



Help protect your child with Student Accident Insurance (2016-2017)

Kids will be kids.

School is not a spectator sport. From hopping and skipping to blocking and tackling, our commitment to protecting kids starts as early as kindergarten.

That's why we're here!

Accident Insurance underwritten by:
ACE American Insurance Company

THIS IS EXCESS INSURANCE. It is provided to cover some of the out of pocket expenses associated with accidents. It is not intended to replace your medical insurance. Any other medical insurance policy will be expected to pay before this excess student accident insurance policy.

TOLL-FREE NUMBER FOR INQUIRIES:

For those without a credit card or internet access, or need assistance with online purchases please call 727-576-5995
For questions about benefits or coverage or for assistance in any matter please call the toll free number 1-866-409-5733

HSR
Health Special Risk, Inc.



ace usa

Online Enrollment

Secured Accident & Health Plans

- Coverage can be purchased any time throughout the year.
- Checks, money orders, or credit cards accepted.

Enroll online at: www.k12StudentInsurance.com



**SCHOOL BOARD OF PINELLAS COUNTY
2016-2017
Student Accident Insurance Coverage**



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<p>AT SCHOOL COVERAGE: Insurance coverage is provided on School premises during normal School hours, on School premises after normal School hours, and at another School or site where School activities are scheduled. Coverage is provided while traveling without deviation or interruption to and from School or between the site of the School activity and Home or the School when the Insured is scheduled to attend the School activity. Coverage includes extracurricular activities sponsored by the School. Coverage is provided if the Covered Accident occurs while the Insured is in a vehicle operated by a properly licensed driver who is under the direct supervision of the School and when travel time does not exceed 24 hours each way. Travel time includes the time to or from School and the School activity, before the required attendance time, and after dismissal and after completing any extra duties assigned by the School. Benefits are not payable for accidents that result from practice or play of interscholastic football.</p>
<p>24-HOUR COVERAGE (Excluding Football Coverage): Coverage for injuries when an Insured suffers a Covered Accident at any time while insured by the Policy. Benefits are paid once per Covered Accident. Benefits are not payable for injuries from accidents that result from practice or play of interscholastic football. Coverage is provided around the clock, anywhere in the world.</p>
<p>FOOTBALL ONLY: Insurance coverage is provided while participating as a member of the team in a scheduled game, official tournament game, or practice session, or serving as an equipment manager, scorekeeper, trainer, or volunteer worker for the team. Coverage is provided while travelling without deviation or interruption between Home and practice sessions for the game or competition or between the site of the game or competition and Home or School when the Insured is scheduled to attend the game or competition. Coverage is provided if the Covered Accident occurs while the Insured is in a vehicle operated by a properly licensed driver who is under the direct supervision of the School and when travel time does not exceed 24 hours each way. Travel time includes the time to or from Home or School and the scheduled activity, before the required attendance time and after dismissal and after completing any extra duties assigned by the School.</p>
<p>DENTAL EXPENSE COVERAGE: This is supplemental coverage for expenses resulting from covered accidental dental injuries incurred within 52 weeks after the date of the first treatment for the injury. The dental benefits provided are: (a) 100% of U&C Charges for Medically necessary installation of crowns, caps, bridges, and dentures; replacement or repair of crowns and caps which existed prior to the Covered Accident; oral surgery and endodontics; and examinations, diagnostic tests and x-rays to a maximum of \$10,000. No coverage is provided for aggravation or re-injury of a condition existing prior to the Covered Accident, infection, except a pyogenic infection through an open wound caused by a Covered Accident, or orthodontic treatment for any purpose, unless necessitated by a covered injury; the Policy Exclusions and Limitations also apply to this coverage. Dental Expense Coverage must be purchased in conjunction with a 24-Hour, At School or Football plan; it cannot be purchased as stand-alone coverage.</p>
<p>COVERAGE PERIOD: Coverage under the At School, 24-Hour and Football programs begins on the date of premium receipt but not before the start of the school year activities. At School Coverage ends at the close of the regular nine-month school term. 24-Hour Coverage ends when school reopens for the following fall term. Coverage is available under both plans throughout the school year at the premiums quoted (no pro rata premiums available).</p>

DESCRIPTION OF BENEFITS

ACCIDENT MEDICAL EXPENSE: When an Injury to an Insured results in treatment by a Doctor, we will pay benefits as shown in the **Schedule of Benefits**. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the accident are covered. Benefits for any one accident shall not exceed a Benefit Maximum of \$25,000. Accident Medical Expense benefits are only payable for Usual and Customary Charges for Medically Necessary Covered Expenses that the Insured incurs. The first expenses must be incurred within 90 days from the date of the Covered Accident.

Excess Coverage: Benefits are payable for covered expenses only when they are in excess of amounts paid by any other Health Care Plan.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS: If Injury to the Insured results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, we will pay the Benefit Amount shown below for that loss. The Principal Sum is \$10,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Schedule of Covered Losses

<u>Covered Loss</u>	<u>Benefit Amount</u>
Life	25% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
One Member.....	50% of the Principal Sum
Thumb and Index Finger of the Same Hand.....	25% of the Principal Sum

“Member” means Loss of Hand or Foot, and Loss of Sight. “Loss of 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 eye. “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 the complete separation and dismemberment of the part from the body.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for any loss or Injury that is caused by, or results from: 1) intentionally self-inflicted Injury; 2) suicide or attempted suicide; 3) war or any act of war, whether declared or not; 4) a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days; 5) 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; 6) piloting or serving as a crewmember in any aircraft; 7) commission of, or attempt to commit, a felony; 8) the Insured being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred; 9) Injury or loss contributed to the use of any drug or narcotic, except as prescribed by a Doctor.

In addition, We will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by: 1) treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of the Covered Person’s household; 2) treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances; 3) treatment of hernia, Osgood-Schlatter’s Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident; 4) pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions; 5) mental and nervous disorders (except as provided in the Policy); 6) damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy); 7) expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy); 8) Injury covered by Workers’ Compensation, Employer’s Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder; 9) Injury or loss contributed to by the use of drugs unless administered by a Doctor; 10) cosmetic surgery, except for reconstructive surgery needed as the result of an Injury; 11) any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States; 12) examinations or prescriptions for eyeglasses, contact lenses, or hearing aids, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; 13) expenses payable by any automobile insurance Policy without regard to fault. (This exclusion does not apply in any state where prohibited); 14) conditions that are not caused by a Covered Accident; 15) participation in any activity or hazard not specifically covered by the Policy; 16) any treatment, service or supply not specifically covered by the Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

DEFINITIONS

“**Covered Accident**” means an accident that occurs while coverage is in force for a Covered Person and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

“**Covered loss**” or “**covered losses**” means an accidental death, dismemberment, or other covered injury.

“**Covered person**” means any eligible person and dependent for whom the required premium is paid.

“**Doctor**” means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person’s Immediate Family or household.

“**Hospital**” means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place for drug addicts, alcoholics, or the aged.

“**Injury**” means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“**Insured**” means a person in a class of eligible persons for whom the required premium is paid making insurance in effect for that person. An insured is not a dependent covered under the policy.

“**Medical Emergency**” means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

“**Medically Necessary**” means a treatment, service or supply that is: 1) required to treat an Injury; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person’s condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

“**Usual and Customary Charge**” or “**U&C**” means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

“**We,**” “**Our,**” “**Us**” means the insurance company underwriting this insurance or its authorized agent.

SCHEDULE OF BENEFITS

INPATIENT BENEFITS	LOW OPTION	HIGH OPTION
Room & Board	\$500 aggregate maximum per day	75% of U&C / Semi-private room
Hospital Miscellaneous	Included under Room & Board	\$750 per day
Physiotherapy	\$300 maximum	75% of U&C
X-Rays	\$200 maximum / \$300 when fractured	75% of U&C
Hospital Intensive Care	\$500 per day	75% of U&C
Registered Nurse	100% of U&C	100% of U&C
Physician’s Visit (Benefits are limited to one visit per day and do not apply when related to surgery)	\$25 first day / \$20 each subsequent day	75% of U&C
Pre-Admission Testing (Payable within 3 working days prior to admission)	Paid under Hospital Miscellaneous	Paid under Hospital Miscellaneous
OUTPATIENT BENEFITS		
Day Surgery Miscellaneous (Usual & Customary Charges are based on the Outpatient Surgical Facility Charge Index)	\$800 maximum	\$1,200 maximum
Physician’s Visits (Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	\$25 first day / \$20 each subsequent day	\$50 first day / \$40 each subsequent day
Physiotherapy (Benefits are limited to one visit per day)	\$25 first day / 10 days maximum	\$50 first day / 10 days maximum
Medical Emergency (Use of room and supplies; treatment must be rendered within 72 hours from the time of the Injury)	\$200 maximum	\$400 maximum
X-Rays	\$300 maximum	\$400 maximum
CAT Scan / MRI	\$300 maximum	\$800 maximum
Laboratory	\$50 maximum	100% of U&C
Prescription Drugs	50% of U&C	75% of U&C
Injections	No Benefits	No Benefits
Orthopedic Braces & Appliances	\$100 maximum	\$300 maximum
INPATIENT AND/OR OUTPATIENT BENEFITS		
Surgery (Specified Surgery based on data provided by Ingenix, Inc.) (No more than one procedure through the same incision will be paid)	100% of U&C \$1500 maximum	100% of U&C
Anesthetist	25% of Surgery Allowance	30% of Surgery Allowance
Assistant Surgeon	25% of Surgery Allowance	30% of Surgery Allowance
Ambulance (Ground transportation to nearest facility.)	\$200 maximum	100% of U&C
Dental (Benefits on Injury to Sound, Natural Teeth)	\$200 per tooth	\$1000 per tooth
Replacement of Eye Glasses, Contact Lenses or Hearing Aids that	\$150.00 maximum	\$500 maximum
Aggravation or Re-Injury of a Condition	Paid as any other Injury / \$500 maximum	Paid as any other Injury / \$500 maximum

RETAIN THIS DESCRIPTION FOR YOUR RECORDS

Retain this brochure and your canceled check or money order receipt as your record of coverage. This brochure summarizes the provisions of the master policy. Should there be any discrepancy between the policy and this brochure, policy provisions will prevail.

IMPORTANT NOTICE

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in the state in which the policy was delivered under Policy Form Number AH-10324. Complete details may be found in the policies on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

Accident coverage underwritten by:



ACE American Insurance Company
436 Walnut Street
Philadelphia, PA 19106

HOW TO ENROLL

Visit us at www.K12StudentInsurance.com to enroll online (preferred method and instant coverage). You may also complete the Enrollment Form (next page) along with the required payment/credit card section in their entirety, and mail to the address indicated at the bottom of the form.

COMPLETE THIS SECTION ONLY IF YOU WISH TO PAY WITH MASTERCARD OR VISA

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	
Street #	Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Number	<input type="text"/>	Expiration Date (MM/YYYY)

X _____
Cardholder Signature

Accident Coverage underwritten by: ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

Once completed, mail this form to:

Health Special Risk, Inc.
P.O. Box 678328
Dallas, TX 75267-8328

For more information or assistance regarding all Student Insurance, contact our Customer Service Department at **1-866-409-5733**.