



## K-12 Schools—Student Accident Coverage

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**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



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**IMPORTANT NOTICE—This brochure has been designed to illustrate the highlights of this insurance and it does not include all coverage details.**

## CATASTROPHIC ACCIDENT MEDICAL BENEFITS

Total Maximum for all Accident Medical Expense Benefits

\$5,000,000

First Covered Expenses must be

Incurred within

180 days after the Covered Accident

Benefit Period

Lifetime of the Covered Person

Deductible

\$10,000

applies to

each Covered Accident

The Covered Person may use Covered Expenses paid under another Health Care Plan to satisfy the Deductible under this Policy.

Deductible must be Satisfied within

730 days from the date of the Covered Accident

**Covered Expenses for which benefits are payable are outlined below. Unless otherwise indicated, benefits are payable as a percentage of Usual and Customary Charges.**

### Covered Expenses

### Benefit Percentage and Other Limits

#### **In-Patient Hospital Services**

Room and Board Expenses

Intensive Care Unit

or Coronary Care Unit

100% up to the daily intensive care unit room rate

Private/Semi-Private Room

100% up to the semi-private daily room rate

Hospital Miscellaneous Expenses

100%

**Ambulatory Medical or Surgical Center**

100%

**Emergency Room Treatment**

100%

**Emergency Room Physician**

100%

**Outpatient Hospital Miscellaneous**

**Expenses**

100%

#### **Physician Services**

Surgery

100%

Use of Physician's Surgical Facilities

100%

Second Opinion or Consultation

100%

Assistant Surgeon

100%

Anesthesia and its Administration

100%

In-Hospital Visits

100%

Office Visits

100%

**Out Patient X-Rays**

100%

**Outpatient CT Scans & MRIs**

100%

**Outpatient Laboratory Tests**

100%

**Out Patient Physical Therapy**

100% up to \$100,000

**Occupational and Speech Therapy**

100% up to \$100,000

**Nursing Services**

100%

**Ambulance Services**

100%

**Medical Equipment Rental**

100% up to \$25,000

#### **Prosthetic Devices**

Benefit Amount

Prosthetic Leg

-If amputation is below the knee

100% up to \$200,000

-If amputation is above the knee

100% up to \$300,000

Prosthetic Arm

-if amputation is below the elbow

100% up to \$200,000

-if amputation is above the elbow

100% up to \$200,000

Artificial Eyes or Larynx

100% up to \$1,000

**Dental Services**

100%

**Prescription Drugs**

100%

<b>Covered Expenses</b>	<b>Benefit Percentage and Other Limits</b>
<b>Home Health Care</b>	100% up to \$500
Minimum Hospital Stay	5 consecutive days
Home Health Care must begin within	7 consecutive days after the Minimum Hospital Stay
Maximum Number of Home	
Health Care Visits	200
<b>Extended Care Facility</b>	100% up to \$1,000 per day
Minimum Hospital Stay	5 consecutive days
Extended Care must begin within	5 consecutive days after the Minimum Hospital Stay
<b>Mental and Nervous Disorders</b>	
Hospital Expenses	100% up to \$50 per day
Maximum Number of Days	45
Physician Expenses	
Maximum per Treatment	\$50
Maximum Number of Treatments	50
<b>ADJUSTMENT EXPENSE BENEFIT</b>	
Lifetime Benefit Limit	\$30,000
Expenses must be Incurred within	12 months after the date of the Covered Loss
Family Counseling Benefit per Immediate	
Family Member	100% up to \$70 per visit
Maximum Number of Visits per Immediate	
Family Member	20 visits, limited to one visit per week
Training of Immediate Family Members	100% up to \$2,500
Family Travel Maximum per Immediate	
Family Member	100% up to \$2,000
Loss of Earnings	75% of Gross Earnings of Spouse or one parent only, up to a Maximum Weekly Benefit of \$500
Benefit Period	13 weeks
<b>ANCILLARY INJURY BENEFIT</b>	
Benefit Deductible	\$2,000 per calendar year
Combined Maximum for all Injuries	\$100,000
<b>ASSIMILATION EXPENSE BENEFIT</b>	
Benefit Limit	\$50,000
Benefit Percentage	100%
Immediate Family Members for whom	
We will pay travel expenses	2
Assimilation Program must begin within	1 year of the date of the Covered Accident
<b>COLLEGE EDUCATION EXPENSE BENEFIT</b>	
Benefit Limit	\$100,000
Benefit Percentage	100%
Benefit Period	15 years
<b>POST-INCIDENT CRISIS COUNSELING</b>	
<b>SERVICES BENEFIT</b>	
Benefit Limit for Bereavement Counseling	\$10,000 per incident for all Covered Persons affected
First response must begin within	48 hours after notification of a Critical Incident
Bereavement Counseling Benefit	\$200 per session
Bereavement Counseling Expenses	
must be incurred within	60 days from the date of another Covered Person's death
<b>SPECIAL EXPENSE BENEFIT</b>	
Benefit Amount for the first 5 years	
after the date of the Covered Accident	\$125,000
Benefit Amount for each 5	
Year period thereafter	\$50,000 subject to a lifetime maximum of \$125,000