Step 1

CHOOSE YOUR COVERAGE PLAN

One Time Premium
For The School Year

SCHOOL TIME COVERAGE (Accident Only)

Economy Plan..... $20.00
Basic Plan..... $37.00
Deluxe Plan..... $64.00

The School Time plan provides coverage while an insured student is in or on school premises during the days and months when school is in session; traveling directly to or from their residence and school in a vehicle supplied by the school; and participating in or attending activities sponsored solely by the school that are continuously supervised by a school official or employee. This also includes supplied and supervised travel directly to and from such sponsored activities; and school sponsored and supervised sports, excluding 9th, 10th, 11th, and 12th grade interscholastic football.

AROUND THE CLOCK COVERAGE (Accident Only)

Economy Plan..... $90.00
Basic Plan..... $158.00
Deluxe Plan..... $229.00

Around the Clock coverage applies 24 hours a day, whether school is in session or not. The insurance is provided from the effective date of the insured student's coverage to the termination date of the policy. This coverage includes school sponsored and supervised sports, excluding 9th, 10th, 11th, and 12th grade interscholastic football.

INTERSCHOLASTIC FOOTBALL COVERAGE (Accident Only)

Economy Plan..... $151.00
BasicPlan..... $235.00
Deluxe Plan..... $315.00

INTERSCHOLASTIC FOOTBALL COVERAGE (Survival Only)

Economy Plan..... $55.00
Basic Plan..... $72.00
Deluxe Plan..... $110.00

- Provides coverage for 9th,10th,11th, & 12th grade interscholastic football only.
- School Time and Around the Clock coverage is not included with this Premium Payment.

Step 2

REVIEW YOUR BENEFITS

Maximum Benefits Paid As Specified Below

The policy provides benefits for loss due to a covered Injury up to the maximum benefit as listed below for each Injury. Benefits will be paid for covered medical expenses incurred within 52 weeks from the date of Accident up to the maximum benefit per service as scheduled below:

DESCRIPTION OF BENEFITS

BENEFIT	ECONOMY PLAN	BASIC PLAN	DELUXE PLAN
Plan Maximum	$25,000	$25,000	$50,000
Hospital Room and Board	$140 per day	$250 per day	100% of Semi-private
R&B - Intensive Care	$250 per day/$1,000 maximum	$500 per day/$2,000 maximum	Incl. in Room and Board
Hospital Miscellaneous	80% U&C to $1,200 maximum	80% U&C to $2,400 maximum	80% U&C
Licensed Nurse	Usual and Customary	Usual and Customary	Usual and Customary
Outpatient Emergency Room	$125	$250	80% U&C
Outpatient X-ray	$250	$400	80% U&C
Outpatient CT Scan/MRI	Payable under X-ray	Payable under X-ray	80% U&C
Ambulance	$150	$300	80% U&C
Surgery	50% U&C up to $1,250	80% U&C up to $1,750	80% U&C
Anesthetist/Assistant Surgeon	25% of Surgical	25% of Surgical	25% surgical
Outpatient Consultant	$44	$88	80% U&C
Outpatient Physician	$20	$35	80% U&C
Outpatient Day Surgery	$350	$600	80% U&C
Outpatient Physical Therapy	$10 per visit, 10 visit max	$20 per visit, 10 visit max	80% U&C; 10 visit maximum
Outpatient Durable Medical Equipment	$75	$150	$300
Dental Injury	$150 per tooth	$300 per tooth	$5,000
Outpatient Prescription Drugs	$25	$50	Included to maximum
Replacement of Eyeglasses, Hearing Aids	$75	$100	$500
Motor Vehicle Limit	$2,500	$2,500	$5,000
Accidental Death	$3,500	$3,500	$5,000
Accidental Dismemberment	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000

This is only a partial description of the insurance plan. The benefits which are payable are determined in accordance with the terms, conditions, and exclusions of the policy which is on file with the school or district office.

Retain This Description of Coverage For Your Personal Records

Individual policies will not be issued or sent to you. Keep your cancelled check or money order receipt as evidence of payment. This brochure is for illustrative purposes only. It is not a contract of insurance. It is intended to provide a general overview of the insurance program. Please remember only the insurance policy can give actual terms of coverage.

2010-2011 STUDENT INSURANCE ID CARD

Student's Name: _____

If premium has been paid, the student whose name appears above has been insured under an **accident only** policy issued to:

School District: _____

Coverage: ☐ Around the Clock ☐ School Time ☐ Football

Paid by Check # _____ Amount: _____ Date: _____

Claims Questions: (877)-794-6769