

# Voluntary Student Accident Medical Insurance

**K-12 Schools  
2024-25**



**STUDENT  
INSURANCE**

A VENBROOK COMPANY

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Lic #0386216



## Accidents aren't supposed to happen, but they do.

School recess, one-day field trips and general day-to-day activities can all lead to injuries. Having coverage during school hours, or around the clock can insure your loved ones get the care they need without financial hardship to your family.

### ELIGIBILITY

Any enrolled student is eligible for coverage.

### 12 ACCIDENT PLANS THAT ARE AVAILABLE THROUGH YOUR SCHOOL:

- School Time Accident Only
- 24-Hour Accident Only
- Optional Football Coverage
- 24-Hour Dental

All available plans are offered by Special Markets Insurance Consultants, Inc. To research which plans are being offered by your school, please visit our website's online enrollment tool at [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com)

### PAYMENT

Parents or guardians of students are responsible for enrollment and premium payment.

### HOW TO ENROLL

Enrolling is easy and only takes a few minutes.

Go to <https://studentinsuranceusa.com/insurance/k-12-student-accident-insurance-plan-enrollment/>

1. Go to Online Enrollment
2. Click on School or District
3. Select Coverage

Parents can either print or complete the enrollment application to mail with check or money order or:

You can enroll online:

1. Enroll online by clicking "Enroll Now"
2. Select State and click "Look Up"
3. Click on School or District
4. Select school location name (if applicable)
5. Check the plan options
6. Complete online application (more than one child can be enrolled on the same application)
7. Pay by credit/debit
8. Print ID card

### About Student Insurance

Since 1950 Student Insurance, Inc. (SI) has delivered competitive pricing on comprehensive Student Accident Insurance coverage to the K-12 segment. For further details of the coverage outlined above, including costs, benefits, exclusions and any reductions or limitation, and the terms under which the policy may be continued in force, please refer to [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com). Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company.

2024 – 2025 STUDENT ACCIDENT INSURANCE COVERAGE

**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. Includes participation in: Interscholastic Sports, excluding high school interscholastic tackle football (see below Optional Football Coverage option); Summer Recreation Activities sponsored by the school; One-Day School Field Trips (no Overnight) 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 and traveling directly to or from their home premises and the school or the site of a covered activity.

**Annual Premium:** Plan “Low” – \$14.00 Plan “Medium” – \$28.00 Plan “High” – \$43.00

**OPTIONAL 24-HOUR ACCIDENT COVERAGE** - Insurance coverage is provided around the clock, 24 Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away, any place, any time, anywhere. Coverage is provided for participation in Interscholastic Sports, excluding high school interscholastic tackle football (see below Optional Football Coverage option).

**Annual Premium:** Plan “Low” – \$82.00 Plan “Medium” – \$105.00 Plan “High” – \$210.00

**OPTIONAL 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. Refer to benefits and limitations described inside this brochure. Optional Football Coverage begins on the date of premium receipt and ends on the last day of practice or competition. Ninth Graders who play with 9<sup>th</sup> graders ONLY are not charged extra for football coverage. Their Optional School-Time or Optional 24-Hour Accident Coverage will apply if purchased.

**Annual Premium:** Plan “Low” – \$85.00 Plan “Medium” – \$115.00 Plan “High” – \$215.00

**OPTIONAL 24-HOUR DENTAL COVERAGE (Can be purchased separately or with other coverage)** – Insurance coverage is in effect 24 Hours a day. Injury must be treated within 60 days after the Accident occurs. Benefits are payable within 12 months after the date of Injury. The maximum eligible expenses payable per covered Injury is \$25,000. In addition, when the dentist certifies that treatment must be deferred until after the Benefit Period, deferred benefits will be paid to a maximum of \$1,000. The Student must be treated by a legally qualified dentist who is not a member of the student’s Immediate Family for Injury to teeth. Coverage is limited to treatment of sound, natural teeth. **Annual Premium: \$8.00**

**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 the date of premium receipt but not before the start 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 classroom sessions exclusively sponsored and solely supervised by the School during the summer. Optional 24-Hour Accident and Dental Coverage ends when school reopens for the following school year. Coverage is available under the plan throughout the school year at the premiums quoted **(no pro rata premiums available).**

SCHEDULE OF BENEFITS			
Coverage for Injuries due to Accidents only			
<b>Maximum Benefit:</b>	<b>Plan “Low”</b>	<b>Plan “Medium”</b>	<b>Plan “High”</b>
School-Time Option	\$25,000	\$50,000	\$100,000
24-Hour Option	\$25,000	\$50,000	\$100,000
Football Option	\$25,000	\$50,000	\$100,000
Injuries Involving Motor Vehicles	\$10,000	\$10,000	\$ 10,000
Death Benefit/Double Dismemberment	\$10,000	\$20,000	\$ 20,000
Single Dismemberment	\$ 5,000	\$10,000	\$ 10,000
<b>Loss Period for Medical Benefits</b>	Treatment must begin within 60 days from the date of Injury		
<b>Benefit Period for Medical and AD&amp;D/Loss of Sight Benefits</b>	1 Year	1 Year	1 Year
<b>Excess Coverage Applicability</b>	Full Excess	Full Excess	Full Excess
<b>Hospital/Facility Services - Inpatient</b>			
Hospital Room and Board (Semi-Private Room Rate)	65% RE*	75% RE*	80% RE*
Inpatient Hospital Miscellaneous	65% RE*	75% RE*	80% RE*
<b>Hospital/Facility Services - Outpatient</b>			
Free-Standing Ambulatory Surgical Facility	65% RE* to \$500 Maximum	75% RE* to \$800 Maximum	80% RE* to \$1,500 Maximum
Outpatient Hospital Miscellaneous	65% RE* to \$500 Maximum	75% RE* to \$800 Maximum	80% RE* to \$1,500 Maximum
(Except physician services and x-rays paid as below)	65% RE* to \$500 Maximum	75% RE* to \$800 Maximum	80% RE* to \$1,500 Maximum
Hospital Emergency Room	65% RE* to \$500 Maximum	75% RE* to \$800 Maximum	80% RE* to \$1,500 Maximum
<b>Physician's Services</b>			
Surgical	65% RE*	75% RE*	80% RE*
Assistant Surgeon	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits
Anesthesiologist	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	65% RE* / \$25 Visit/5 Visit Max.	75% RE* / \$30 Visit/7 Visit Max.	80% RE* / \$40 Visit/8 Visit Max.
Physician's Non-surgical Treatment (Except as above)	65% RE*	75% RE*	80% RE*
<b>Other Services</b>			
Registered Nurses' Services	65% RE*	75% RE*	80% RE*
Prescriptions - outpatient	65% RE*	75% RE*	80% RE*
Laboratory Tests – Outpatient	65% RE*	75% RE*	80% RE*
X-rays, includes interpretation – Outpatient	65% RE*	75% RE*	80% RE*
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation	65% RE*	75% RE*	80% RE*
Ground Ambulance	65% RE*	75% RE*	80% RE*
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	65% RE*	75% RE*	80% RE*
Dental Treatment to sound, natural teeth due to covered injury	65% RE* to \$500 Maximum	75% RE* to \$800 Maximum	80% RE* to \$1,500 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$150 Maximum	\$500 Maximum	\$700 Maximum
<b>*RE means Reasonable Expense</b>			<b>GER_0418 EFTB(0009)</b>

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2024 – 2025 ENROLLMENT APPLICATION (please print or type)

Student’s Last Name	Student’s First Name	Student’s Middle Initial	Grade
Address _____		City _____	State _____ Zip _____
Telephone Number _____		Birthdate _____	
School System _____		Name of School _____	
Check your selection:			
Plan “Low”	<input type="checkbox"/> School-Time \$14.00	<input type="checkbox"/> 24-Hour Accident \$ 82.00	<input type="checkbox"/> Football \$ 85.00
Plan “Medium”	<input type="checkbox"/> School-Time \$28.00	<input type="checkbox"/> 24-Hour Accident \$105.00	<input type="checkbox"/> Football \$115.00
Plan “High”	<input type="checkbox"/> School-Time \$43.00	<input type="checkbox"/> 24-Hour Accident \$210.00	<input type="checkbox"/> Football \$215.00
<b>Please make check payable to Gerber Life Insurance Company</b>			
Signature of Parent or Guardian _____			Total Enclosed: _____
Date _____			