



**Accidents aren't
supposed to happen...
*but they do.***



Marketed By

The Christian Schools Insurance Division
Special Markets Insurance Consultants, Inc.
2615 Post Road
Stevens Point, WI 54481
(800) 727-7642
www.christianschoolsinsurance.com

If you have a local agent, please have them call us.

STUDENT ACCIDENT MEDICAL INSURANCE

For years, educators and administrators alike have been looking for an insurance program for their students that would provide a comprehensive benefit package. We can provide the medical and catastrophic coverage that your school(s) need and your students deserve. The Student Accident insurance program is underwritten by The United States Fire Insurance Company. A.M. Best rates The United States Fire Insurance Company A (Excellent) for financial condition.

MANDATORY COVERAGE WHO IS COVERED AND WHEN

DESCRIPTION OF HAZARDS

Eligibility All enrolled students not residing at the school, Early Childhood Development (i.e., Head Start), Pre-K through 12th grade, Volunteers, Teachers and Administrators as chosen for on the application.

SCHOOL COVERAGE - ALL ACTIVITIES OTHER THAN SPORTS

Subject to all other provisions of this Policy, insurance is provided for a Covered Person while he is:

- 1) Attending or participating in a Supervised or Sponsored Activity; or 2) Attending School.

The Covered Person must be:

- 1) On School premises: (a) During School hours on school days; (b) During lunch and recess periods; and (c) During periods when School is not in session if he is attending or participating in a Supervised or Sponsored Activity; (2) Not on School premises and attending or participating in: (a) Supervised or Sponsored Activity; or (b) A School sponsored field trip of less than 24 hours duration; 3) Traveling directly, without interruption: (a) Between his home and School on days when he is scheduled to attend; and (b) Between the site of the Supervised or Sponsored Activity and his home or School if the Supervised or Sponsored Activity: (i) Takes place while School is or is not in session; and (ii) Is located within or outside the town where the School is located; and (c) In a vehicle which is: (i) Designated or furnished by the School; (ii) Operated by a properly licensed adult driver; and (iii) Under the direct supervision of the School; or (d) In a vehicle other than that described in 3(b) when: (i) Operated by a properly licensed driver; and (ii) Travel time does not exceed an hour each way.

Travel time includes the time:

- (i) To or from home, School and the Supervised or Sponsored Activity; (ii) Before required attendance time; (iii) After the Covered Person is dismissed; and (iv) After the Covered Person completes extra duties assigned by the School.

SCHOOL COVERAGE - ALL SCHOOL ACTIVITIES

Subject to all other provisions of this Policy, insurance is provided for a Covered Person while he is:

- 1) On the School premises: (a) While School is in session (including recess and lunch periods); or (b) While School is not in session, if the Covered Person is involved in a Supervised or Sponsored Activity; 2) Away from School or home: (a) If the Covered Person is involved in a Supervised or Sponsored Activity; and (b) With adult supervision provided by the School; 3) Traveling directly, without interruption: (a) Between his home and a scheduled game, competition or practice session; (b) In a vehicle which is (i) Designated or furnished by the athletic team or club; (ii) Operated by a properly licensed, adult driver; or (iii) Under the direct supervision of the athletic team or club; or (c) In a vehicle other than that described in (3)(b) when: (i) Operated by a properly licensed driver; and (ii) Travel time does not exceed an hour each way.

Travel time includes the time:

- (i) To or from home, School, a Supervised or Sponsored Activity, a scheduled game, competition or practice session; (ii) Before required attendance time; (iii) After the Covered Person is dismissed; and (iv) After the Covered Person completes extra duties assigned by the School.

When travel is by other than School bus, covered travel time shall not exceed one hour each way. This includes traveling to or from the Covered Person's home, School, or a Supervised or Sponsored Activity. The covered travel time includes the period before his required attendance time and the period after his dismissal or when he completes any extra duties.

Unless otherwise stated, we will pay benefits for a covered loss, only once, even if coverage was provided under more than one Description of Hazards.

VOLUNTARY COVERAGE WHO IS COVERED AND WHEN

DESCRIPTION OF HAZARDS

Eligibility: All enrolled students not residing at the school, Pre-K through 12th grade. Under “**Voluntary Coverage**” all students must be given the opportunity to enroll. Premiums are the responsibility of the individual student and/or their parent/legal guardian.

OPTIONAL SCHOOL COVERAGE - EXTENSION TO 24 HOUR COVERAGE

We will pay the benefits described in this Policy for any Accident which happens to a Covered Person:

- (1) While he is covered by this Policy; and
- (2) Including travel or flight in any Aircraft only as a fare-paying passenger.

This coverage is subject to all of the exclusions listed in this Policy. Benefits which become payable due to this coverage will be reduced by benefits paid due to other hazard coverage's.

OPTIONAL 24- HOUR DENTAL COVERAGE

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. Each Insured who pays the additional premium required for this benefit is insured under this provision. Coverage starts on the date of premium receipt, but not before the start of the School year. It ends when School reopens for the following School year. This provision covers Accidents occurring anytime and anywhere. The Insured must be treated by a legally qualified dentist who is not a member of the Insured's Immediate Family for Injury to teeth. We will then pay the Usual, Reasonable and Customary expense for Necessary Treatment. Coverage is limited to treatment of sound, natural teeth. The maximum benefit payable under this provision is stated in the Policy. All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

COUNSELING BENEFIT

If, as a result of an Act of Violence, an Insured is killed while on School Property by a person other than an Insured, We will pay a lump sum of \$5,000 for Counseling Services. The lump sum benefit will be paid to the covered School or to the provider after the commencement of Counseling Services. The Insured receiving the Counseling Service must be in attendance at the time the Act of Violence occurs. Counseling Services must be: (1) arranged by the covered School; (2) provided to a living Insured due to an Act of Violence; and (3) received during the Benefit Period shown on the Schedule of Benefits.

The first treatment must be received within the 60 days immediately following the Act of Violence.

Definitions for the purposes of this section:

Act of Violence means an injury inflicted by a person with malicious intent to cause bodily harm; **Counseling Services** means psychiatric/psychological counseling that is under the care, supervision or direction of a professional counselor or physician and essential to assist the Insured in coping with the Act of Violence; and **School Property** means the physical location of the covered School or location of an activity or event approved by the covered School.

All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

DEFINITIONS

Accident means a sudden, unforeseeable external event which: 1) Causes Injury to one or more Covered Persons; and 2) Occurs while coverage is in effect for the Covered Person.

Hospital means an institution which: 1) Is operated pursuant to law; 2) Is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis; 3) Is under the supervision of a staff of doctors; 4) Provides 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.); 5) Has medical, diagnostic and treatment facilities, with major surgical facilities; (a) On its premises; or (b) Available to it on a prearranged basis; and 6) Charges for its services.

Hospital does not include: 1) A clinic or facility for: (a) Convalescent, custodial, educational or nursing care; (b) The aged, drug addicts or alcoholics; or (c) Rehabilitation; or 2) A military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless: (a) The services are rendered on an emergency basis; and (b) A legal liability exists for the charges made to the individual for the services given in the absence of insurance.

Injury means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

Usual, Reasonable and Customary means: 1) With respect to fees or charges, fees for medical services or supplies which are; (a) Usually charged by the provider for the service or supply given; and (b) The average charged for the service or supply in the locality in which the service or supply is received; or 2) With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

SCOPE OF COVERAGE

We will provide the benefits described in the Certificate to all Covered Persons who suffer a covered loss which: (1) Is within the scope of the DESCRIPTION OF BENEFITS provisions and results, directly and independently of disease or bodily infirmity, from an Injury which is suffered in an Accident; (2) Occurs while the person is a Covered Person under the Certificate; and (3) Is within the scope of the risks set forth in the DESCRIPTION OF HAZARDS provisions.

FULL EXCESS MEDICAL EXPENSE

If an Injury to the Covered Person results in his incurring Eligible Expenses for any of the services in the SCHEDULE OF BENEFITS, we will pay the Eligible Expenses incurred, subject to the Deductible Amount and Coinsurance Percentage (if any), that are in excess of Expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.

The Covered Person must be under the care of a Doctor when the Eligible Expenses are incurred. The Expense must be incurred solely for the treatment of a covered Injury: 1) While the person is insured under this Policy; or 2) During the Benefit Period stated on the SCHEDULE OF BENEFITS. The first Expense must be incurred within the time frame shown on the SCHEDULE OF BENEFITS. The total of all medical benefits payable under this Policy is shown on the SCHEDULE OF BENEFITS: and 1) Subject to the specific maximums shown on the SCHEDULE OF BENEFITS; and 2) Subject to compliance with the requirement, set forth in the Limitations section of this Policy.

ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT

If, within 1-year from the date of an Accident covered by this Policy, Injury from such Accident, results in Loss listed below, We will pay the benefit stated in the **Schedule of Benefits** for that Loss. If the Covered Person sustains more than one such Loss as the result of one Accident, We will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

1) Life; 2) Both Hands or Both Feet or the Entire Sight of Both Eyes; 3) One Hand and One Foot; 4) One Hand and the Entire Sight of One Eye; or 5) One Foot and the Entire Sight of One Eye; 6) Loss of Thumb and Index Finger of the Same Hand

Half of the Double Dismemberment benefit, in the **Schedule of Benefits** under **Maximums** and **Benefit Period**, will be paid for the Loss of One Hand, One Foot or the Entire Sight of one eye.

Loss of a hand or foot means complete Severance through or above the wrist or ankle joint. **Loss of sight** means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. **Loss of a thumb and index finger** means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). **Severance** means the complete separation and dismemberment of the part from the body.

Benefits paid under this provision will be paid in addition to any other benefits provided by the Policy.

All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

EXCLUSIONS

Benefits will not be paid for a Covered Person's loss which: 1. Is caused by or results from the Covered Person's own: (a) Intentionally self-inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.); (b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.); (c) Commission or attempt to commit a felony; (d) Participation in a riot or insurrection, fighting (except in self defense); (e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or (f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs; 2. Is caused by or results from: (a) Declared or undeclared war or act of war; (b) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.); (c) Aviation, except as specifically provided in the Certificate; (d) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, cyst or skin lesions such as blisters or boils, tumors, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.

Benefits will not be paid for: 1. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under the Policy, and rendered within 6 months of the Accident; 2. Services or treatment rendered by a doctor, nurse or any other person who is: (a) Employed or retained by the Policyholder; or (b) Who is the Covered Person or a member of his immediate family; 3. Charges which: (a) The Covered Person would not have to pay if he did not have insurance; or (b) Are in excess of Usual, Reasonable and Customary charges. 4. An Injury that is caused by flight in: (a) An aircraft, except as a fare-paying passenger; (b) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or (c) An ultra light, hang-gliding, parachuting or bungi-cord jumping; 5. Travel in or upon, sitting in or upon, alighting to or from, or working on or around: (a)

A snowmobile, ski cycle, jet ski; (b) Any two or three wheeled motor vehicle; (c) Any off-road motorized vehicle not requiring licensing as a motor vehicle; 6. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license; 7. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited); 8. Injury that is: (a) The result of the Covered Person being Intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or (b) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor; 9. Any sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food; 10. An Injury resulting from participation in or practice of any sport; for football, if applicable; 11. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan; 12. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood; 13. Elective treatment or surgery, health treatment, or examination where no Injury is involved; 14. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request; 15. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay; 16. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; 17. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body; 18. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws; 19. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; 20. The repair or replacement of existing dentures, partial dentures, braces (orthodontic) or fixed or removable bridges; 21. Services and supplies furnished by a Student Infirmary, its employees, or doctors who work for the School; 22. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits; or 23. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.

NOTICE OF CLAIM

Written **notice** of claim must be given within **30** days, or as soon as possible, after a covered loss occurs or begins. The notice must be given to The United States Fire Insurance Company, or to any authorized agent. The notice should include the Insured's name and policy number. Written **proof of loss** must be furnished to The United States Fire Insurance Company within **90** days after the date of Injury. In the event of an Accident, students should:

1. Secure treatment at the nearest medical facility of their choice.
2. They may have to make payment of any bills. They should obtain a receipt and itemized copy of charges from the provider of medical services and send copies of their itemized bills and the **original** completed and **signed** student accident claim form to the claims office – mail all correspondence to Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802.
3. Claims Questions? **Call 1-888-293-9229.**



National Representative
Special Markets Insurance Consultants, Inc.
Stevens Point, WI 54481

UNDERWRITTEN BY:
The United States Fire Insurance Company

IMPORTANT NOTICE – THE CERTIFICATE DOES NOT PROVIDE COVERAGE FOR SICKNESS. THIS IS ACCIDENT ONLY COVERAGE. This brochure has been designed to illustrate the highlights of this insurance. All information in this brochure is subject to the provisions of Group Policy Number AH-GA26932-002, underwritten by The United States Fire Insurance Company. If there is any conflict between this brochure and the Certificate, the Certificate will prevail.

Note: Please see the Master Policy for individual state details.