



## Student Accident Insurance Coverage 2026–2027 School Year

Membership in Nevada Public Agency Insurance Pool includes for all Member School Districts an Excess Student Accident insurance policy through Gerber Life Insurance Company. An additional letter and claim form are provided for your schools to use within correspondence to the students' parents and can be placed on the schools' letterhead.

The Student Accident insurance provides coverage for participating in school sponsored and supervised activities on or off school premises. Coverage includes participation in Interscholastic Sports; including Football, One Day Field Trips and Overnight Field Trips\* (no more than 7 consecutive nights). This includes travelling 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.

This policy should meet the requirement for students to participate in sports and other activities that would require Accident Insurance, allowing all students to participate.

### SCHEDULE OF BENEFITS

#### MANDATORY MEDICAL EXPENSE BENEFITS

|                                   |          |
|-----------------------------------|----------|
| Maximum Benefit                   | \$25,000 |
| Deductible (per Covered Accident) | \$250    |
| Coinurance                        | None     |

#### COVERED EXPENSES

##### Inpatient

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

##### Outpatient

|                           |                                                                  |
|---------------------------|------------------------------------------------------------------|
| Surgery                   | 100% of Usual and Customary Charges                              |
|                           | <i>Based on data provided by Ingenix, at the 80th percentile</i> |
| Day Surgery Miscellaneous | 100% of Usual and Customary Charges                              |
|                           | <i>Based on the Outpatient Surgical Facility Charge Index</i>    |
| Assistant Surgeon         | 100% of Usual and Customary Charges                              |

|                                                                                               |                                                             |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Anesthetist                                                                                   | 100% of Usual and Customary Charges                         |
| Outpatient Miscellaneous Benefit                                                              | 100% of Usual and Customary Charges                         |
| Physician's Visits                                                                            | 100% of Usual and Customary Charges                         |
| Physiotherapy                                                                                 | 100% of Usual and Customary Charges                         |
| Medical Emergency                                                                             | 100% of Usual and Customary Charges                         |
| Diagnostic X-rays                                                                             | 100% of Usual and Customary Charges                         |
| Laboratory                                                                                    | 100% of Usual and Customary Charges                         |
| Tests and Procedures                                                                          | 100% of Usual and Customary Charges                         |
| Prescription Drugs                                                                            | 100% of Usual and Customary Charges                         |
| <b>Other</b>                                                                                  |                                                             |
| Ambulance                                                                                     | 100% of Usual and Customary Charges                         |
| Durable Medical Equipment                                                                     | 100% of Usual and Customary Charges                         |
| Dental                                                                                        | 100% of Usual and Customary Charges                         |
|                                                                                               | <i>Benefits paid on Injury to Sound, Natural Teeth only</i> |
| Accidental Death and Dismemberment                                                            | \$10,000 Principal Sum                                      |
| Replacement of Eyeglasses, Hearing Aids, or Contact Lenses                                    | 100% of Usual and Customary Charges                         |
| Damaged during a covered Injury, if medical treatment is also received for the covered Injury |                                                             |

*This is a highlight of benefits and all claims payments are subject to the terms 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, 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](mailto:benefit.assist@webtpa.com).
3. **Call 1-866-975-9468** with any Claims questions.