 ☐	$64.00 ☐
24 Hour Coverage (excluding Interscholastic Football)	$243.00 ☐	$221.00 ☐
Sports Coverage (Interscholastic Football Only)	☐ Grade 9 - $305.00 ☐ Grades 10-12 - $598.00	☐ Grade 9 - $230.00 ☐ Grades 10-12 - $460.00

Make check or money order payable to: Players Health

Amount Enclosed:_____

Check or Money Order Number:_____

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Policy Acceptance: The undersigned declares that all information provided in this application and any attachments hereto is true and correct. The undersigned understands that all information provided in this application and any attachments hereto is material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. It is hereby agreed and understood this insurance is provided by the Company in consideration of payment of the required premium. The insurance under the policy begins on the Effective Date shown in the Insuring Agreement of the policy. The acceptance of the policy terminates any prior policy of the same policy number, effective with the inception of the policy.

_____

Signature of Parent/Guardian Date Signed

_____

Print Name of Parent/Guardian

Please mail completed enrollment form and check or money order to the address below or enroll online at www.mmc-ins.com.

MAIL TO:
Players Health
PO Box 591481
San Antonio, TX 78259
1-800-510-2097

Chubb. Insured.℠

Insurance is underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies. The coverage described in this literature is not available in all jurisdictions. This literature is descriptive only. Actual coverage is subject to the language of the policies as issued. Exclusions apply. Chubb, Box 1615, Warren, NJ 07061-1615.

This information is a brief description of the important features of the insurance plan underwritten by Federal Insurance Company. It is not a contract of insurance and may be subject to change based on the underwriting requirements of the company. Coverage may not be available in all states or certain terms may be different where required by state law.

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com. Insurance provided by U.S. based Chubb underwriting companies.