

2013 – 2014 STUDENT ACCIDENT INSURANCE COVERAGE

OPTIONAL SCHOOL TIME ACCIDENT COVERAGE - Insurance coverage is provided for covered Injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises. Includes participation in: Summer Recreation Activities sponsored by the school; One-Day School Field Trips (no Overnight) and School Sponsored Religious Activities. Coverage is provided for traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from their home premises and the school or the site of a covered activity. No coverage is provided while participating in Senior High Interscholastic Sports.

Annual Premium: **Gold - \$26.00** **Silver - \$14.00** **Bronze - \$8.00**

OPTIONAL 24-HOUR ACCIDENT COVERAGE - Insurance coverage is provided around the clock, 24 Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away, any place, any time, anywhere. No coverage is provided while participating in Senior High Interscholastic Sports.

Annual Premium: **Gold - \$120.00** **Silver - \$78.00** **Bronze - \$39.00**

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 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. 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. **Annual Premium: \$8.00**

COVERAGE PERIOD – Coverage under the Optional School-Time Accident Coverage, the Optional 24-Hour Accident Coverage and the Optional 24-Hour Dental Coverage begins on the date of premium receipt but not before the start of the school year activities. Optional School-Time Accident Coverage ends at the close of the regular nine-month school term, except while the student is attending activities exclusively sponsored and solely supervised by the School during the summer. Optional 24-Hour Accident 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			
Maximum Benefit:	GOLD	SILVER	BRONZE
School-Time Option	\$100,000	\$75,000	\$50,000
24-Hour Option	\$100,000	\$75,000	\$50,000
Injuries Involving Motor Vehicles	\$ 10,000	\$10,000	\$10,000
Death Benefit/Double Dismemberment	\$ 10,000	\$10,000	\$10,000
Single Dismemberment	\$ 5,000	\$ 5,000	\$ 5,000
Loss Period for Medical Benefits	Treatment must begin within 60 days from the date of Injury		
Benefit Period for Medical and AD&D/Loss of Sight Benefits	1 Year	1 Year	1 Year
Excess Coverage Applicability	Full Excess	Full Excess	Full Excess
Hospital/Facility Services - Inpatient			
Hospital Room and Board (Semi-Private Room Rate)	100% RE*	100% RE*	80% RE* / \$200 Maximum**
Hospital Intensive Care	100% RE*	100% RE*	80% RE* / \$200 Maximum**
Inpatient Hospital Miscellaneous	\$10,000 Maximum	\$7,500 Maximum	\$5,000 Maximum
Hospital/Facility Services - Outpatient			
Outpatient Hospital Miscellaneous (Except physician services and x-rays paid as below)	\$750 Maximum	80% to \$500 Maximum	\$250 Maximum
Free-standing Ambulatory Surgical Facility	\$2,000 Maximum	80% to \$1,000 Maximum	\$500 Maximum
Hospital Emergency Room Physician	\$75 Maximum	\$50 Maximum	\$50 Maximum
Hospital Emergency Room	\$500 Maximum	80% to \$350 Maximum	80% to \$150 Maximum
Physician's Services			
Surgical	80% RE* to \$3,000 Maximum	80% RE* to \$2,000 Maximum	80% RE* to \$1,000 Maximum
Assistant Surgeon	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits
Anesthesiologist	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits
Physician's Non-surgical Treatment (Except as below)	\$60 per day	\$500 Maximum	\$25 per day
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	\$75/visit / 5 Visits Maximum	\$40/visit / 5 Visits Maximum	\$25/visit / 5 Visits Maximum
Other Services			
Registered Nurses' Services	100% RE*	100% RE*	80% RE*
Prescriptions - outpatient	100% RE*	100% RE*	80% RE*
X-rays, includes interpretation - outpatient	\$300 Maximum	\$250 Maximum	\$200 Maximum
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation - outpatient	\$1,000 Maximum	\$750 Maximum	\$300 Maximum
Ground Ambulance	\$500 Maximum	\$400 Maximum	\$200 Maximum
Air Ambulance	\$1,500 Maximum	\$1,000 Maximum	\$400 Maximum
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	\$500 Maximum	\$300 Maximum	\$150 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$700 Maximum	\$500 Maximum	\$150 Maximum
Dental Treatment to sound, natural teeth due to covered injury	\$2,000 Maximum	\$1,500 Maximum	\$1,000 Maximum
*RE means Reasonable Expense		**Per Day	
			GER_0413 ENOSPORTS

2013 – 2014 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 System _____ Name of School _____

Check your selection: GOLD School-Time \$26.00 24-Hour Accident \$120.00 24-Hour Dental \$8.00
 SILVER School-Time \$14.00 24-Hour Accident \$ 78.00 24-Hour Dental \$8.00
 BRONZE School-Time \$ 8.00 24-Hour Accident \$ 39.00 24-Hour Dental \$8.00

Please make check payable to Gerber Life Insurance Company

Signature of Parent or Guardian _____ Date _____ Total Enclosed: _____

