

## 2024 – 2025 STUDENT ACCIDENT INSURANCE COVERAGE

Dear Parent,

Your School chose to carry medical insurance for students injured in accidents on school premises. The School has also approved a medical and dental accident insurance plan worthy of your consideration to add to coverage purchased. This coverage will extend the hours your child is covered and also may cover your child during certain activities not covered in the school purchased plan. We urge you to consider the benefits described in this brochure.

**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.

**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 Injury 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 24-Hour Accident Coverage (Extension) and the Optional 24-Hour Dental Coverage begins on the date of premium receipt by the Plan Administrator but not before the start of the school year. Optional 24-Hour Accident Coverage (Extension) 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

<b>Maximum Benefit:</b>	<b>PLAN A</b>	<b>PLAN B</b>
24-Hour Option (Extension)	\$50,000	\$25,000
Injuries Involving Motor Vehicles	\$10,000	\$10,000
Death Benefit/Double Dismemberment	\$20,000	\$20,000
Single Dismemberment	\$10,000	\$10,000
<b>Loss Period for Medical Benefits</b>	Treatment must begin within 60 days from the date of Injury	
<b>Benefit Period for Medical and AD&amp;D/Loss of Sight Benefits</b>	1 Year	1 Year
<b>Excess Coverage Applicability</b>	\$100 Primary Excess	\$100 Primary Excess
<b>Other Plan Reduction Percentage</b> (see Excess Coverage Provision)	50%	50%
<b>Hospital/Facility Services - Inpatient</b>		
Hospital Room and Board (Semi-Private Room Rate)	100% RE*	100% RE*
Hospital Intensive Care	100% RE*	100% RE*
Inpatient Hospital Miscellaneous	\$1,200 Per Day	\$600 Per Day
<b>Hospital/Facility Services - Outpatient</b>		
Outpatient Hospital Miscellaneous (Except physician services and x-rays paid as below)	80% RE*	\$1,000 Maximum
Day Surgery Miscellaneous	80% RE*	\$1,500 Maximum
Hospital Emergency Room	80% RE*	\$100 Maximum
<b>Physician's Services</b>		
Surgical	80% RE*	80% RE* to \$1,000 Maximum
Assistant Surgeon	25% of Surgical Benefits	25% of Surgical Benefits
Anesthesiologist	25% of Surgical Benefits	25% of Surgical Benefits
Physician's Non-surgical Treatment (Except as below)	80% RE*	\$30 Per Day
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	80% RE* / 10 Visits Maximum	\$30/Visit / \$300 Maximum
<b>Other Services</b>		
Registered Nurses' Services	100% RE*	100% RE*
Prescriptions - outpatient	\$300 Maximum	\$100 Maximum
Laboratory Tests – Outpatient	\$500 Maximum	\$150 Maximum
X-rays, includes interpretation - outpatient	80% RE*	\$300 Maximum
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation –outpatient	80% RE*	\$150 Maximum
Ground Ambulance	\$1,000 Maximum	\$500 Maximum
Air Ambulance	\$1,000 Maximum	\$500 Maximum
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	\$500 Maximum	\$250 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$400 Maximum	\$200 Maximum
Dental Treatment to sound, natural teeth due to covered injury	\$1,500 Maximum	\$750 Maximum

\*RE means Reasonable Expense

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### 2024 – 2025 ENROLLMENT APPLICATION (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:			
24-Hour Extension	Grades PreK-8	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$65.00
	Grades 9-12	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$85.00
Dental		<input type="checkbox"/> \$ 15.00	<input type="checkbox"/> \$15.00
<b>Please make check payable to Gerber Life Insurance Company</b>			
Signature of Parent or Guardian _____			Date _____
			Total Enclosed: _____

