2018-2019 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: 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. No coverage is provided while participating in Interscholastic Sports.

Annual Premium

Plan 1 - $35.00 **Plan 2 - $18.00** **Plan 3 - $11.00** **Plan 4 - $10.00**

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. No coverage is provided while participating in Interscholastic Sports.

Annual Premium

Plan 1 - $160.00 **Plan 2 - $88.00** **Plan 3 - $55.00** **Plan 4 - $50.00**

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 24 months after the date of Injury. The maximum eligible expenses payable per covered Injury is $50,000. 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 1) the date you complete your enrollment on-line and your premium is paid, or 2) the date your enrollment form and premium payment are received by the agent, but not before the first day 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 academic classroom sessions exclusively sponsored and solely supervised by the School during the summer. Optional 24-Hour Accident and Dental Coverage ends at midnight on the day before school reopens for the following school year. Coverage is available under these plans throughout the school year at the premiums quoted. There are no pro rata premiums available.

Coverage Basis: Primary

Benefits are payable for covered medical expenses from the first dollar of expense incurred. Benefits are paid in addition to and without regard to payments from other insurance.

Accident Medical Expense benefits

When a covered accident results in 1) treatment by a legally qualified Physician or surgeon (other than a member of the immediate family or person retained by the school) or 2) Hospital confinement, and treatment begins within 60 days from the date of the accident, the Company will pay the benefit as shown in the Schedule of Benefits. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the Accident are covered. Benefits for any one Accident will not exceed the Maximum Benefits stated in the Schedule of Benefits for the Plan purchased. Expenses incurred after one year from the date of the accident are not covered, even though the service is a continuing one, or one that is necessarily delayed beyond one year from the date of the accident.

Accident Death & Dismemberment benefits

When a covered Injury results in any of the Losses stated in the Schedule of Benefits for Accidental Death or Dismemberment, then the Company will pay the benefit stated in the schedule for that Loss. The Loss must occur within 365 days after the date of the Accident.
The maximum benefit as stated in the Schedule of Benefits under Maximum Benefits, is payable for the following Losses:

1) Life; 2) Both Hands or Both Feet or Sight of Both Eyes; 3) One Hand and One Foot; 4) One Hand and Entire Sight of One Eye; 5) One Foot and Entire Sight of One Eye. Half of the maximum benefit will be paid for the Loss of one Hand, one Foot, the Sight of one eye or the loss of Thumb and Index Finger of the Same Hand. Loss of Hand or Foot means the complete Severance through or above the wrist or ankle joint. Loss of Sight means the total, permanent Loss of Sight in One Eye. Loss of Sight must be irrecoverable by natural, surgical or artificial means. Loss of Thumb and Index Finger of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). Severance means the complete separation and dismemberment of the part from the body.

If the Insured suffers more than one of the above covered losses as a result of the same Accident, the total amount the Company will pay is the maximum benefit. Benefits are paid in addition to any other benefits provided by the Policy.

Definitions

A **Covered Accident** means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss. The Accident must occur while the Policy is in force and while the Insured is covered under the Policy. **Usual and Customary** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. Such services and supplies must be recommended and approved by a Physician.

Exclusions

Benefits will not be paid for injuries caused by: 1) suicide, intentionally self-inflicted injury, or any attempt thereat while sane or insane; 2) treatment of hernia of any kind; 3) travel in or on any on-road or off-road vehicle that does not require motor vehicle licensing; 4) commission or attempt to commit a felony or an assault, or commission of or active participation in a riot or insurrection; 5) declared or undeclared war or act of war; 6) services or treatment provided by persons who do not normally charge for services, unless there is a legal obligation to pay; 7) flight in, boarding or alighting from an aircraft except as a fare-paying passenger on a regularly scheduled commercial or charter airline; 8) bungee-cord jumping, parachuting, skydiving, parasailing or hang-gliding; 9) an accident if the insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the insured holds a valid learner's permit and the insured is receiving instruction from a driver's education instructor; 10) services or treatment rendered by any person who is employed or retained by the policyholder or living in the insured's household: a parent, sibling, spouse or child either of the insured or the insured's spouse or the insured; 11) cosmetic surgery, except for reconstruction surgery needed as the result of a covered injury; 12) injuries compensable under workers' compensation law or any similar law; 13) sickness, disease, bodily or mental illness, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound, or accidental ingestion of contaminated food; 14) the insured being legally intoxicated as determined according to the laws of the jurisdiction in which the covered accident occurred or voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage; 15) any hospital stay or days of a hospital stay that are not appropriate treatment for the condition and locality; 16) treatment of injury resulting from a condition that the insured knew existed on the date of a covered accident, unless the company has received a written medical release from his physician; 17) injury sustained as a result of practice or play in any Interscholastic Sports.

Retain this description for your records

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. This information is a brief description of the important features of this insurance plan. It is not a contract. Terms and conditions of coverage are set forth on policy form series BAM-03-1000.00, or applicable state versions, underwritten by QBE Insurance Corporation. This Blanket Accident Medical Insurance Policy is subject to the laws of the jurisdiction in which it is issued. Additional exclusions and limitation may apply. You may review a copy of the policy upon request.

How to file a claim

In the event of an Accident, students should notify school immediately. To file a claim, obtain a claim form from the school, attach bill(s) to the completed claim form and mail to the address indicated on the form.

Call the Claim Administrator below with any claims questions.

Claims for benefits must be filed within 90 days from the date of the accident, or as soon as reasonably possible.

Program Manager:

The Young Group, Inc.
256 West Millbrook Road
Raleigh, NC 27609

Toll Free: **888.574.6288**

Claim Administrator:

Health Special Risk, Inc.
4100 Medical Parkway
Carrollton, TX 75007

Toll Free: **866.409.5734**

Schedule of Benefits

Coverage for Injuries due to Accidents only

Maximum Benefits:	**Plan 1**	**Plan 2**	**Plan 3**	**Plan 4**
School-Time Option	$100,000	$75,000	$50,000	$25,000
24-Hour Option	$100,000	$75,000	$50,000	$25,000
Accidental Death Benefit / Double Dismemberment	$10,000	$10,000	$10,000	$10,000
Single Dismemberment	$5,000	$5,000	$5,000	$5,000
Loss Period for Medical Benefits	Treatment must begin within 60 days from the date of Injury			
Benefit Period for Medical and AD&D Benefits	1 Year	1 Year	1 Year	1 Year
Accident Medical Coverage Basis	Primary	Primary	Primary	Primary
Covered Expenses:				
Hospital/Facility Services – Inpatient				
Hospital Room and Board (Semi-Private Room Rate)	100% U&C*	100% U&C*	100% U&C*/ $200 Max. per day	80% U&C*/ $200 Max. per day
Hospital Intensive Care	100% U&C*	100% U&C*	80% U&C*/ $400 Max. per day	80% U&C*/ $200 Max. per day
Inpatient Hospital Miscellaneous	$10,000 Maximum	$7,500 Maximum	80% U&C*/ $400 Max. per day	80% U&C*/ $200 Max. per day
Hospital/Facility Services – Outpatient				
Outpatient Hospital Miscellaneous (Except physician services and x-rays paid as below)	$750 Maximum	80% U&C*/ $500 Max.	$250 Maximum	$150 Maximum
Free-standing Ambulatory Surgical Facility	$2,000 Maximum	80% U&C*/ $1,000 Max.	$500 Maximum	$250 Maximum
Hospital Emergency Room Physician	$75 Maximum	$50 Maximum	$50 Maximum	$50 Maximum
Hospital Emergency Room	$500 Maximum	80% U&C* / $350 Max.	80% U&C* / $150 Maximum	$100 Maximum
Physician's Services				
Surgical	80% U&C*/ $3,000 Max.	80% U&C*/ $2,000 Max.	80% U&C*/ $1,000 Max.	50% U&C*/ $1,000 Max.
Assistant Surgeon &/or Anesthesiologist	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits
Physician's Non-surgical Treatment (other than Phys Therapy)	$75 per day	$40 per day	$25 per day	$20 per day
Physician's Outpatient Treatment in connection with Physical Therapy	$75 / Visit / 5 Visits Max.	$40 / Visit / 5 Visits Max.	$25 / Visit / 5 Visits Max.	$20 / Visit / 5 Visits Max.
Other Services				
Registered Nurses' Services	100% U&C*	100% U&C*	80% U&C*	80% U&C*
Prescriptions - outpatient	100% U&C*	100% U&C*	80% U&C*	80% U&C*
X-rays, including interpretation - outpatient	$300 Maximum	$250 Maximum	$200 Maximum	$100 Maximum
Diagnostic Imaging (MRI, CAT Scan, etc) including interpretation – outpatient	$1,000 Maximum	$750 Maximum	$300 Maximum	$200 Maximum
Ground Ambulance	$500 Max.	$400 Max.	$200 Max.	$200 Max.
Air Ambulance	$1,500 Max.	$1,000 Max.	$400 Max.	$250 Max.
Durable Medical Equipment (including Orthopedic Braces & Appliances)	$500 Maximum	$300 Maximum	$150 Maximum	$75 Maximum
Replacement of eyeglasses, hearing aids, contact lenses if medical treatment is also received for the covered injury	$700 Maximum	$500 Maximum	$250 Maximum	$200 Maximum
Dental Treatment to sound, natural teeth due to covered injury	$2,000 Maximum	$1,500 Maximum	$1,000 Maximum	$500 Maximum

* U&C means Usual & Customary expense

Coverage Selected:	**(Keep for your records)**		
Plan 1	☐ School-Time $35.00	☐ 24-Hour Accident $160.00	☐ 24-Hour Dental $8.00
Plan 2	☐ School-Time $18.00	☐ 24-Hour Accident $88.00	☐ 24-Hour Dental $8.00
Plan 3	☐ School-Time $11.00	☐ 24-Hour Accident $55.00	☐ 24-Hour Dental $8.00
Plan 4	☐ School-Time $10.00	☐ 24-Hour Accident $50.00	☐ 24-Hour Dental $8.00

Enrollment

To enroll for coverage with a credit card, please go to www.k12studentinsurance.com

You can also enroll by **using the form below. Just cut along the dotted line, complete the form and mail it, along with your check or money order, to the following address:**

The Young Group, Inc.
256 West Millbrook Road
Raleigh, NC 27609

QUESTIONS?
Call Toll-free: 888.574.6288

If you are enrolling more than one Student, please complete a separate form for each Student.
Do not send cash.

2018-2019 ENROLLMENT FORM (please print or type)

Student's Last Name | Student's First Name | Student's Middle Initial | Grade

Address | City | State | Zip

Telephone Number | Birthdate

Email Address

School System or School District | Name of School

Check your selection below.

Plan 1	☐ School-Time $35.00	☐ 24-Hour Accident $160.00	☐ 24-Hour Dental $8.00
Plan 2	☐ School-Time $18.00	☐ 24-Hour Accident $88.00	☐ 24-Hour Dental $8.00
Plan 3	☐ School-Time $11.00	☐ 24-Hour Accident $55.00	☐ 24-Hour Dental $8.00
Plan 4	☐ School-Time $10.00	☐ 24-Hour Accident $50.00	☐ 24-Hour Dental $8.00

Please make check or money order payable to: QBE Insurance Corporation.

Total Enclosed:

Signature of Parent or Guardian | Date

Student I.D. Card

Please fill-in the information below and cut along the dotted lines.

2018-2019 Student I.D. Card

Name of School: | School District:

Student Name:

CLAIM QUESTIONS: CALL 866.409.5734