

STUDENT ACCIDENT INSURANCE



Wilson Sports Insurance Services, LLC

43 Crown Rd., Willow Park, TX 76087 Phone: 817-441-6487 Fax: 817-441-6483 <http://www.wilsonsportsins.com>

Underwritten by: Aegis Security Insurance Company. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This brochure / presentation explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. QUESTIONS? Call the Marketing Agent.

This is Limited Accident Only Coverage.

EXCLUSIONS: The Policy does not cover, nor is any premium charged for:

Eyeglasses or contact lenses or prescriptions therefor. Intentionally self-inflicted injuries. Prescriptions, except while Hospital confined. Treatment administered by any person employed by or retained by the School. Hernia in any form. Injury sustained while operating, riding in or on, or alighting from a two- or three-wheeled engine-driven or motorized vehicle or any vehicle not designed primarily for use on public streets and highways. Injury sustained as a driver or passenger in or on any other motorized or engine-driven vehicle, except travel in a 4-wheeled passenger vehicle, bus or train, to or from school or school sponsored and supervised activities, unless around-the-clock coverage is purchased. Injury sustained from air travel or the use of any device or equipment for aerial navigation except as a fare-paying passenger on a regularly scheduled commercial airline. Injury resulting from Intoxication or the use of drugs or narcotics, unless administered on the advice of a Physician. Injury sustained while fighting or brawling. Injury resulting from war or any act of war, or active participation in any riot or civil commotion. Nuclear reaction or radiation. Injury sustained as the result of the insured's participation in skiing in any form, unless around-the-clock coverage is purchased. Infection, except pyogenic infection or bacterial infection due to accidental ingestion of contaminated material. Illness or disease in any form. Injury sustained as a result of the Insured Person's being legally intoxicated from the use of alcohol while operating a motor vehicle. Expenses incurred for services, treatment, supplies or facilities rendered by: (a) the Policyholder's health service or infirmary; (b) any Physician or nurse employed or retained by the Policyholder; 13. Expenses covered under any automobile reparations insurance (no-fault) or automobile insurance medical payments benefit.

HOW TO FILE A CLAIM Proof of loss must be sent to us within 90 days after the date of the loss. If the claimant is not able to send proof within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year unless the claimant is legally incapacitated. Please submit claims under the student accident insurance policy to: Co-Ordinated Benefit Plans, On Behalf of Aegis Security Insurance Company, P.O. Box 23802, Tampa, FL 33623-3802 A copy of the bills and expenses incurred should be attached to a claim form and forwarded promptly, when available.

VOLUNTARY STUDENT ACCIDENT INSURANCE PLAN Up to the maximum benefit of the plan selected will be paid for the covered injuries (including heat stroke, heat exhaustion, or heat related injuries) sustained in any one accident which occurs on or after the effective date of coverage. The following treatment, care and services must occur within 26 weeks after the date of accident, and not exceed the specified amounts, provided that the first treatment is incurred within 90 days after the date of accident. Payment will be coordinated for expenses as EXCESS per accident for which any other collectible insurance is collectible, including HMO's, PPO's, Workers' Compensation and automobile No-fault insurance.

BENEFITS PROVIDED AND VOLUNTARY STUDENT ACCIDENT COVERAGE AMOUNTS Voluntary Student Accident Insurance Plan - Texas K-12 School Time - 24-Hour Coverage for Injuries due to Accident only. Voluntary plan. Medical benefits are paid for expenses which are incurred within 52 weeks from the date of the covered injury, provided that treatment is received within 26 weeks of injury. Accidental Death & Dismemberment losses must occur within 180 days after date of Accident causing such loss. Payment is made for Reasonable and Expenses if the treatment is determined by a Physician to be Medically Necessary and will be subject to all terms and conditions under the Policy. All benefits are paid on a per-injury basis.

Accident Medical Expense Benefit (school time, football & 24-hour) \$25,000 Deductible \$0 Motor Vehicle Injuries \$5,000 Death Benefit \$5,000 principal sum Dismemberment Benefit \$5,000 principal sum Physician's Office Visit Treatment (other than a Surgeon) \$10 per visit / \$100 max Surgeon Expenses: refer to attached Surgical Schedule for examples Paid in accordance w/surgical

(only one surgery covered per incision) 80% of U&C up to \$800 max Anesthesiologist Expenses (only if Surgeon is paid) 25% of surgery benefit paid Assistant Surgeon (only if Surgeon is paid) 25% of surgery benefit paid Hospital-ICU Room & Board (both paid as Hospital Semi-Private room) \$200 per day Hospital Inpatient Miscellaneous Expense \$250 1st day / \$2,000 max

(including Radiology & Diagnostic imaging as provided below) \$100 per day thereafter Hospital Outpatient Emergency Room Physician \$30 max Outpatient Hospital Care & Service treatment at a hospital Emergency Room or \$60 max

Outpatient Dept, including lab, in addition to benefits for Physician's treatment & radiology & diagnostic imaging as provided.

Hospital Outpatient Surgical Facility (other than ER) \$500 max X-rays - Outpatient including interpretation \$60 max Diagnostic Imaging - Outpatient (CT/MRI, including interpretation) \$200 max Registered Nurse's Services (does not include Anesthesiology) \$100 max Dental Treatment (Injury to sound, natural teeth only) \$50 max per tooth Extended Dental Coverage (optional coverage-additional \$13) \$500 max per tooth Professional Ambulance-Ground Transport Only Usual & customary / \$80 max

(one trip per injury from Accident scene to hospital) Orthopedic Appliances/Durable Medical Equipment \$100 max

Replacement of Eye Glasses, Contact Lenses & Hearing Aids \$50 max

only when medical treatment is also required for covered injury) Chiropractic Treatment by licensed physician or therapist for covered Losses only \$20 per visit / \$100 max

(Inpatient & Outpatient) Physical Therapy for covered Losses only (Inpatient & Outpatient) \$100 max Expanded Medical Benefit up to \$300 per injury Field Trip Benefit up to \$1,500 per injury

School Time Accident Coverage: While in or on School grounds or premises during a period of regular attendance during the days and months when School is in session; While traveling directly and without delay to or from the Insured Person's residence and School for regular classroom sessions, for such travel time as may be necessary, within one hour before School begins and one hour after dismissal from School, or longer if a school bus requires; While participating in or attending activities sponsored by the School and directly and continuously supervised by a School official or employee, subject to the limitations of the Policy. This includes supervised travel by School furnished transportation, directly and uninterruptedly to and from School activities; and While attending religious classes, either on or away from the School premises, including travel directly to or from the Insured Person's residence or School and the place where such classes are held.

OPTIONAL ADDITIONAL COVERAGES Optional Football coverage (Grades 7-12) Participating in school sponsored athletic/UII activities, including regularly scheduled practice sessions, games, tournaments, events located at other schools, and/or travel directly to and from athletic events. Optional 24-hour Accident Coverage Participating in around-the-clock, non-school related activities resulting in accidental injuries. Note: 24-hour accident coverage is not intended to provide benefits for Football injuries, grades 7-12. Optional Extended Dental Coverage Benefit By adding an additional \$13 premium to the \$45 base plan rate, dental benefits may be extended under the overall maximum benefit to provide payment of covered expenses to a maximum of \$500 per tooth. The additional benefit provides payment for the usual and customary expenses. EFFECTIVE & TERMINATION DATE Effective Date: Each person becomes an Insured Person on the date he or she meets the qualifications stated in the Schedule. For Voluntary Coverage, if an enrollment form and premium is received within 31 days of the policy effective date, coverage will be effective for the individual on the policy effective date. If an enrollment form is received greater than 31 days after the policy effective date, then individual coverage will begin on the date the Aegis receives both the enrollment form and premium for the individual. Aegis will not refund premium on a pro-rata basis for premiums that are paid after 31 days past the policy effective date. Termination Date: Coverage of each Insured Person ceases on the first to occur of: (a) the date the Policy terminates; or (b) the date he or she ceases to qualify as an Insured Person. Termination shall be without prejudice to any claim for loss due to an accident that occurs before the termination date.

Please detach & return the form below:

STUDENT ACCIDENT VOLUNTARY INSURANCE ENROLLMENT FORM Coverage is underwritten by Aegis Security Insurance Company-Fill Out Completely, Please Print Clearly & Check Coverages Below

School District _____

School Name _____

Student Full Name (First, MI, Last) _____

Street Address _____

City / State / Zip Code _____

Grade _____

Date of Birth _____

Signature (parent or guardian) _____

Date Signed _____

Email _____

PLEASE NOTE: Proof of enrollment will be provided after check or money order is received. The master policy will be on file with the School District. Please keep this brochure to refer to Benefits & Provisions when needed.

EASY ONE-TIME PAYMENT (No Cash. Only Check or Money Order)

SCHOOL-TIME COVERAGE _____ **\$45.00**

OPTIONAL FOOTBALL COVERAGE (Grades 7-12) _____ **\$235.00**

OPTIONAL 24-HOUR ACCIDENT COVERAGE _____ **\$130.00**

OPTIONAL EXTENDED DENTAL COVERAGE BENEFIT _____ **\$13.00**

(NO CASH. Check or Money Order made payable to Wilson Sports Insurance Services, LLC)

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