K-12
2024-2025
VOLUNTARY
STUDENT/ATHLETE ACCIDENT INSURANCE
## Student Insurance
### 2024 - 2025 Voluntary Only Rates

#### Rates Including All Sports Except Senior High Football

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional School-Time with Sports except SH Football</td>
<td>$43.00</td>
<td>$28.00</td>
<td>$14.00</td>
</tr>
<tr>
<td>Optional 24-Hour with Sports except SH Football</td>
<td>$210.00</td>
<td>$105.00</td>
<td>$82.00</td>
</tr>
<tr>
<td>Optional Senior High Football (Fall/Spring)</td>
<td>$215.00</td>
<td>$115.00</td>
<td>$85.00</td>
</tr>
<tr>
<td>Optional 24-Hour Dental</td>
<td>$8.00</td>
<td>$8.00</td>
<td>$8.00</td>
</tr>
</tbody>
</table>

**School Time Effective:** Date of First School Year Activity  
**School Time Termination:** Date of Last Day of School  
**24 Hour Effective:** Date of First School Year Activity  
**24 Hour Termination:** 1st Day of the Following School Year  
**Football Effective:** Date of First Day of Football  
**Football Termination:** Date of Last Day of Football  
**24 Hour Dental Effective:** Date of First School Year Activity  
**24 Hour Dental Termination:** 1st Day of the Following School Year

#### Included Additional Mandatory Coverages

- One-Day Field Trips ($5,000 Maximum)
- Religious Education ($5,000 Maximum)
- Counseling Benefit ($10,000 Maximum)

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**IMPORTANT NOTICE – THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

This proposal has been designed to illustrate the highlights of this insurance and it does not include all coverage details. All information in this proposal is subject to the provisions of Policy Form COL-11, underwritten by Gerber Life Insurance Company. If there is any conflict between this proposal and the Policy, the Policy will prevail.
## PLAN

**High** | **Medium** | **Low**
---|---|---
Optional School-Time with Sports except SH Football | $43.00 | $28.00 | $14.00
Optional 24-Hour with Sports except SH Football | $210.00 | $105.00 | $82.00
Optional Senior High Football (Fall/Spring) | $215.00 | $115.00 | $85.00
Optional 24-Hour Dental | $8.00 | $8.00 | $8.00

## Maximum Benefit

<table>
<thead>
<tr>
<th>Coverage</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional School-Time Coverage</td>
<td>$100,000</td>
<td>$50,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Optional 24-Hour Coverage</td>
<td>$100,000</td>
<td>$50,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Optional 24-Hour Coverage (Extension)</td>
<td>$100,000</td>
<td>$50,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Optional Interscholastic Football Coverage</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Injuries Involving Motor Vehicles</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Death Benefit</td>
<td>$20,000</td>
<td>$20,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Single Dismemberment Benefit</td>
<td>$20,000</td>
<td>$20,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Double Dismemberment Benefit</td>
<td>$20,000</td>
<td>$20,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Injuries Involving Motor Vehicles (Treatment must begin within ___ days of Injury)</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Benefit Period</td>
<td>One Year</td>
<td>One Year</td>
<td>One Year</td>
</tr>
<tr>
<td>Coverage</td>
<td>Full Excess</td>
<td>Full Excess</td>
<td>Full Excess</td>
</tr>
</tbody>
</table>

### Hospital/Facility Services

**Inpatient**

- **Hospital Room and Board (Semi Private Room)**
  - High: 80% RE
  - Medium: 75% RE
  - Low: 65% RE

**Outpatient**

- **Free-standing Ambulatory Surgical Facility**
  - 80% RE up to $1,500 Maximum
  - 75% RE up to $800 Maximum
  - 65% RE up to $500 Maximum

- **Outpatient Hospital Miscellaneous (except physician services and x-rays paid as below)**
  - 80% RE up to $1,500 Maximum
  - 75% RE up to $800 Maximum
  - 65% RE up to $500 Maximum

- **Hospital Emergency Room**
  - 80% RE up to $1,500 Maximum
  - 75% RE up to $800 Maximum
  - 65% RE up to $500 Maximum

### Physician's Services

- **Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation**
  - 80% RE up to $40/Visit/8 Visit Maximum
  - 75% RE up to $30/Visit/7 Visit Maximum
  - 65% RE up to $25/Visit/5 Visit Maximum

- **Physician's Non-surgical Treatment (Except as above)**
  - 80% RE
  - 75% RE
  - 65% RE

### Other Services

- **Registered Nurses' Services**
  - 80% RE
  - 75% RE
  - 65% RE

- **Prescriptions - outpatient**
  - 80% RE
  - 75% RE
  - 65% RE

- **Laboratory Tests Outpatient**
  - 80% RE
  - 75% RE
  - 65% RE

- **X-rays, includes interpretation - outpatient**
  - 80% RE
  - 75% RE
  - 65% RE

- **Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation**
  - 80% RE
  - 75% RE
  - 65% RE

- **Ground Ambulance**
  - 80% RE
  - 75% RE
  - 65% RE

- **Durable Medical Equipment (includes Orthopedic Braces & Appliances)**
  - 80% RE
  - 75% RE
  - 65% RE

- **Dental Treatment to sound, natural teeth due to covered injury.**
  - 80% RE up to $1,500 Maximum
  - 75% RE up to $800 Maximum
  - 65% RE up to $500 Maximum

- **Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.**
  - $700 Maximum
  - $500 Maximum
  - $150 Maximum
STUDENT ACCIDENT MEDICAL INSURANCE

Educators and administrators are looking for an accident medical insurance program their school(s) need and students deserve. The Student Accident insurance program underwritten by Gerber Life Insurance Company (the Company) is such a plan. A.M. Best rates Gerber Life "A" (Excellent) for financial condition. A.M. Best’s “A” (Excellent) rating is the third highest of 13 active company ratings. For the latest information on ratings, please visit www.ambest.com.

OPTIONAL COVERAGE**
WHO IS COVERED AND WHEN

Eligibility:  All enrolled students of the school, Pre-K through 12th grade, if premium is paid for.

**Under “Optional Coverage” all students must be given the opportunity to enroll. Premiums are the responsibility of the individual student and/or their parent/legal guardian.

OPTIONAL SCHOOL-TIME ACCIDENT COVERAGE

Coverage and Limitations stated for Medical Expense Benefits selected by the Insured apply. The School-Time Accident Coverage excludes students participating in high school interscholastic tackle football and/or all interscholastic sports as stated for in the Application. Each Insured who pays the additional premium required for this benefit is insured under this provision. Coverage starts on the date of premium receipt, but not before the start of the school year. The Insured’s coverage will end at the close of the regular nine-month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the school during the summer. All provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

OPTIONAL 24-HOUR ACCIDENT COVERAGE

Coverage and Limitations stated for Medical Expense Benefits selected by the Insured apply. The 24-Hour Accident Coverage excludes students participating in high school interscholastic tackle football and/or all interscholastic sports as stated for in the Application. Each Insured who pays the additional premium required for this benefit is insured under this provision. Insurance coverage is provided, 24-Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away. Coverage starts on the date of premium receipt (but not before the start of the school year). It ends when school reopens for the following school year. All provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

OPTIONAL 24-HOUR ACCIDENT COVERAGE (EXTENSION)

Insurance coverage is extended to provide for covered injuries that occur other than during the hours and days when school is in session and/or while attending or participating in school sponsored and supervised activities on or off school premises. The Extended Accident Coverage provides coverage during the weekends and Vacation periods, including the entire summer. No coverage is provided for participation in interscholastic tackle football. No coverage is provided for participating in Interscholastic Sports or school sponsored/supervised activities covered under the Student Accident Insurance Program purchased by the school. Coverage starts on the date of premium receipt (but not before the start of the school year). It ends when school reopens for the following school year.

OPTIONAL INTERSCHOLASTIC FOOTBALL COVERAGE

Coverages and Limitations stated for Medical Expense Benefits selected by the Insured apply. Each Insured who pays the additional premium required for this benefit is insured under this provision. Travel is also covered when going directly and uninterrupted to and from the practice and competition. Ninth graders who play with 9th graders only are not charged for football coverage. Their School-Time or 24-Hour coverage will apply if purchased. Additional premium is required by the Insured for this coverage. All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

OPTIONAL 24-HOUR ACCIDENT DENTAL COVERAGE

Injury must be treated within 60 days after the accident occurs. Medical Expense Benefits are payable within 12 months after the date of Injury. The maximum eligible expenses payable per covered Injury is $25,000. 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. Each Insured who pays the additional premium required for this benefit is insured under this provision. Coverage starts on the date of premium receipt, but not before the start of the school year. It ends when school reopens for the following school year. This provision covers Accidents occurring anytime and anywhere. The Insured must be treated by a legally qualified dentist who is not a member of the Insured’s Immediate Family for Injury to teeth. The Company will then pay the Reasonable Expense which is Medically Necessary. Coverage is limited to treatment of sound, natural teeth. The maximum benefit payable under this provision is stated in the Policy. All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.
August 2024

Dear Parent or Guardian:

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school or participating in school-related activities.

As a service to students and their families, the district makes available a student accident insurance plan for you to purchase for your child at a reasonable cost.

The coverages available and the premiums charged are listed below:

**REASONS TO PURCHASE THIS COVERAGE:**
This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, benefits can be applied to your deductible or co-pays.

If you have no other insurance, this will become your primary accident plan.

**PURCHASE COVERAGE ON-LINE** (with Credit/Debit card) at www.studentinsuranceusa.com

All questions regarding this coverage should be directed to Student Insurance at 310-826-5688 or 800-367-5830