

2026-2027

STUDENT ACCIDENT INSURANCE SUMMARY OF COVERAGE Policy GA-2200Ed.11-16 (TX)

The school is participating in a medical insurance policy that will provide benefits for accidental bodily injury incurred while:

- Attending regular school sessions,
- Participating in or attending school-sponsored and supervised extracurricular activities,
- Participating in school-sponsored and supervised interscholastic sports, including UIL activities; and
- Traveling directly to and from school for regular school sessions; and while traveling to and from school sponsored and supervised extracurricular activities, including UIL activities, in school-provided transportation.

The Medical Benefits and Exclusions below apply to the coverage options above.

MEDICAL BENEFITS

When injury covered by this Policy results in treatment by a Licensed Physician within 180 days from the date of injury, the Company will pay the Usual and Customary expenses incurred for covered services listed below, for expenses actually incurred within one year from the date of injury up to a **Maximum Medical Benefit of \$25,000 per injury**. This policy will pay benefits only after all Other Valid Coverage has been paid. **Unless stated otherwise, all amounts listed below are per injury.**

A. INPATIENT BENEFITS

- Hospital Room and Board - Semi-private Room Charges
- Intensive Care (in lieu of Hospital Room & Board) - 1.5 X Semi-private Room Charges
- Hospital Miscellaneous Services (all charges except Room & Board) - U&C, up to \$1,000 per day, maximum \$5,000
- Physician's Non-Surgical Visits (other than physiotherapy, not paid day of surgery) - U&C, up to \$30 per visit, maximum 10 visits
- Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits) - Included in Hospital Misc. Benefit
- X-ray and Radiology Services - Included in Hospital Misc. Benefit
- Registered Nurse - U&C

B. OUTPATIENT SURGERY BENEFITS

- Day Surgery (facility charge, room supplies and all other expenses for outpatient surgery) - U&C, up to \$1,750

C. OTHER OUTPATIENT BENEFITS

- Hospital Emergency Room Charges - U&C, up to \$300
- X-ray and Radiology Services - U&C, up to \$250; \$50 reading
- Diagnostic Imaging (CAT scans, MRI and bone scans) - U&C, up to \$700; \$50 reading
- Laboratory Services - U&C, up to \$100
- Physician's Non-Surgical Visits - Includes tele-health visits (not paid day of surgery) - \$50 per visit; maximum 10 visits
- Physician's Non-Surgical Visits - Includes tele-health visits (treatment for concussion) - U&C, up to \$100 per visit, for first 2 visits; then paid \$50 per visit, up to 10 additional visits
- Emergency Room Physician's Non-Surgical Care (other than treatment for concussion) - U&C, up to \$150
- Orthopedic Appliances (when prescribed by a physician for healing) - U&C, up to \$500
- Shots and Injections (within 24 hours of an injury) - U&C, up to \$50
- Prescription Drugs - U&C, up to \$50

C. OTHER OUTPATIENT BENEFITS (continued)

- Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits) - \$50 per visit, maximum 10 visits
- Ambulance Service (air or ground) - U&C, up to \$1,000
- Eyeglass Replacement (if medical treatment is also received for a covered injury) - U&C, up to \$100
- Durable Medical Equipment (post-surgical only) - U&C, up to \$150

D. OTHER PHYSICIAN SERVICES

- Dental Treatment (in lieu of all other medical benefits, including X-rays of sound & natural teeth) - U&C, up to \$1,000
- Physician's Surgical Care (inpatient or outpatient) Only one procedure will be allowed (the highest scheduled) when multiple procedures are performed through the same incision or in immediate succession - U&C, up to \$2,500
- Assistant Surgeon Charges (inpatient or outpatient) - 25% of Surgery Allowance
- Anesthesia Charges (inpatient or outpatient) - 25% of Surgery Allowance

E. MOTOR VEHICLE INJURY - U&C, up to \$1,000, as scheduled above

F. OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other accident.

G. FIELD TRIP COVERAGE - all students will be covered for one day field trips, with no overnight stay. Basic benefits apply up to \$2,000 per injury.

The policy contains a provision limiting coverage to usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured.

ACCIDENTAL DEATH AND DISMEMBERMENT - When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.

Loss of Life	\$ 2,500	Double Dismemberment	\$10,000
Loss of an Eye	\$ 2,000	Single Dismemberment	\$ 2,000

EXCLUSIONS - The Policy Does Not Provide Benefits For:

- Any sickness, disease, infection (unless caused by an open cut or wound), aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics, injuries involving bone cysts or dental implants.
- Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
- The services of a second or subsequent Physician when not requested in writing by the attending Physician. This exclusion does not apply to any Assistant Surgeon Benefits as listed under the Schedule of Covered Services.
- Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder.
- Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.
- Intentionally self-inflicted Injuries; Injuries sustained while fighting or brawling, or violating or attempting to violate any existing city, state, or federal law.
- Services provided by any person employed or retained by the Policyholder.
- Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.

IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the Effective Date of the policy.