2026-2027 Student Accident Insurance Coverage

Plan Options

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;
- summer recreation activities sponsored by the school;
- one-day school field trips 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. **Includes coverage for all Interscholastic Sports, excluding those participating in Senior High interscholastic tackle football**.

Annual Premium

Standard Plan - $8.00 **Intermediate Plan - $18.00** **Premier Plan - $50.00**

Optional 24-Hour Accident Coverage

Insurance coverage is provided around the clock, 24 hours a day. Provides coverage during weekends and vacation periods including the summer. Students have insurance protection while at home or away—anytime and anywhere. **Includes coverage for all interscholastic sports, excluding those participating in Senior High interscholastic tackle football.**

Annual Premium

Standard Plan - $58.00 **Intermediate Plan - $108.00** **Premier Plan - $285.00**

Optional High School Tackle Football Coverage

Covers accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is covered when going directly and uninterruptedly to or from such practice or competition as part of a group in transportation furnished or arranged by the Policyholder.

Optional High School Tackle Football Coverage begins on the date of premium receipt (on or after the policy effective date) and ends on the last day of practice or competition. This optional coverage is also available to ninth graders who play tackle football with grades 10-12. Ninth graders who play with ninth graders ONLY are not charged extra for football coverage.

Annual Premium

Standard Plan - $96.00 **Intermediate Plan - $157.00** **Premier Plan - $357.00**

Optional Extended Dental Coverage (Can be purchased as an add-on to the above options.)

Accidental bodily injury must be treated within 60 days after an accident. The benefit amount for dental services is payable within 104 weeks after the date of the accident. We will reimburse up to $50,000 per accident for dental Services. If a dentist certifies that dental services cannot be performed within 104 weeks after the accident, then we will pay up to the sublimit for extended dental services, $600 per accident. In no event will we pay for extended dental services that are performed beyond 572 weeks from the date of the accident.

Note: Extended Dental Coverage must be purchased in conjunction with School Time, 24-Hour, or Football Coverage. It cannot be purchased as standalone coverage.

Annual Premium: $7.00

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 online, 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 Optional Extended 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 Highlights

Accident Medical Expense benefits

Helps pay the cost of Medical Expenses resulting from an Accidental Bodily Injury. Accident Medical Expense Benefits are only payable:

- For Reasonable and Customary Charges for Medical Services, up to the Maximum Benefit Amount;
- For Medically Necessary Medical Services;
- If an Insured incurs expenses for care or treatment within 60 days of the Accident causing the Accidental Bodily Injury; and
- For expenses incurred within 52 weeks of the date of the Accident causing the Accidental Bodily Injury.

Coverage is available on a Primary Basis. Primary coverage means that Accident Medical Expense Benefits apply regardless of other insurance coverage that may be available on a primary basis.

Accidental Death & Dismemberment benefits

Pays lump sum benefits if any of the Losses shown in the Schedule of Covered Losses occur within one year of the date of the Accident. Benefits are payable for the percentage of the Principal Sum specified for the Loss. “Loss” means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Loss of Speech, or Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident. “Loss of Foot” means complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. “Loss of Hand” means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers, or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. “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. The deafness cannot be corrected by any aid or device, as determined by a Physician. “Loss of Life” means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident. “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. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician. “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 Thumb and Index Finger” means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger, or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

Definitions

“Accident” or “Accidental” means a sudden, unforeseen, and unexpected event which: (1) happens by chance; (2) arises from a source external to an Insured; (3) is independent of illness, disease, or other bodily malfunction or medical or surgical treatment thereof; (4) occurs while the Insured is covered under the policy which is in force; and (5) is the direct cause of loss.

“Medically Necessary” means a medical or dental service, supply, or course of treatment which: (1) is ordered or prescribed by a Physician; (2) is appropriate and consistent with the patient’s diagnosis; (3) is in accord with current accepted medical or dental practice; and (4) could not be eliminated without adversely affecting the patient’s condition.

“Physician” means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: (1) an Insured Person; (2) an Immediate Family Member; (3) an Insured Person’s employer or business partner; or (4) the Policyholder.

“Reasonable & Customary (R&C)” means the lesser of: (1) the usual charge made by Physicians or other health care providers for a given service or supply; or (2) the charge We reasonably determine to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished.

Exclusions

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

- An insured person being in, entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.
- An insured person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical, diagnostic, 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 or accidental ptomaine poisoning.
- An insured person's commission of any felony, or assault, or participation in an illegal occupation, riot, insurrection, or civil commotion.
- Any occurrence while an insured person is incarcerated after conviction.
- 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 operating a motor vehicle without the required license, permit restriction, or in violation of a license restriction to operate such motor vehicle in the jurisdiction where the accident occurred.
- An insured person being in, entering, or exiting any aircraft: 1) owned, leased or operated by the policyholder or on the policyholder's behalf; or 2) operated by an employee of the policyholder on the policyholder's behalf.
- An insured person's participation in bungee jumping, parachuting, skydiving, ultralight, hang-gliding, paragliding, or parasailing.
- An insured person being engaged in or participating in a motorized vehicular race or speed contest or a practice for a race or speed contest.
- An insured Person participating in military action while 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 (60) consecutive days of active military service with the armed forces of any country or established international authority.
- An insured person's suicide, attempted suicide, or intentionally self-inflicted injury.
- 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. Undeclared war does not include acts of terrorism.

Additional exclusions, limitations, or conditions may also apply to specific benefits or hazards. Please review the policy for additional details.

Important Notice - Retain for Your Records

This policy does not provide coverage for sickness. This information is a brief description of the important features of the insurance plans. It is not an insurance contract. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Insurance benefits are underwritten by Federal Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Additional exclusions and limitations may apply. You may review a copy of the policy upon request. 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.

How to File a Claim

In the event of an accident, students should notify the school immediately. To file a claim, obtain a claim form from the school, which can be accessed either in person or electronically via email. The claim form includes the school/district account number and is designed for electronic completion. Once you have the claim form, complete it and attach any relevant bills. Follow the claim submission process outlined on the form. The completed claim form and attachments can be mailed or emailed to the claim administrator listed below. Please note that claims for benefits must be filed within 90 days from the date of the accident or as soon as reasonably possible thereafter.

For claims questions, please contact the policy Claim Administrator noted below.

Program Manager:

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

Toll Free: **888.574.6288**

Claim Administrator:

Health Special Risk, Inc.
P.O. Box 250649
Plano, TX 75025
Email: K12claims@hsri.com

Toll Free: **866.523.3199**

Schedule of Benefits

Coverage is 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 Room and Board (Semi-Private Room Rate)	$200 Maximum per day	$400 Maximum per day	100% R&C*
Hospital Miscellaneous Services	$500 Max per day	$1,000 Max per day	80% R&C* / $10,000 Maximum
Registered Nurses' Services	75% R&C*	80% R&C*	100% R&C*
Emergency Room Treatment	$200 Maximum	$400 Maximum	80% R&C* / $600 Maximum
Surgeon's Fees	$750 Maximum	$1,500 Maximum	80% R&C* / $5,000 Maximum
Ambulance Medical Center Fees	$750 Maximum	$1,000 Maximum	80% R&C* / $5,000 Maximum
Assistant Surgeon &/or Anesthesiologist	20% of Surgical Benefits	25% of Surgical Benefits	80% R&C*
Second Opinion or Consultation Fees	$200 Maximum	$400 Maximum	80% R&C*/ $600 Maximum
Office/Physician's Visits (Excludes Physical Therapy)	$30 first visit / $25 each subsequent visit	$50 first visit / $30 each subsequent visit	100% R&C* / $75 per day Maximum
Physical Therapy	$30 first visit / $25 each subsequent visit / 5 Visits Max.	$50 first visit / $30 each subsequent visit / 10 Visits Max.	80% R&C* / $75 per day max / 15 Visits Max.
Prescription Drugs	$50 Maximum	$100 Maximum	100% R&C*
X-rays, Including Interpretation - Outpatient	$200 Maximum	$400 Maximum	80% R&C* / $600 Maximum
Diagnostic Imaging (MRI, CAT Scan, etc.) Including Interpretation – Outpatient	$200 Maximum	$400 Maximum	80% R&C* / $1,200 Maximum
Laboratory	$50 Maximum	$100 Maximum	80% R&C* / $600 Maximum
Ambulance	$200 Maximum	$500 Maximum	80% R&C* / $1,500 Maximum
Durable Medical Equipment (Including Orthopedic Braces & Appliances)	$50 Maximum	$100 Maximum	80% R&C* / $500 Maximum
Replacement of Eyeglasses, Hearing Aids, Contact Lenses in Medical Treatment That Is Also Received for the Covered Injury	100% R&C*	100% R&C*	100% R&C*
Dental Treatment to Sound, Natural Teeth Due to Covered Injury	$100/tooth	$300/tooth	80% R&C* / $2,000 Maximum

*R&C means Reasonable & Customary expense.

Coverage Selected: (Keep for your records.)

Standard Plan	☐ School-Time $8.00	☐ 24-Hour Accident $58.00	☐ Football $96.00
Intermediate Plan	☐ School-Time $18.00	☐ 24-Hour Accident $108.00	☐ Football $157.00
Premier Plan	☐ School-Time $50.00	☐ 24-Hour Accident $285.00	☐ Football $357 .00
	☐ Extended Dental $7.00		

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.**

2026-2027 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	☐School-Time $8.00	☐24-Hour Accident $58.00	☐Football $96.00
Intermediate Plan	☐School-Time $18.00	☐24-Hour Accident $108.00	☐Football $157.00
Premier Plan	☐School-Time $50.00	☐24-Hour Accident $285.00	☐Football $357.00
	☐Extended Dental Coverage - $7.00		

Please make check or money order payable to: Chubb.

Total Enclosed:

Signature of Parent or Guardian: Date:

Student I.D. Card

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

2026-2027 Student I.D. Card

Name of School: School District:

Student Name:

CLAIM QUESTIONS: CALL 866.409.5734