

2010 – 2011 VOLUNTARY STUDENT ACCIDENT INSURANCE COVERAGE*

Dear Parent,

Your School chose to carry medical insurance for students injured in accidents on school premises. The School has also approved a medical and dental accident insurance plan worthy of your consideration to add to coverage purchased. This coverage will extend the hours your child is covered and also may cover your child during certain activities not covered in the school purchased plan. We urge you to consider the benefits described in this brochure.

OPTIONAL 24-HR ACCIDENT COVERAGE (EXTENSION) – Insurance coverage is extended to provide for covered injuries that occur other than during the hours and days when school is in session and/or while attending or participating in school sponsored and supervised activities on or off school premises. The Extended Accident Coverage provides coverage during the weekends and Vacation periods, including the entire summer. No coverage is provided for participation in interscholastic tackle football. No coverage is provided for participating in Interscholastic Sports or school sponsored/supervised activities covered under the Student Accident Insurance Program purchased by the school. **Annual Premium: Plan 4 – \$81.70**

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: \$9.80

COVERAGE PERIOD – Coverage under the Extended Accident Coverage begins on the date of premium receipt but not before the start of the school year activities. Extended Accident Coverage 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)**.

* Coverage is available in HI, ID, SD, UT and WA.

SCHEDULE OF BENEFITS	
Coverage for Injuries due to Accident only	
PLAN 4	
Maximum Benefit:	
Optional 24-HR Accident Coverage (Extension)	\$25,000
Injuries Involving Motor Vehicles	\$5,000
Death Benefit/Double Dismemberment	\$10,000
Single Dismemberment	\$5,000
Loss Period	
Treatment must begin within 60 days from the date of Injury	
Benefit Period	
1 Year	
Coverage	
Full Excess	
Hospital/Facility Services - Inpatient	
Hospital Room and Board	100% URC* for hospital semi-private room rate
Hospital Intensive Care	\$100% URC*
Inpatient Hospital Miscellaneous	\$400 1 st day/ \$350 ea. thereafter / \$5,000 Maximum
Hospital/Facility Services - Outpatient	
Outpatient Hospital Miscellaneous- (Except physician services and x-rays paid as below)	\$150 Maximum
Free-standing Ambulatory Surgical Facility	\$1,500 Maximum
Hospital Emergency Room Physician	\$60 Maximum
Physician's Services	
Surgical	80% URC* to \$2,000 Maximum
Assistant Surgeon	25% of Surgical Benefits
Anesthesiologist	25% of Surgical Benefits
Physician's Non-surgical Treatment (Except as below)	\$25/Visit
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	\$25/Visit; \$350 Maximum
Other Services	
Registered Nurses' Services	100% URC*
Prescriptions - outpatient	100% URC*
X-rays, includes interpretation - outpatient	\$250 Maximum
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation - outpatient	\$500 Maximum
Ground Ambulance	\$300 Maximum
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	\$250 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$200 Maximum
Dental Treatment to sound, natural teeth due to covered injury	\$200/Tooth
*URC means Usual, Reasonable and Customary	
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EXCESS PROVISION Benefits will be paid only for such expense that is not recoverable from any Other Plan. We will determine the Amount of benefits provided by Other Plans without reference to any Coordination of Benefits, non-duplication of benefits, or similar provisions. The Amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. The Student Accident plan is secondary to all other policies. This provision will not apply if the total Usual, Reasonable and Customary expense incurred for Hospital and Professional Services are less than the amount stated in the Schedule of Benefits under Excess Coverage Applicability.

ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT If, within 1-year from the date of an Accident covered by the 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.

DEFINITIONS 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.

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. **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.

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.

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. RETAIN THIS DESCRIPTION FOR YOUR RECORDS**

HOW TO FILE A CLAIM 1) Obtain claim form from your school office or the marketing agent and answer all questions in detail (including all signatures on the front and back of the form). A claim form needs to be completed for each accident. 2) If you have other insurance, submit your claim to your other insurer. When you receive the **EXPLANATION OF BENEFITS NOTICE FROM YOUR PRIMARY CARRIER**, send it to us along with the corresponding **ITEMIZED BILLS** with diagnosis along with this fully completed claim form. **KEEP COPIES OF ALL CLAIM FORMS, BILLS AND CORRESPONDENCE FOR YOUR OWN RECORDS UNTIL YOUR CLAIM HAS BEEN PROCESSED.** 3) If you already paid the bill, include a paid receipt or a copy of your cancelled check. Otherwise payment will be made to the providers of service (Hospital, Physician or Others), unless a paid receipt statement accompanies the bill at the time the claim is submitted. 4) Mail all correspondence to Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802. The claim form must be sent within 90 days of the date you first received medical care. 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. Please contact Administrative Concepts, Inc. by calling **1-888-293-9229** if you would like to check the status of your claim or if you have any questions on how your claim was processed or the benefit paid.

UNDERWRITTEN BY: The United States Fire Insurance Company
MARKETED BY: The Christian Schools Insurance Division of Special Markets Insurance Consultants, Inc.
2615 Post Road, Stevens Point, WI 54481 (877) 262-2811

To apply for coverage, please enroll on-line with a credit card at www.k12specialmarkets.com or cut along the dotted line, complete the form and mail it, along with your check or money order, to the Please Return To: address shown below.

Please Return To: The Christian Schools Insurance Division
Special Markets Insurance Consultants, Inc.
2615 Post Road, Stevens Point, WI 54481
Stevens Point, WI 54481

2010 – 2011 ENROLLMENT APPLICATION (please print or type)

Student's Last Name _____ Student's First Name _____ Student's Middle Initial _____
Address _____ City _____ State _____ Zip _____
Telephone Number _____ Birthdate _____ Grade _____
School System _____ Name of School _____

Check your selection: 24-HR Accident Coverage \$81.70 24-Hour Dental \$9.80

Please make check payable to The United States Fire Insurance Company

Total Enclosed: _____

Signature of Parent or Guardian _____ Date _____ 0994