

FIRST SERVICE (ALL OTHER)

CHOOSE YOUR COVERAGE PLAN

**One Time Premium
For The School Year 2011-2012**

SCHOOL TIME COVERAGE (Accident Only)

Basic Option \$15.00
High Option \$22.00

The School Time plan provides coverage while an insured student is in or on school premises during the days and months when school is in session; traveling directly to or from their residence and school in a vehicle supplied by the school; and participating in or attending activities sponsored solely by the school that are continuously supervised by a school official or employee. This also includes supplied and supervised travel directly to and from such sponsored activities; and school sponsored and supervised sports, excluding varsity football.

AROUND THE CLOCK COVERAGE (Accident Only)

Basic Option \$62.00
High Option \$95.00
Basic Option (Summer Only) \$16.00
High Option (Summer Only) \$25.00

Around the Clock coverage applies 24 hours a day, whether school is in session or not. The insurance is provided from the effective date of the insured student's coverage to the termination date of the policy. This coverage includes school sponsored and supervised sports, excluding varsity football.

VARSITY FOOTBALL COVERAGE (Accident only)

Basic Option \$106.00
High Option \$165.00

VARSITY FOOTBALL COVERAGE (Spring Only)

Basic Option \$42.00
High Option \$66.00

- Provides coverage for varsity football only.
- School Time and Around the Clock coverage is not included with this Premium Payment.

SUPPLEMENTAL DENTAL COVERAGE (Accident only) \$7.00

*The Supplemental Dental plan provides coverage for dental Injuries to sound, natural teeth to a maximum of \$10,000; the maximum benefit period is 52 weeks. Supplemental Dental must be purchased with School Time, Around The Clock or Varsity Football Coverage.

For the Description of Benefits, please use the attached grid.

ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE 2011-2012

School District Name: _____ School Name: _____

Student Last Name: _____

Student First Name: _____

Student Date of Birth: _____ Sex: M F SSN: _____

Student Address: _____ Student Home Phone: (_____) _____

City: _____ State: _____ Zip: _____ Email: _____

Make check or money order payable to: Markel Insurance Co.
Amount enclosed: \$ _____
Check or money order number: _____

Signature of Parent or Guardian

Mail To: Markel Insurance Company
Attn: K-12 Accounting Unit
P.O. Box 2009
Glen Allen, VA 23058-2009
Questions: 800-431-1270

Plan Selection	Basic Option	High Option
School Time	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$22.00
Around the Clock	<input type="checkbox"/> \$62.00	<input type="checkbox"/> \$95.00
Around the Clock (Summer Only)	<input type="checkbox"/> \$16.00	<input type="checkbox"/> \$25.00
Varsity Football	<input type="checkbox"/> \$106.00	<input type="checkbox"/> \$165.00
Varsity Spring Football	<input type="checkbox"/> \$42.00	<input type="checkbox"/> \$66.00
Supplemental Dental	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$7.00

REVIEW YOUR BENEFITS
Maximum Benefits Paid As Specified Below

The policy provides benefits for loss due to a covered injury up to the maximum benefit as listed below for each injury. Benefits will be paid for covered medical expenses incurred within 52 weeks from the date of Accident up to the maximum benefit per service as scheduled below:

DESCRIPTION OF BENEFITS		
BENEFIT	BASIC OPTION	HIGH OPTION
Plan Maximum	\$25,000	\$25,000
Hospital Room and Board	\$150 per day	Semi-private room
Hospital Miscellaneous	\$600 per day	\$1,200 per day
Licensed Nurse	75% of U&C	100% of U&C
Inpatient Physician's Visit	\$40 first day / \$25 each subsequent day	\$60 first day / \$40 each subsequent day
Pre-Admission Testing	Paid under Hospital Miscellaneous	Paid under Hospital Miscellaneous
Outpatient Emergency Room	\$150 maximum	\$300 maximum
Outpatient X-Rays	\$200 maximum	\$600 Maximum
Outpatient CAT Scany/MRI	\$300 maximum	\$600 maximum
Outpatient Laboratory	\$50 maximum	\$300 maximum
Ambulance	\$300 maximum	\$800 maximum
Surgery	\$1,000 maximum	\$1,200 maximum
Anesthetist/Assistant Surgeon	20% of Surgery Allowance	25% of Surgery Allowance
Consultant	\$200 maximum	\$400 maximum
Outpatient Physician's Visits	\$40 first day / \$25 each subsequent day	\$60 first day / \$40 each subsequent day
Outpatient Day Surgery Miscellaneous	\$1,000 maximum	\$1,200 maximum
Outpatient Physical Therapy	\$30 first day / \$20 each subsequent day / 5 day maximum	\$60 first day / \$40 each subsequent day / 5 day maximum
Outpatient Durable Medical Equipment & Supplies	\$75 maximum	\$140 maximum
Dental Injury	\$200 per tooth	\$500 per tooth
Outpatient Prescription Drugs	\$75 maximum	\$200 maximum
Replacement of glasses, contact lenses, Hearing Aids	\$200 maximum	\$300 maximum
Motor Vehicle Limit	Same as any other Injury	Same as any other Injury
Accidental Death	\$10,000	\$10,000
Accidental Dismemberment	\$5,000/\$10,000	\$5,000/\$10,000

This is only a partial description of the insurance plan. The benefits which are payable are determined in accordance with the terms, conditions, and exclusions of the policy which is on file with the school or district office.

Retain This Description of Coverage For Your Personal Records

Individual policies will not be issued or sent to you. Keep your cancelled check or money order receipt as evidence of payment. This brochure is for illustrative purposes only. It is not a contract of insurance. It is intended to provide a general overview of the insurance program. Please remember only the insurance policy can give actual terms of coverage.

2011 - 2012 STUDENT INSURANCE ID CARD

Student's Name: _____

If premium has been paid, the student whose name appears above has been insured under an **accident only** policy issued to:

School District: _____

Coverage: Around the Clock School Time Varsity Football
 Supplemental Dental

Paid by Check # _____ Amount: _____ Date: _____

Claims Questions: (877) 794-6769

Definitions

- Accident means a sudden, unexpected and unintended event, which is identifiable and caused solely by an external physical force resulting in Injury to an insured student. Accident does not include a loss contributed to by disease or sickness.
- Injury means bodily harm caused solely by an Accident which occurs while this policy is in force and is the sole cause of the loss.
- Usual and Customary Expense means an expense which (a) is charged for treatment, supplies or medical services medically necessary to treat the insured student's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the expense is incurred.

Additional Facts About the Policy

- 1.Student Transfer:** The policy continues in force anywhere in the world if the insured should relocate prior to the expiration of coverage. Coverage will not exceed the limits shown in this brochure and must be in accordance with accepted standards of medical practice.
- 2.Cancellation:** Coverage under the policy is non-cancelable, and accordingly, **premiums may not be refunded** after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event an insured enters the Military Service.
- 3.Initial Enrollment:** Coverage is effective on the day the enrollment form and premium are received by Markel Insurance Company, but in no event prior to the opening day of school or the first official day of interscholastic athletics or activities.
- 4.Late Enrollment:** There is **no premium reduction** for any individual who enrolls late in the year.
5. Your cancelled check is your only receipt and notification of coverage.
- 6.Enrollment:** Deadline is 6/15/12

Accidental Death & Dismemberment Limitations

- The loss must result from an Accident, and must take place while the person is insured under the policy. We will not pay for a loss caused in any way by:
- Bodily or mental infirmity or illness;
- Medical or surgical treatment; except for surgery which results from an Accident;
- Taking part in a riot or felony.

Policy Exclusions and Limitations

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

- Sickness
- Expense for treatment on or to the teeth, except for treatment resulting from Injury to sound natural teeth;
- Services normally provided without charge by the policyholder;
- Eyeglasses, contact lenses, hearing aids, and examination for the

- prescription or fitting thereof except as specifically provided herein;
- Suicide, attempted suicide or intentionally self-inflicted Injury;
- Injury due to participation in a riot or felony;
- Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery made medically necessary due to a covered Accident which results in trauma, infection or other diseases of the involved part;
- Treatment of a deviated nasal septum, including submucous resection and/or other surgical corrections, unless the treatment is due to or arises from a covered Injury;
- Air travel, except as a fare-paying passenger on a regularly scheduled flight operated by a commercial airline;
- Injury resulting from any declared or undeclared war;
- Injury while in the armed forces of any country. When an insured person enters such armed forces, we will refund the unearned pro rata premium to the insured person;
- Injury covered by any workers' compensation or occupational disease law;
- Treatment provided in a governmental hospital unless the insured person is legally obligated to pay such charges;
- Infections except pyrogenic or bacterial infections caused by a covered Injury;
- Hernia, unless it results from a covered Injury;
- Injury occurring while the insured person is legally intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
- Injury while parachuting or hang gliding; traveling in or on any two, three or four wheeled all terrain motor vehicle; jet skiing, skydiving, glider flying, parasailing, sail planing, bungee jumping; operating, or riding on any snowmobile; or participating in a rodeo;
- Injury resulting from fighting;
- Play, practice or travel in connection with interscholastic football in which any 9th, 10th, 11th or 12th grade students participate, unless the applicable additional premium is paid;
- Blisters, insect bites, frost bite, vegetation poisoning and food poisoning;
- Motor vehicle accidents covered by medical benefits coverage in automobile "no fault" and traditional automobile "fault" type contracts.

How To File A Claim

1. Obtain a claim form from your school office or Co-ordinated Benefit Plans (877-794-6769), and answer all questions in detail (including signatures) on the front of the form.
2. Attach all bills to the completed form and mail to Co-ordinated Benefit Plans at the address provided on the claim form.
3. Any bills not filed with the claim form should be sent to the company, identified with the student's name, school district, and date of accident. Bills that cannot be attached to the initial form must be submitted **within 90 days of the date of service.**