

Student Accident Insurance Coverage 2026–2027 School Year

Our School District provides to all enrolled students (Pre-K through 12th 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 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.

Schedule of Benefits:

MANDATORY MEDICAL EXPENSE BENEFITS

Maximum Benefit	\$25,000
Deductible (per Covered Accident)	\$250
Coinsurance	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

Other

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 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 #28-3767-25** with any Claims questions.