

## 2023 – 2024 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: Interscholastic Sports, excluding high school interscholastic tackle football (see below Optional Football Coverage option); 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.

**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. Coverage is provided for participation in Interscholastic Sports, excluding high school interscholastic tackle football (see below Optional Football Coverage option).

**OPTIONAL FOOTBALL COVERAGE** - Covers Accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is covered when going directly and uninterrupted to or from such practice or competition as part of a group in transportation furnished or arranged by the Policyholder. Refer to benefits and limitations described inside this brochure. Optional Football Coverage begins on the date of premium receipt and ends on the last day of practice or competition. Ninth Graders who play with 9<sup>th</sup> graders ONLY are not charged extra for football coverage. Their Optional School-Time or Optional 24-Hour Accident Coverage will apply if purchased.

**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 36 months after the date of Injury. The maximum eligible expenses payable per covered Accident is \$10,000. 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 \$2,500. 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.

**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 the date of premium receipt by the Plan Administrator but not before the start 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 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**).

### SCHEDULE OF BENEFITS

Coverage for Injuries due to Accident only.

Covered Expenses for which benefits are payable are outlined below. Unless otherwise indicated, benefits are payable as a percentage of Usual and Customary Charges.

Accident Medical Expense Benefit	PLAN A	PLAN B
School-Time Option	\$50,000	\$25,000
24-Hour Option	\$50,000	\$25,000
Football Option	\$50,000	\$25,000
Injuries from any one Motor Vehicle Accident	\$10,000	\$10,000
Accidental Death Benefit/Double Dismemberment	\$20,000	\$20,000
Single Dismemberment	\$10,000	\$10,000
<b>First Covered Expenses must be Incurred within 60 days after the Covered Accident.</b>		
<b>Benefit Period for Medical and AD&amp;D/Loss of Sight Benefits</b>	1 Year	1 Year
<b>Scope of Coverage</b>	Full Excess	Full Excess
<b>Other Health Care Plan Reduction</b> (see Scope of Coverage)	50%	50%
<b>Covered Expenses</b>		
<b>In-Patient Hospital Services</b>		
Room and Board Expenses		
Intensive Care Unit or Coronary Care Unit	100% the semi-private daily room rate	100% the semi-private daily room rate
Hospital Miscellaneous Expenses	100% up to \$1,200 per day	100% up to \$600 per day
<b>Emergency Room Treatment</b>	80%	\$100 Maximum
<b>Outpatient Hospital Miscellaneous Expenses</b>	80%	100% up to \$1,500
<b>Physician's Services</b>		
Surgery	80%	80% up to \$1,000
Assistant Surgeon	25% payable only if surgeon is paid	25% payable only if surgeon is paid
Anesthesia and its Administration	25% payable only if surgeon is paid	25% payable only if surgeon is paid
In-Hospital Visits	80%	80% up to \$30 per visit
Office Visits	80%	80% up to \$30 per visit
<b>Out Patient X-Rays</b>	80%	100% up to \$300 per Covered Accident
<b>Outpatient CT Scans &amp; MRIs</b>	80%	100% up to \$150 per Covered Accident
<b>Outpatient Laboratory Tests</b>	up to \$500 per Covered Accident	up to \$150 per Covered Accident
<b>Outpatient Physical Therapy</b>	80% / 10 visits per Covered Accident	up to \$300 / \$30 per visit
<b>Nursing Services</b>	100%	100%
<b>Ambulance Services</b>	up to \$1,000	up to \$500
<b>Medical Equipment Rental</b>	up to \$500	up to \$250
<b>Dental Services</b>	\$1,500 per Covered Accident	\$750 per Covered Accident
<b>Prescription Drugs</b>	up to \$300	up to \$100
<b>Eyeglasses, Contact Lenses, Hearing Aids, Artificial Dental Devices</b>	up to \$400	up to \$200

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**SCOPE OF COVERAGE APPLICABLE TO ACCIDENT MEDICAL BENEFITS** Covered Expenses and any applicable Deductibles are shown in the *Schedule of Benefits*. **Other Health Care Plan Benefits** - When another Health Care Plan provides benefits in the form of services rather than cash payments, We will consider the reasonable cash value of such service in determining whether any deductible has been satisfied, or any amount by which any benefit provided by the Policy will be reduced. **Full Excess Medical Expense** - We will pay Covered Expenses: 1) after the covered person satisfies any deductible; and 2) only when they are in excess of amounts payable by any other Health Care Plan whether or not claim has been made for benefits it provides. We will pay benefits without regard to any coordination of benefits provision in such Health Care Plan. Any Covered Expenses payable under this provision will be reduced by the Other Health Care Plan Reduction Percentage shown in *Schedule of Benefits* if: 1) the covered person has coverage under another Health Care Plan; and 2) the other Health Care Plan is an HMO, PPO or similar arrangement; and 3) the covered person does not use the facilities or services of the HMO, PPO or similar arrangement. Covered Expenses payable will not be reduced for emergency treatment within 24 hours after a Covered Accident which occurred outside the geographic service area of the HMO, PPO or similar arrangement.

**Definitions** for purposes of the Accident Medical Benefits provided by the Policy: **HMO – Health Maintenance Organization** means any organized system of health care that provides health maintenance and treatment services for a fixed sum of money agreed and paid in advance to the provider of service. **PPO – Preferred Provider Organization** means an organization offering health care services through designated health care providers who agree to perform these services at rates lower than Non- Preferred Providers.

**ACCIDENT MEDICAL EXPENSE BENEFITS** We will pay the benefits shown in the *Schedule of Benefits* for Covered Expenses Incurred by the Covered Person, subject to all applicable conditions and exclusions, for appropriate treatment of a Covered Injury that resulted directly and independently of all other causes from a Covered Accident. Benefits will be paid: 1) when Covered Expenses Incurred exceed any applicable individual Deductible within the number of days from the date of the Covered Accident specified in the *Schedule of Benefits*; and 2) as long as the first Covered Expense has been Incurred within the number of days specified in the *Schedule of Benefits*; and 3) until any applicable Benefit Period shown in the *Schedule of Benefits* has expired; and 4.) until the total of Covered Expenses paid equals any applicable Benefit Limit or Maximum Benefit shown in the *Schedule of Benefits*.

**ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT** We will pay the benefit for any one of the Covered Losses listed below, subject to all applicable conditions and exclusions, if the covered person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident within 365 days of the Covered Accident. If the covered person sustains more than one Covered Loss as a result of the same Covered Accident, the total of Benefits We will pay will not exceed the Principal Sum. The maximum benefit payable under this provision is stated in the *Schedule of Benefits* under Maximums. Covered Losses: 1) Life; 2) Both Hands or Both Feet; 3) Sight of Both Eyes; 3) Loss of One Hand and One Foot; 4) Loss of One Hand and Sight of One Eye; 5) Loss of One Foot and Sight of One Eye; 6) Loss of One Hand or Foot; 7) Loss of Sight in One Eye; 8) Loss of Thumb and Index Finger of Same Hand.

**Definitions** for the purposes of the Accident Death, Dismemberment and Loss of Sight provided by the Policy: **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 one or both eyes. The Loss of Sight must be irrecoverable by natural, surgical or artificial means. **Loss of a 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 complete separation and dismemberment of the part from the body.

**DEFINITIONS** **Covered Accident** means a sudden, unforeseeable event that results, directly and independently of all other causes, in a Covered Injury or covered loss and meets all of the following conditions: 1) occurs while the covered person is insured under the Policy; 2) occurs under one of the conditions of coverage specified in the *Schedule of Benefits*; 3) is not contributed to by disease, sickness, or mental or bodily infirmity; 4) is not otherwise excluded under the terms of the Policy. **Covered Expenses** means the Usual and Customary charges for services or supplies listed in the *Schedule of Benefits*, and described in the *Accident Medical Benefits* section, that the covered person incurs during the Benefit Period for appropriate treatment of a Covered Injury. A physician must recommend and approve these services or supplies. **Covered Injury** means any bodily harm that results, directly and independently of all other causes, from a Covered Accident. A Covered Injury includes aggravation of an injury sustained before the Covered Accident, if such aggravation resulted directly and independently of all other causes from a Covered Accident, but only if a physician had released the covered person to participate in the covered activity during which the Covered Accident occurred. **Health Care Plan** means any arrangement, whether individually purchased or incident to employment or membership in an association or other group, which provides benefits or services for health care, dental care or disability benefits. A Health Care Plan includes group, blanket, franchise, family or individual: 1) insurance policies; 2) subscriber contracts; 3) uninsured or self-funded agreements or arrangements; 4) coverage provided through Health Maintenance Organizations, Preferred Provider Organizations and other prepayment, group practice or individual practice plans; 5) medical benefits provided under automobile "fault" and "no-fault"-type contracts; 6) medical benefits provided by any governmental plan or coverage or other benefit law, except: (a) a state-sponsored Medicaid plan; or (b) a plan or law providing benefits only in excess of any private or non-governmental plan; 7) other valid and collectible medical or health care benefits or services. **Usual and Customary Charge** means the normal charge, in the absence of insurance, made by the provider of any appropriate treatment, but not more than the prevailing charge in the area: 1) for a like service by a provider with similar training or experience; or 2) for a supply that is identical or substantially equivalent.

**GENERAL EXCLUSIONS** In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury, covered loss or covered expense which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Policy: 1) Intentionally self-inflicted Injury, suicide or any attempt thereat; 2) commission or attempt to commit a felony or an assault; 3) commission of or active participation in a riot or insurrection; 4) bungee-cord jumping, parachuting, hot air ballooning, skydiving, base jumping, scuba diving, kiting, parasailing, para-kiting, para-skiing, hang-gliding, mountain climbing other than trail climbing, rock climbing, heli-skiing, snow cat, backcountry or off-trail skiing, cave exploration, globe-riding, sphering, orbing or zorbing; 5) declared or undeclared war or act of war; 6) flight in, boarding or alighting from an aircraft except as: (a) a fare-paying passenger on a regularly scheduled commercial or charter airline; (b) a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight; (c) a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent; 7) travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle; 8) participation in any motorized race or contest of speed; 9) an accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the covered person holds a valid learners permit and (b) the covered person is receiving instruction from a Driver's Education Instructor; 10) Sickness, disease, bodily or mental infirmity, 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; 11) medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of injuries sustained in a covered accident 12) the covered person being legally intoxicated as determined according to the laws of the jurisdiction in which the covered accident occurred; 13) 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; 14) injuries compensable under Workers' Compensation law or any similar law; and 15) occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law.

In addition, benefits will not be paid for services or treatment rendered by any person who is: 1) employed or retained by the Policyholder; 2) living in the covered person's household; 3) an immediate family member of either the covered person or the covered person's spouse; and 4) the covered person.

We will not pay benefits for the covered person's covered loss if he was driving a private passenger automobile at the time of the covered accident that resulted in the covered loss and he was intoxicated, as that term is defined by the laws of the state in which the covered accident occurred.

#### **RETAIN THIS DESCRIPTION FOR YOUR RECORDS**

This is not a Policy, rather a brief description of the benefits provided under the master policy issued to the school. Please refer to the master policy for further details. **IMPORTANT NOTICE – THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. This brochure has been designed to illustrate the highlights of this insurance. All information in this brochure is subject to the provisions of Policy Form GLIC-BA-2015, underwritten by Gerber Life Insurance Company (the Company). If there is any conflict between this brochure and the Policy, the Policy will prevail. Please see the Master Policy for individual state details.**

#### **HOW TO FILE A CLAIM**

Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company, with information sufficient to identify the Named Insured shall be deemed notice to the Company. Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss.

In the event of an Accident, students should: 1) Secure treatment at the nearest medical facility of their choice; 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, sent it to us; 3) Obtain a receipt (if payment of any bills were made) and itemized copy of charges from the provider of medical services and send copies of their itemized bills and the fully completed and **signed** accident claim form to the claims office – mail all correspondence to WEB-TPA, P.O. Box 2415, Grapevine, TX 76099-2415; and 3) **Call 1-866-975-9468** with any Claims questions.

**UNDERWRITTEN BY:**  
**Gerber Life Insurance Company**  
**White Plains, NY 10605**

**MARKETING AGENT:**  
**Zevitz Student Accident Insurance Services, Inc.**  
**(847) 374-0888**

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

**2023 – 2024 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 \_\_\_\_\_

School District \_\_\_\_\_ Name of School \_\_\_\_\_

Check your selection:		<b>Plan A</b>	<b>Plan B</b>		<b>Plan A</b>	<b>Plan B</b>
<b>School-Time</b>	Grades PreK-8	<input type="checkbox"/> \$ 39.00	<input type="checkbox"/> \$ 20.00	<b>Football</b> Grades 9-12	<input type="checkbox"/> \$185.00	<input type="checkbox"/> \$95.00
	Grades 9-12	<input type="checkbox"/> \$ 70.00	<input type="checkbox"/> \$ 40.00	<b>Dental</b>	<input type="checkbox"/> \$ 15.00	<input type="checkbox"/> \$15.00
<b>24-Hour</b>	Grades PreK-8	<input type="checkbox"/> \$181.00	<input type="checkbox"/> \$ 73.00			
	Grades 9-12	<input type="checkbox"/> \$272.00	<input type="checkbox"/> \$125.00			

**Please make check payable to Gerber Life Insurance Company**

Total Enclosed: \_\_\_\_\_

Parent Acknowledgement and Signature

**I request Optional Benefits for the above-named Student, as checked above, under the Blanket Accidental Death and Dismemberment Policy issued to the Policyholder/School.**

Signature of Student's Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**Please Return To:** Zevitz Student Accident Insurance Services, Inc.  
 c/o K12Special Markets Plan Administrators  
 1055 Main Street, Suite 101  
 Stevens Point, WI 54481