



Made possible by



# K-12 Accident Insurance

**With our K-12 Accident Program, QBE makes it possible for schools to fulfill their commitment to the health and well-being of their students and athletes.**

## Coverage choices

Choose the plan that best suits your school's needs. There are no deductibles – unless you want them.

### Compulsory coverage

Can be purchased to cover all students during school time activities or athletes during covered sports activities, or both.

#### School Time Accident medical coverage

Provides benefits for covered injuries sustained when school is in session and while covered persons are attending or participating in school-sponsored and supervised activities, on or off school premises.

Coverage may include:

- interscholastic sports, including football, if elected
- summer recreational activities
- travel to and from school and other sites of school-sponsored and supervised activities

#### Interscholastic sports/interscholastic football coverage

Provides benefits for covered injuries sustained during tryouts, pre-season and post-season play, and travel to and from games and/or practice.

### Voluntary coverage

Available to the student body and faculty members and paid for by each covered person.

#### Full-time 24-hour Accident medical coverage

Provides benefits for covered injuries around the clock and throughout the year including weekends, vacations and summers. Each insured person is covered while at home or away, any place and any time.

#### School time accident medical coverage

Provides benefits for covered injuries sustained when school is in session and while covered persons are attending or participating in school-sponsored and supervised activities, on or off school premises.

May include:

- summer recreational activities
- travel to and from school and other sites of school-sponsored and supervised activities

*Interscholastic sports can also be included, with or without football.*

See the chart on the third page regarding benefits for each QBE Student/Athlete Accident Medical Expense Plan.

## Benefits

High-level benefits up to:

- \$1 million Compulsory Accident Medical Expense benefits
- \$250,000 Voluntary Accident Medical Expense benefits
- \$25,000 Total Paralysis benefit
- \$20,000 Accidental Dismemberment benefit
- \$10,000 Accidental Death benefit

## How benefits are paid

### Excess

If you want benefits to be payable for eligible expenses that are in excess of benefits paid to the insured by any other health care plan. If no other health insurance exists, benefits will be payable like primary coverage.

### Primary Excess

If you want benefits to be payable for the first eligible expenses incurred up to the primary dollar amount you select.

Additional eligible expenses will be payable only when they exceed the amounts paid by any other health care plan. If no other health insurance exists, benefits will be payable like primary coverage.

## Plans Include Accidental Death, Dismemberment and Paralysis (Plegia) Benefits

If a covered injury results in any of the losses specified within one year from the date of the accident, we will pay the benefit amounts listed below in addition to the medical expense benefits. If the same accident causes more than one of these losses, we will pay the largest amount that applies.

- Loss of life - \$10,000
- Total Paralysis of upper and lower limbs, both lower limbs, or upper and lower limbs on one side of the body - \$25,000
- Loss of any combination of two: hands, feet or eyesight - \$20,000
- Loss of one hand, one foot, or sight in one eye - \$10,000

Note: Loss of a 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 the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Severance means the complete separation and dismemberment of the part from the body. Paralysis means loss of use, without severance, of a limb. This loss must be determined by a physician to be complete and nonreversible.

## For your peace of mind

You can be sure that your K-12 Accident Insurance will be administered by experts who are:

- Financially sound, established specialists in the student accident and special risk accident insurance business
- Quick to answer inquiries and requests for quotes
- Service oriented and able to issue policies and settle claims efficiently

## Crisis Death benefit

A benefit that pays up to \$10,000 to the parents of any student who is the victim of a fatal knife stabbing or gunshot wound with up to \$100,000 payable for any one incident. Students are covered while on school premises during normal school hours or during a school-supervised and sponsored activity at or away from school. This benefit is paid in addition to the Accidental Death benefit.

The maximum benefit payable is \$100,000. This benefit will be split evenly among all students if more than 10 lives are lost in a covered accident. For purposes of this benefit, normal school hours means a scheduled period of instruction that includes the half hour before the school day begins and the half hour after the school day ends. This coverage is not provided while a student is traveling to and from school or an offsite activity. Benefits also will not be paid if:

- 1) the act of violence is committed by the student's parent or sibling; or
- 2) the student produced or obtained a gun or knife during the incident, whether used in self-defense or not.

These exclusions may vary by state.



## About QBE

QBE North America is part of QBE Insurance Group Limited, one of the world's 20 largest insurance and reinsurance companies. Headquartered in Sydney, Australia, QBE operates out of 43 countries around the globe, with a presence in every key insurance market. The North America division, headquartered in New York, conducts business through its property and casualty insurance subsidiaries. QBE insurance companies are rated "A+" by Standard & Poor's and "A" (Excellent) by A.M. Best - financial-size category (XV).\*

## Four popular K-12 Student/Athlete Accident Medical Expense insurance plans – with no deductibles

	<b>Plan 1 Maximum Benefit</b>	<b>Plan 2 Maximum Benefit</b>	<b>Plan 3 Maximum Benefit</b>	<b>Plan 4 Maximum Benefit</b>
<b>Coverage</b>				
Compulsory	\$10,000 to \$1 million	\$10,000 to \$1 million	\$10,000 to \$1 million	\$10,000 to \$1 million
Voluntary	Not available	Not available	\$250,000	\$250,000
<b>Hospital services</b>				
Daily room & board – semi-private	100% of Usual and Customary expenses	80% of Usual and Customary expenses	Average semi-private up to \$250/day	Average semi-private up to \$75/day
Intensive care room & board	100% of Usual and Customary expenses	80% of Usual and Customary expenses	100% of Usual and Customary expenses, not to exceed \$350/day for 7 days	100% of Usual and Customary expenses, not to exceed \$125/day for 7 days
Miscellaneous services – when hospital confined or when surgery is performed	100% of Usual and Customary expenses	80% of Usual and Customary expenses	100% of Usual and Customary expenses, not to exceed \$2,500	100% of Usual and Customary expenses, not to exceed \$1,000
Emergency room (outpatient)	100% of Usual and Customary expenses	80% of Usual and Customary expenses	100% of Usual and Customary expenses, not to exceed \$200	100% of Usual and Customary expenses, not to exceed \$100
<b>Physician services</b>				
Surgery, including pre- and postoperative care	100% of Usual and Customary expenses	80% of Usual and Customary expenses	100% of Usual and Customary expenses, up to the unit value listed in the 1974 California Relative Value Schedule, multiplied by \$150	100% of Usual and Customary expenses, up to the unit value listed in the 1974 California Relative Value Schedule, multiplied by \$100
Anesthetic (including administration) and assistant surgeon	100% of Usual and Customary expenses	35% of Surgery benefit	30% of Surgery benefit	20% of Surgery benefit
Physician visits other than physiotherapy and similar treatment, when no surgery benefit is paid	100% of Usual and Customary expenses	80% of Usual and Customary expenses	\$40 first visit, \$20 thereafter	\$25 first visit, \$10 thereafter
Consultants (when required by attending physician for confirming or determining a diagnosis, but not for treatment) and second opinions	100% of Usual and Customary expenses	80% of Usual and Customary expenses	100% of Usual and Customary expenses, not to exceed \$100	100% of Usual and Customary expenses, not to exceed \$50
<b>Laboratory &amp; X-ray services</b>				
Including reading and interpretation (Dental X-rays are payable under Dental Services benefits shown below)	100% of Usual and Customary expenses	80% of Usual and Customary expenses	100% of Usual and Customary expenses to maximum of: X-ray-\$300, laboratory-\$150	100% of Usual and Customary expenses to maximum of: X-ray-\$150, laboratory-\$75
<b>Additional services</b>				
Physiotherapy or similar treatment - In hospital - Out of hospital	100% of Usual and Customary expenses	80% of Usual and Customary expenses	- Included in Hospital Misc. - \$30/visit; maximum of five visits	- Included in Hospital Misc. - \$20/visit; maximum of five visits
Registered or Licensed Nurse	100% of Usual and Customary expenses	80% of Usual and Customary expenses	100% of Usual and Customary expenses	100% of Usual and Customary expenses
Ambulance to initial treatment facility	100% of Usual and Customary expenses	80% of Usual and Customary expenses	100% of Usual and Customary expenses	100% of Usual and Customary expenses
Medical equipment rental of crutches or wheelchair; - In hospital - Out of hospital	100% of Usual and Customary expenses	80% of Usual and Customary expenses	- Included in Hospital Misc. - 100% of Usual and Customary expenses, not to exceed \$250	- Included in Hospital Misc. - 100% of Usual and Customary expenses, not to exceed \$50
Prescribed drugs or medicines	100% of Usual and Customary expenses	80% of Usual and Customary expenses	100% of Usual and Customary expenses, not to exceed \$100	100% of Usual and Customary expenses, not to exceed \$25
Eyeglasses, contact lenses, hearing aids replacement, when damaged in conjunction with a covered injury requiring medical treatment	100% of Usual and Customary expenses	80% of Usual and Customary expenses	100% of Usual and Customary expenses, not to exceed \$125	100% of Usual and Customary expenses, not to exceed \$25
<b>Dental services</b>				
Treatment, repair or replacement of injured natural teeth. Includes initial braces when required for treatment of a covered injury, as well as examination, X-rays, restorative treatment endodontics, oral surgery, and treatment for gingivitis resulting from trauma	100% of Usual and Customary expenses	100% of Usual and Customary expenses	100% of Usual and Customary expenses, not to exceed \$250 per tooth	100% of Usual and Customary expenses, not to exceed \$100 per tooth

\* Consider this Optional Extended Dental Treatment benefit, available on all Voluntary Plans. For additional premium, dental benefits may be extended under the overall Medical Expense Maximum to provide payment of eligible expenses to a maximum of \$50,000. This additional coverage provides payment for the Usual and Customary expenses incurred within two years from the date of a covered accident for treatment, repair and replacement of each injured natural tooth, including examination, diagnosis, X-ray, restorative treatment, endodontics and oral surgery, plus for the replacement of caps, crowns, dentures and orthodontic appliances. Limitations apply to treatment deferred until after the two-year benefit period. See the Plan Administrator for details.

All maximums shown are payable per covered person as long as initial treatment is received within 90 days after the date of a covered accident. One- or two-year benefit period available on Compulsory plans; one year benefit period available on Voluntary plans. There is no sickness coverage provided under any of these plans.

### Exclusions and limitations:

Coverage is not provided for any accident which is caused by or results from any of the following:

- intentionally self-inflicted injury, suicide or any attempted threat while sane or insane;
  - commission or attempt to commit a felony or an assault; commission of or active participation in a riot or insurrection;
  - bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding, snowboarding, skateboarding, motorcycle racing or racing rocket-powered, jet propelled or nuclear-powered vehicles;
  - declared or undeclared war or act of war;
  - flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
  - travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle; participation in any motorized race or contest of speed;
  - an accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the covered person holds a valid learner's permit and the covered person is participating in a drivers' education program;
  - 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;
  - travel or activity outside the United States, unless advance written approval is provided;
  - the covered person being legally intoxicated as determined according to the laws of the jurisdiction in which the covered accident occurred;
  - voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
  - injuries compensable under Workers' Compensation law or any similar law;
  - an accident which occurs while the covered person is driving a private passenger automobile while intoxicated.
- Benefits will not be paid for any hospital stay that is not considered appropriate treatment for the condition and locality.
- Overnight Supervised and Sponsored Activities with duration of more than 7 days and related travel are not covered, unless agreed to in writing by the Company.
- In addition, benefits will not be paid for services or treatment rendered by any person who is employed or retained by the policyholder or living in the covered person's household or provided by a parent, sibling, spouse or child of either the covered person or the covered person's spouse.
- The Accidental Death and Dismemberment aggregate limit, only applicable to the Compulsory Plan, is \$500,000.

### Accident Medical Benefit limitations and excluded expenses:

- cosmetic surgery, except for reconstructive surgery needed as the result of a covered injury;
- any elective or routine treatment, surgery, health treatment, or examination;
- blood, blood plasma, or blood storage, except expenses by a hospital for processing or administration of blood;
- examination or prescription for initial eyeglasses, contact lenses or hearing aids;
- treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
- services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
- rest cures or custodial care;
- repair or replacement of existing dentures, partial dentures, braces or bridgework;
- personal services such as television and telephone or transportation;
- expenses payable by any automobile insurance policy without regard to fault;
- services or treatment provided by an infirmary operated by the policyholder;
- treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), that are a normal, foreseeable result of participation in the covered activity;
- treatment or service provided by a private duty nurse;
- treatment of hernia of any kind;
- treatment of injury resulting from a condition that a covered person knew existed on the date of the accident, unless he received a written medical release from his physician.

Any covered expenses payable under the Accident Medical Expense benefit will be reduced by 50 percent if the covered person has HMO or PPO coverage and elects not to use that coverage.

### Terms of Coverage

Benefits are payable for injuries which result directly and independently of all other causes from a covered accident, while coverage is in effect, up to the plan maximum.

**Eligibility** – All day students who attend kindergarten, elementary, junior or senior high school (public or private) are eligible for this coverage. Boarding students may purchase the 24-hour coverage. Faculty, administrative personnel and all other school employees are eligible for voluntary coverage.

**Effective Date** – Coverage becomes effective on the date requested provided the premium and the application are received and accepted by QBE Insurance Corporation.

Compulsory coverage is paid for by the policyholder. 100% participation is required on compulsory plans.

### General Definitions

**Covered Accident** - means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the covered person is insured under this Policy;
2. is not contributed to by disease, sickness, or mental or bodily infirmity; and
3. is not otherwise excluded under the terms of this Policy.

**Health Care Plan** – Any contract, policy, or other arrangement, whether individually purchased or incidental to employment or membership in an association or other group, which provides benefits or services for health care, dental care, disability benefits or repatriation of remains. A Health Care Plan includes group, blanket, franchise, family or individual policies; subscriber contracts; uninsured agreements or arrangements; coverage provided through Health Maintenance Organizations, Preferred Provider Organizations and other prepayment, group practice and individual practice plans; medical benefits under automobile "fault" and "no-fault"-type contracts; medical benefits provided by any governmental plan or coverage or other benefit law, except a state-sponsored Medicaid plan; or a plan or law providing benefits only in excess of any private or non-governmental plan; other valid and collectible medical or health care benefits or services.

**School Travel** – Transportation to or from a supervised and sponsored activity on a school bus or private passenger automobile driven by a member of the faculty or staff of the school, a parent of the covered person, or other adult with a valid driver's license.

**Usual and Customary** – All benefit payments will be based on the normal charge, in the absence of insurance, made by the provider of a necessary supply or service, but not more than the prevailing charge in the area for like services by a provider with similar training or experience; or for a supply that is identical or substantially equivalent. Where appropriate, Usual and Customary Charge will be based on a relative value schedule appropriate to the area and type of service provided.

This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by QBE Insurance Corporation. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth on policy form, BAM-03-1000 et seq. Any policy QBE offers to issue will be subject to the laws of the jurisdiction in which it is issued. QBE may (1) not be able to offer this coverage in all states and (2) elect at its sole discretion not to offer or quote any specific benefit amount or risk. Please contact your agent or local administrator for the availability of coverage in your state.

\* For ratings guidelines and the latest information, access [ambest.com](http://ambest.com) and [standardandpoors.com](http://standardandpoors.com)



# Student Accident Quote Request Form

Today's Date:

Requested Effective Date:

## Policyholder Contact Information

School/School District

Street Address

City

State

Zip Code

Contact Name

Title

Telephone

Email

Website

## School / District Information

Check One:

Public School

Private School

Charter School

Coverage Requested:

School/District Paid

Voluntary/Parent Paid

Catastrophic Coverage

Covered Activities: (Check all that apply.)

School-Time

All Sports

All Sports, except Football

Football Only

Other (Please explain.)

## Benefits Requested

Accident Medical Expense Benefit Maximum:

\$25,000

Other

Deductible:

\$0

\$100

\$250

\$500

Other

Accidental Death & Dismemberment (AD&D) Benefit Maximum:

\$10,000

\$15,000

\$25,000

Other

## Prior Coverage

Is there a Student and/or Sports Accident policy currently in-force?

Yes

No

If yes, please fill in:

Effective Date

Current Premium:

\$

Insurance Company

Please also provide the following information on your current plan:

- Premium paid for each of the last 4 years
- Insurance company or TPA produced Paid Claim Reports for the current and last 4 years, with a paid thru date within the last 60 days
- Explanation of any coverage changes during the last 4 years (for example, deductible changes)
- Copy of in-force policy

**Student Enrollment**

Total number of Students to be covered:

Pre-K                      Elementary School                      Middle School                      High School                      Total

Total number of Athletes to be covered:

Middle School                      High School                      Total

Please attach a list of the Schools within the District.

**Acknowledgement and Signature**

To the best of my knowledge and belief, all information, statements, and answers provided above are true and complete.

Signed for the proposed policyholder

Name

X

Title

Email

Phone Number

**Agent/Broker Information**

Agency Name

Street Address

City

State

Zip Code

Agent Name

Telephone

Email