

STUDENT ACCIDENT-ONLY VOLUNTARY INSURANCE PLAN

Dear Parents,

One of the biggest worries for parents is wondering if their child will be involved in an accident. Injuries can happen anywhere, at any time. Because of this concern, Voluntary **Accident Only** Insurance coverage is being offered by the School District and is available for all school-age children, grades K-12. The premiums are annual, which means you pay once. All coverage is effective when payment is received. The plan provides benefits for medical expenses as the result of a covered accident, up to a limited amount. This plan can help offset personal insurance deductibles, co-insurance and provide some coverage to those without major medical insurance.

COVERAGE PROVIDED	COVERAGE AMOUNTS	COVERAGE PROVIDED	COVERAGE AMOUNTS
Maximum Medical Benefit (All Plans)	\$25,000	Hospital Outpatient Surgical Facility (other than ER)	\$500 maximum
Motor Vehicle Injuries	\$5,000	X-Rays – Outpatient including Interpretation	\$60 maximum
Death Benefit	\$5,000 principal sum	Diagnostic Imaging - Outpatient (CT/MRI, including interpretation)	\$200 maximum
Dismemberment Benefit	\$5,000 principal sum	Registered Nurse's Services (does not include anesthesia)	\$100 maximum
Physician's Office visit treatment (Other than a Surgeon)	\$10 per visit/\$100 maximum	Dental Treatment (Injury to sound, natural teeth only)	\$50 maximum per tooth
Surgeon Expenses Refer to Surgical Schedule for examples, Only one surgery covered per incision	Paid in accordance with surgical schedule, \$80 Per-Point Value to \$800 maximum	Professional Ambulance – Ground Transport Only (one trip Per injury from Accident scene to hospital)	Usual & Customary \$80 maximum
Anesthesiologist Expenses (Only if surgeon is paid)	25% of surgery benefit paid	Orthopedic Appliances/Durable Medical Equipment (when ordered by Attending physician)	\$100 maximum
Assistant Surgeon (Only if surgeon is paid)	25% of Surgery Benefit Paid	Outpatient Prescription Drugs	\$25 maximum
Hospital-ICU Room & Board (both paid as hospital semi-private room)	\$200 per day	Replacement of Eye Glasses, Contact Lenses & Hearing Aids(only when medical treatment is also required for a covered injury)	\$50 maximum
Hospital Inpatient Miscellaneous Expense (Including radiology and diagnostic imaging as provided below)		Chiropractic Treatment by licensed physician or therapist for covered Losses only (Inpatient & Outpatient)	\$20 per visit \$100 maximum
		Physical Therapy for covered Losses only (Inpatient & Outpatient)	\$100 maximum

PRICING

School Time, K-12 \$ 45.00	Extended Dental \$ 13.00	24 Hour, K-12 \$ 130.00	Optional Football, 7-12, UIL ONLY \$ 235.00
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THIS IS LIMITED ACCIDENT-ONLY COVERAGE - EXCLUSIONS

The Benefits under this policy are subject to the following exclusions. The Policy does not cover loss resulting from or for: 1. intentionally self-inflicted Injury, suicide, or attempted suicide, whether sane or insane; 2. war or act of war, whether declared or undeclared; 3. Injury sustained while in the armed forces (land, water or air) of any country or international authority; 4. Injury sustained while in or on, boarding or alighting from, being struck or run down by, any aircraft except as an airline passenger on an aircraft; (a) operated by a passenger airline on a regularly scheduled trip over its established route or that is chartered by that airline; or (b) any transport type aircraft operated by the Military Airlift Command (MAC) of the US or any national government recognized by the US; 5. dental work or treatment on natural teeth which is not necessary for the repair or relief of Injury; 6. repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration; 7. repair or replacement of artificial limbs or orthopedic braces; 8. Injury for which the Insured Person is eligible to receive Workers' Compensation benefits or similar benefits, regardless of whether he or she has applied for the benefits; 9. Injury sustained while the Insured Person is voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines or hallucinogens, unless the drug is taken as prescribed or administered by a licensed Physician; 10. Injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges; 11. Injury sustained as a result of the Insured Person's being legally intoxicated from the use of alcohol while operating a motor vehicle; 12. 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. "Injury" means bodily injury of an Insured Person that results directly and independently of all other causes from an accident which occurs while he or she is participating in a Covered Activity. Loss resulting from sickness or disease, except a pus-forming infection that occurs through an accidental wound, is not considered as resulting from injury.

HOW TO FILE A CLAIM

You must provide written notice of claim within 90 days of the date of the covered loss, if notice cannot be given as soon as possible. The notice should include the claimant's name and the name of the school. In the event of an accident, please report it as soon as possible to the Principal's Office, regardless of whether or not you are filing a claim under your personal insurance. A copy of the bills and expenses incurred should be attached to the claim form.

Please submit claims under the student accident-only insurance policy to: **Fringe Benefit Coordinators, PO Box 5249, Gainesville, FL 32627**

TERMINATION

Termination: 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.

HOW TO OBTAIN LIMITED ACCIDENT-ONLY INSURANCE

You may obtain an application from your school's office or website OR at wilsonsportsins.com, and print, Student Accident Insurance Application



Wilson Sports Insurance Services, LLC - Lic. # 1532919
43 Crown Road; Willow Park, TX 76087
Phone: 817-441-6487 Fax: 817-441-6483

Email: john@wilsonsportsins.com Website: www.wilsonsportsins.com



This program is covered by Hartford Life and Accident Insurance Company, home office in Hartford, CT
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