
STUDENT ACCIDENT INSURANCE

Pre-Kindergarten through 12th Grade

Choice of Three
Benefit Plans

Also Available

EXTENDED ACCIDENT DENTAL BENEFIT

2011-2012

Marketed Through
Student Insurance Agency
License Number: 0386216
11661 San Vicente Boulevard, Suite 200
Los Angeles, CA 90049
(310) 826-5688
(800) 367-5830

Important Notice:
The Plan provides **ACCIDENT** insurance
only. It does **NOT** provide basic hospital,
basic medical or major medical
for sickness coverage.

National Union Fire Insurance Company
of Pittsburgh, Pa.
with its principal place of business in
New York, NY ("the Company")

CA0211MB

Important Notice to Parents

Every year parents call their School District and say "I wish I had purchased student accident insurance." *Why?* Because their child has had an accident and the family does not have insurance or their insurance pays only a small portion of the medical expenses associated with the accident. That's why the District strongly recommends you consider one or more of the student accident insurance plans described in this brochure. Read them carefully—they cover specific medical expenses.

The District has approved a medical and dental accident insurance plan worthy of your consideration. The District urges you to consider the benefits described in this brochure. If you have no other insurance or your deductible is \$500 or more, you may want to seriously consider the higher level of benefits in the High Option Plan.

Questions?

CALL THE MARKETING GENERAL AGENT:

STUDENT INSURANCE
11661 San Vicente Boulevard, Suite 200
Los Angeles, CA 90049
(310) 826-5688
(800) 367-5830

IMPORTANT

This is only a brief description of the coverage available under policy series C11695DBG-CA. The Policy may contain reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, the Policy shall govern. Individual policies will not be issued or sent to you. A master Policy will be issued to the District Office/School and is on file for your review.

CLAIMS PROCEDURE

In case of accident, notify school immediately. Secure a claim form from your school, attach bill(s) to completed claim form and mail to the address indicated on the claim form. **CLAIMS FOR BENEFITS MUST BE FILED WITHIN 90 DAYS FROM DATE OF INJURY.** Please Note: Premiums received by the Company will be considered fully earned and non-refundable.

Claims Administered by:
Maksin Management Corp
Two Aquarium Drive, Suite 200
Camden, NJ 08103
(800) 257-6250

DEFINITIONS

Hospital – means a facility that: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except if there is a legal obligation to pay.

Injury – means bodily injury caused by an accident that: (1) occurs while the Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Medically Necessary – means a Covered Accident Medical Service that : (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Policyholder – means the School District.

Usual and Customary Charges (U&C) – means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, service or supplies in the locality where the expense is incurred; and (3) is a negotiated fee; and (4) does not include charges that would not have been made if no insurance existed.

HOW TO FILE A CLAIM

1. Obtain claim form from your school office or the marketing agent and answer all questions in detail (including signatures) on the front of the form. 2. Attach all bills to the completed form and mail to the address indicated below within 90 days of the Accident. 3. Any bills not filed with the claim form should be sent, within 90 days of the date of service, to the Claims Office identified with student's name, school district and date of Accident.

Maksin Management Corp
Two Aquarium Drive, Suite 200
Camden, NJ 08103
(800) 257-6250



STUDENT ACCIDENT INSURANCE

INSURANCE COVERAGE becomes effective on the date enrollment form and premium are received by the administrator or the effective date of the policy, whichever is later. Once effective, coverage continues until the school's policy terminates. Contact your school or the agency listed on the front cover of this brochure for effective and termination dates of the policy. These coverages are subject to the terms and conditions of the policy.

		PREMIUM
24 HOUR COVERAGE	High Option	\$210.00
	Mid Option	\$108.00
	Low Option	\$ 83.00

Insurance coverage is in force around the clock.

- Any **covered** activity
- Any school sponsored and supervised sports, **excluding** Tackle Football.
- 24 hours a day
- Covers weekends and vacation periods
- Protected at Home or While Away

		PREMIUM
SCHOOL-TIME COVERAGE	High Option	\$43.00
	Mid Option	\$28.00
	Low Option	\$15.00

Insurance coverage for the hours and days when school is in session and while participating in school sponsored and supervised activities on or off the school premises.

- During school year
- Travel directly to and from school
- School supervised activities
- Any school sponsored and supervised sports, **excluding** Tackle Football.
- Class trips

		PREMIUM
TACKLE FOOTBALL COVERAGE	High Option	\$215.00
	Mid Option	\$115.00
	Low Option	\$ 88.00

Each registered player of the Policyholder's Sr. High School Interscholastic Football Team, for whom application is made, is covered for injuries received while participating in sponsored or supervised Sr. High School Interscholastic Football games or practice sessions or traveling to, during or after such activities as a member of a group in transportation furnished or arranged for by the policyholder. Tackle football claims are paid on a full excess basis.

Sr. High School means Grades 9-12 unless otherwise specified.

**\$50,000.00 MAXIMUM
EXTENDED DENTAL TREATMENT BENEFIT**

	PREMIUM
EXTENDED DENTAL COVERAGE	\$15.00

(Can be purchased separately)

By selecting this optional benefit and by adding the additional premium, dental benefits covered under the Policy will be extended to provide payment for the Usual and Customary Expenses incurred within 2 years from the date of covered Accident for treatment, repair and replacement of each injured natural tooth, including the replacement of caps, crowns, dentures, and orthodontic appliances (including braces) to the maximum benefit of \$50,000. **COVERAGE IS IN EFFECT 24 HOURS A DAY EVEN WHEN SELECTED WITH SCHOOL TIME ONLY COVERAGE.**

**STUDENT INSURANCE ID CARD
2011 – 2012**

Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY

Student's Name _____

If premium has been paid the student whose name appears above is insured under an ACCIDENT ONLY policy issued to:

School District: _____

Benefit Plan Selected:

- 24 Hour Schooltime Tackle Football Dental
Options: High Mid Low

STUDENT INSURANCE
 11661 San Vicente Boulevard, Suite 200, Los Angeles, CA 90049
 (310) 826-5688 • (800) 367-5830

ACCIDENT INSURANCE COVERAGE

CHOOSE FROM THREE BENEFIT PLANS

ACCIDENT MEDICAL EXPENSE – PRIMARY (except Tackle Football is Full Excess)

Provides for payment of covered Usual & Customary (U&C) Expenses incurred for treatment of Injury caused by a covered accident subject to the maximums stated in the policy. Treatment must be Medically Necessary and the first expense must be incurred within 90 days following the accident. To be payable, other expenses must be incurred within 730 days after the date of Injury.

CHOOSE FROM ONE OF THESE BENEFIT PLANS	HIGH OPTION	MID OPTION	LOW OPTION
MAXIMUM BENEFITS PER ACCIDENT:			
*School Time/24 Hour Option (excluding Tackle Football)	\$100,000	\$50,000	\$25,000
*Surfing	\$ 5,000	\$ 5,000	\$ 5,000
Tackle Football	\$100,000	\$50,000	\$25,000
*except for Injuries resulting from a motor vehicle accident limited to \$5,000			
HOSPITAL/FACILITY SERVICES			
Inpatient			
Hospital Room and Board	\$625/day	\$500/day	\$400/day
Hospital Intensive Care (up to 10 days)	\$2200/day	\$1400/day	\$1200/day
Hospital Inpatient Miscellaneous	up to \$1500/day	up to \$800/day	up to \$550/day
Outpatient			
Outpatient Hospital Miscellaneous (except Physician services and X-rays paid as shown below)	up to \$1500	up to \$700	up to \$400
Hospital Emergency Room	100% U & C	up to \$300	up to \$200
Free-standing Ambulatory Medical Center	up to \$1,500	up to \$800	up to \$500
PHYSICIAN'S SERVICES			
Surgery paid at the unit value multiplied by	\$300	\$200	\$160
When a covered injury requires 2 or more covered surgical procedures which are performed through the same approach and at the same time or immediate succession, the Company will pay the full value for the most expensive procedure and 50% of the value for the 2nd procedure performed and 25% of the value for any additional procedure performed.			
Assistant Surgeon (when medically necessary)	25% of surgical allowance	25% of surgical allowance	25% of surgical allowance
Anesthesiologist	25% of surgical allowance	25% of surgical allowance	25% of surgical allowance
Physician's Non-surgical Treatment (other than Physiotherapy)	\$70 first visit, \$40 each additional visit	\$40 first visit, \$25 each additional visit	\$30 first visit, \$20 each additional visit
Physician's Outpatient Treatment in connection with Physiotherapy and/or Similar Treatment	\$30 per visit—up to 9 visits	\$25 per visit—up to 6 visits	\$20 per visit—up to 5 visits
Post-Surgical Treatment	\$40 per visit—up to 8 visits	\$30 per visit—up to 7 visits	\$25 per visit—up to 5 visits
Consultation (when medically necessary)	\$250	\$200	\$150
OTHER SERVICES			
X-rays—includes interpretation	80% U & C up to \$300	75% U & C up to \$250	50% U & C up to \$150
Diagnostic Imaging (MRI, CAT Scan, etc.)	80% U & C up to \$900	75% U & C up to \$500	50% U & C up to \$300
Registered Nurses' Services	100% U & C	80% U & C	75% U & C
Prescriptions—outpatient	100% U & C	80% U & C	60% U & C
Laboratory Tests—outpatient	100% U & C	80% U & C	60% U & C
Ground or Air Ambulance	100% U & C	80% U & C	75% U & C
Durable Medical Equipment (including rental of crutches or wheelchairs)	100% U & C	80% U & C	75% U & C
Dental Treatment to sound natural teeth	up to \$500	up to \$300	up to \$200
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment also received	up to \$400	up to \$400	up to \$400
Aggravation or re-injury benefit (any charges for treatment of aggravation or re-injury of a manifested and existing condition shall be limited to a maximum allowance payable within the policy period)	up to \$1000	up to \$1000	up to \$1000

RETAIN THIS PORTION FOR YOUR RECORDS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Provides for payment of benefits in accordance with the following table when Loss results from a covered accident. Loss must result within 365 days of the accident.

Loss of Life	\$10,000.00
Loss of Both Hands or Both Feet	\$20,000.00
Sight of Both Eyes	\$20,000.00
Loss of One Hand and One Foot	\$20,000.00
Loss of One Hand and One Eye	\$20,000.00
Loss of One Foot and One Eye	\$20,000.00
Loss of Speech and Hearing in Both Ears	\$20,000.00
Loss of One Hand or One Foot	\$10,000.00
Loss of The Sight of One Eye	\$10,000.00
Loss of Speech or Hearing in Both Ears	\$10,000.00
Loss of Speech or Hearing in One Ear	\$ 5,000.00
Loss of Thumb and Index Finger of the Same Hand	\$ 5,000.00

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

EXCLUSIONS

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
3. the Insured's commission of or attempt to commit a felony.
4. declared or undeclared war, or any act of declared or undeclared war.
5. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
6. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
 - a. riding as a passenger in any aircraft not licensed for the transportation of passengers for hire.
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
7. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
8. the Insured being under the influence of any narcotics or intoxicants, unless administered on the advice of a Physician.
9. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless due to a covered Injury. Applicable to Accident Medical Expense Only.

10. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement as a result of Injury up to the Dental Maximum shown in the Benefit Schedule. Applicable to Accident Medical Expense Only.
11. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury. Applicable to Accident Medical Expense Only.
12. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless due to a covered injury. Applicable to Accident Medical Expense Only.
13. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense). Applicable to Accident Medical Expense Only.
14. any charge for medical care for which the Insured is not legally obligated to pay. Applicable to Accident Medical Expense Only.
15. care, treatment or services provided by an Insured or by an Immediate Family Member. Applicable to Accident Medical Expense Only.
16. routine physical exam and related medical services. Applicable to Accident Medical Expense Only.
17. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals while confined in a Hospital. Applicable to Accident Medical Expense Only.
18. plastic or cosmetic surgery except for reconstructive surgery on an injured part of the body. Applicable to Accident Medical Expense Only.
19. hernia. Applicable to Accident Medical Expense Only.

TACKLE FOOTBALL

Full Excess—Benefits are payable, to the applicable maximums, for covered expenses that are not recoverable from another plan providing medical benefits. If the insured is not covered by another plan providing medical expense benefits, the excess provision shall not apply, and benefits are payable to the limits described in this brochure.

Underwritten by:
National Union Fire Insurance Company of Pittsburgh, Pa.,
with its principal place of business in New York, NY

PLACE
STAMP
HERE

STUDENT INSURANCE
11661 SAN VICENTE BOULEVARD, SUITE 200
LOS ANGELES, CA 90049