

## K-12 Schools—Student Accident Coverage

**Student Accident** is Insurance coverage provided for covered injuries 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. Coverage can include participation in:

**Interscholastic Sports**, including **Football**, One Day Field Trips, Religious Activities, Travel directly (uninterrupted) to and from a regular scheduled activity with other members as a group and Overnight Field Trips.



### Student Accident plans:

- Typical Limits are \$25,000 per accident claim (which satisfies the AHSAA Catastrophic \$10,000 deductible)
- Can cover all students and athletes or just the athletes
- Includes coverage for **Concussions**
- Schedule of Benefits can be adjusted based on the schools needs
- Quoting process is simple and implementing coverage is easy

### Why are Student Accident plans important:

- Provides protection to uninsured/underinsured students & student athletes
- Picks up deductibles and co-payments in major medical plans **preventing out-of-pocket expenses** for a claimant.
- Promotes positive public relations for schools
- Can achieve savings in preventing simple or serious injuries from developing into contentious liability claims
- Can help limit a school's liability exposure

**CATASTROPHIC ACCIDENT MEDICAL SCHEDULE OF BENEFITS – ENHANCED**

<b>Maximum Medical Expense Amount per Injury:</b>	\$5,000,000
<b>Accidental Death, Dismemberment, Loss of Sight, Speech and Hearing Benefit:</b>	\$10,000
Single Dismemberment:	\$5,000
Double Dismemberment:	\$10,000
<b>Loss Period:</b>	
For Hospital and Professional Services	Treatment must begin within 180 days after the Accident occurs.
For Accidental Death, Dismemberment or Loss of Sight	Loss must be sustained within 365 days after the date of the Accident
<b>Benefit Period:</b>	Services must be received within Lifetime from the date of the Accident
<b>Excess Coverage Applicability:</b>	Full Excess
<b>Deductible (Medical Expenses payable under any Other Plan will be used to satisfy or reduce the Deductible.):</b>	\$10,000
Deductible Establishment Period	2 Years
<b>Hospital/Facility Services - Inpatient</b>	
Hospital Room and Board:	100% of RE up to the semi-private room rate
Hospital Intensive Care:	100% RE*
Inpatient Hospital Miscellaneous:	100% RE*
Confinement in an Extended Care Facility (per calendar year):	\$365,000 maximum
<b>Hospital/Facility Services - Outpatient</b>	
Outpatient Hospital Miscellaneous (Except Physician's services and x-rays paid as below):	100% RE*
Hospital Emergency Room:	100% RE*
Free-Standing Ambulatory Surgical Facility:	100% RE*
Hospital Emergency Room Physician:	100% RE*
<b>Physician's Services</b>	
Surgical:	100% RE*
Assistant Surgeon:	100% RE*
Anesthesiologist:	100% RE*
Physician's Non-Surgical Treatment (except as in below)	100% RE*
Physician's Outpatient Treatment in Connection with Physical Therapy and/or Spinal Manipulation:	\$100,000 maximum
<b>Other Services</b>	
Registered Nurses' Services	100% RE*
Prescriptions (dispensed by a licensed pharmacist) – Outpatient:	100% RE*
Laboratory Tests – Outpatient:	100% RE*
X-Rays (includes interpretation):	100% RE*
Diagnostic Imaging (MRI, CAT SCAN, ETC.) Includes Interpretation:	100% RE*
Ground Ambulance:	100% RE*
Air Ambulance:	100% RE*
Durable Medical Equipment (includes orthopedic braces and appliances):	\$25,000 maximum
Dental Treatment	100% RE*
Combined Home Health and Custodial Care (per calendar year):	\$100,000 maximum
Treatment Of Mental Or Nervous Disorders:	
Physician Fees (Amount Per Visit / Visits Per Day / Visits Per Calendar Year)	\$ 50 / 1 / 50
Inpatient Hospital maximum stay	up to 45 days
Prosthetic Devices Benefit:	RE* during the first two years after the covered accident is \$100,000. RE* is payable immediately thereafter and shall not exceed \$100,000 (\$200,000 if amputation of the leg above the knee). The maximum benefit amount payable is \$200,000 (\$300,000 if amputation of the leg above the knee).
Heart or Circulatory Malfunction:	\$10,000 maximum for loss of life
Adjustment Expense Benefit (services must begin within 1 year of the date of Accident):	\$30,000 maximum
Medically Necessary Family Counseling:	\$70 per visit / 20 visit maximum
Training:	\$2,500 maximum
Travel:	\$2,000 maximum
Lost Earnings:	75% of gross loss earnings / \$500 per week maximum / 13 weeks maximum
Ancillary Illness or Injury Expense:	\$2,000 maximum per calendar year Deductible to a \$100,000 combined maximum for all Injuries and Illnesses
Assimilation Benefit:	\$50,000 maximum / up to 2 Immediate Family Members / services begin within 1 year from the date of Accident / Deductible must be met within 1 year of the date of Accident
<b>Catastrophic Total Disability Benefit (must begin within 12 months from the date of Accident)</b>	
Total Disability Expense (per month):	\$1,500 for 1 <sup>st</sup> 12 months / \$1,500 after 1 <sup>st</sup> 12 months / 10 year benefit period
Partial Disability Expense (per month):	\$1,000 / 10 year benefit period / average gross earnings \$2,500 for 6 months \$1,000 maximum after-tax monthly compensation
College Education Expense Benefit:	\$100,000 maximum
Post-Incident Crisis Management Expense:	\$10,000 Per Incident Aggregate Benefit to cover all persons affected
Special Expense Benefit	\$125,000 maximum
Vocational Rehabilitation Benefit:	\$100 maximum per hour / \$20,000 maximum

**\*RE means Reasonable Expense**