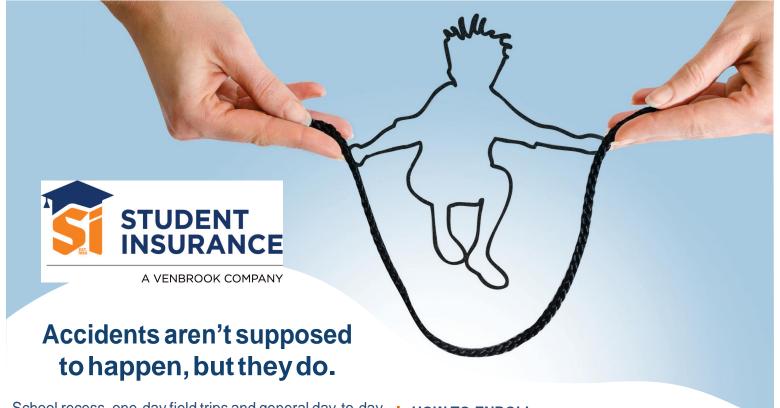
# Voluntary Student Accident Medical Insurance



K-12 Schools 2024-25





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

#### **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. Paybycredit/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**. 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 ninemonth 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).

Naximum Benefit	premiums quoted ( <b>no pro rata premiums available)</b> .										
Maximum Benefit   Plan "Low"   Plan "Medium"   Plan "High"   School-Time Option   \$25,000   \$50,000   \$100,000   \$100,000   \$25,000   \$50,000   \$100,000											
Maximum Benefit   Plan "Low"   Plan "Medium"   Plan "High"   School-Time Option   \$25,000   \$50,000   \$100,000   \$100,000   \$25,000   \$50,000   \$100,000	Cove	rage for Injuries due to Accide	nts only								
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24-Hour Option         \$25,000         \$50,000         \$10,000           Football Option         \$25,000         \$50,000         \$10,000           Injuries Involving Motor Vehicles         \$10,000         \$10,000         \$10,000           Single Dismemberment         \$10,000         \$20,000         \$20,000           Single Dismemberment         \$5,000         \$50,000         \$10,000           Loss Period for Medical Benefits         \$5,000         \$10,000         \$10,000           Benefit Period for Medical and AD&DLoss of Sight Benefits         \$5,000         Treatment must begin within 60 days from the date of linjury           Benefit Period for Medical and AD&DLoss of Sight Benefits         14 Year         1 Year         1 Year           Excess Coverage Applicability         14 Year         1 Year         1 Year         1 Year           Hospital/Facility Services - Inpatient         65% RE*         75% RE*         80% RE*           Hospital/Facility Services - Outpatient         65% RE* to \$500 Maximum         75% RE* to \$800 Maximum         80% RE* to \$1,500 Maximum           Free Standing Ambulatory Surgical Facility         65% RE* to \$500 Maximum         75% RE* to \$800 Maximum         80% RE* to \$1,500 Maximum           Hospital Maring Services         65% RE* to \$500 Maximum         75% RE* to \$800 Maximum         80% RE* to \$1,	School-Time Option	\$25,000	\$50,000	\$100,000							
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Student's Last Name	Stude	nt's First Name	Student's Middle Initial				Grade	
Address			City		Sta	ate	_Zip_	
	Birthdate							
School System	Name of School							
Check your selection:								
Plan "Low"	☐ School-Time \$14.00	□ 24-Hour Accident	\$ 82.00	□ Football	\$ 85.00	☐ 24-Hour	Dental	\$8.00
Plan "Medium"	☐ School-Time \$28.00	□ 24-Hour Accident	\$105.00	Football	\$115.00	☐ 24-Hour	Dental	\$8.00
Plan "High"	☐ School-Time \$43.00	□ 24-Hour Accident	\$210.00	□ Football	\$215.00	☐ 24-Hour	Dental	\$8.00
	Please make ch	eck payable to G	erber Li	fe Insuran	ce Comp	any		
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Signature of Parent or 0	Guardian				ate			