

# Bene-Marc, Inc

## Student Accident Insurance Proposal

Dear Parents,

One of the biggest worries for parents is wondering if their child will be involved in an accident. Injuries can happen anywhere, at any time. Because of this concern, voluntary Accident Only Insurance coverage is being offered by the School District and is available for all school-age children, grades K-12. The premiums are annual, which means you pay once. All coverage is effective when payment is received.

### Student Accident Insurance Plan

COVERAGE PROVIDED	COVERAGE AMOUNTS AVAILABLE WITH THE PLAN
Maximum Medical Benefit	\$25,000
Senior High School Football (Voluntary Plan Only)	\$25,000
Dental Injury Extension (Voluntary Plan Only)	\$25,000
Motor Vehicle Injuries	\$5,000
Death Benefit	\$5,000
Dismemberment Benefit (Single/Double)	\$10,000/\$20,000
Physician's Office visit treatment (Other than a Surgeon)	\$10 per visit/\$100 maximum
Surgeon Expenses Refer to attached Surgical Schedule for examples Only one surgery covered per incision	Paid in Accordance with surgical schedule \$80 Per-Point Value to \$800 Maximum
Anesthesiologist Expenses (Only if Surgeon is Paid)	25% of Surgery Benefit Paid
Assistant Surgeon (Only if Surgeon is Paid)	25% of Surgery Benefit Paid
Hospital/ICU Room & Board(Both paid as Hospital Semi-Private Room)	\$200 per day
Hospital Inpatient Miscellaneous Expense (Including Radiology and Diagnostic imaging as provided below)	\$250 1 <sup>st</sup> day \$100 per day thereafter \$2,000 Maximum
Hospital Outpatient Emergency Room Physician	\$30 Maximum
Outpatient Hospital Care and Service treatment at a hospital emergency room or outpatient department, including lab, in addition to benefits for Physician's treatment and radiology and diagnostic imaging as provided	\$60 Maximum
Hospital Outpatient Surgical Facility (other than ER)	\$500 Maximum
X-Rays – Outpatient including Interpretation	\$60 Maximum
Diagnostic Imaging – Outpatient (CT/MRI, including interpretation)	\$200 Maximum
Registered Nurse's Services (does not include anesthesiology)	\$100 Maximum
Dental Treatment (Injury to sound, natural teeth only)	\$50 Maximum per tooth
Professional Ambulance – Ground Transport Only (one trip per injury from accident scene to hospital)	Usual & Customary \$80 Maximum
Orthopedic Appliances/Durable Medical Equipment (when ordered by Attending physician)	\$100 Maximum
Outpatient Prescription Drugs	\$25 Maximum
Replacement of Eye Glasses, Contact Lenses& Hearing Aids (only when medical treatment is also required for a covered injury)	\$50 Maximum
Chiropractic Treatment by licensed physician or therapist for covered losses only (Inpatient & Outpatient)	\$20 per visit \$100 Maximum
Physical Therapy for covered Losses only (Inpatient & Outpatient)	\$100 Maximum

The Plan provides benefits for medical expenses as the result of a covered accident, up to a limited amount. This plan can help offset personal insurance deductibles, co-insurance and provide some coverage to those without major medical insurance. To enroll your student, please go to [www.bene-marc.com](http://www.bene-marc.com) or call Bene-Marc, Inc. at 800-247-1734 for an application. You can also enroll by picking up a brochure at your school's office.

### Pricing

**School Time: \$40**

**Optional Football Coverage: \$230.00**

**24 Hour: \$125**

Football Coverage only covers School District Sanctioned UIL Practice and Play Grades 7 - 12

(School Time & 24 Hour Coverage are not included)

### Exclusions

The Benefits under this policy are subject to the following exclusions. Other exclusions also apply. For a complete list of the exclusions please refer to the insurance policy.

#### BENEFITS ARE NOT PAYABLE FOR:

- Injuries which are not caused by an accident;
  - Treatment or loss resulting from hernia in any form, however caused and regardless of anatomical location;
  - Illness or Disease in any form, including blisters, insect bites, or frostbite;
  - Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, vegetation poisoning, ptomaine poisoning, bacterial or viral infection, regardless of how contracted. This does not include bacterial;
  - Infection that is the natural and foreseeable result of an accidental external bodily injury or other accident;
  - Food poisoning;
  - Injuries sustained as the result of operating, riding in or upon, or alighting from a two-, three or four wheeled vehicle, snowmobile, jet ski or any vehicle not designed primarily for use on public streets or highways;
  - Complications of a condition due to accidental injury which existed prior to the accident or the effective date of coverage;
  - Injuries sustained as the result of participating in or while practicing for Grades 7, 8, 9, 10, 11, 12 interscholastic tackle football including travel to or from such activities; unless premium is paid for such coverage;
  - Injuries sustained while fighting or brawling or caused by war or any act of war or while participating in a riot or civil commotion;
  - Treatment administered by a family member or by any person employed or retained by the School;
  - Injuries received while in the armed service (upon notice of entry into an armed service the pro-rata premium will be returned);
  - Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline;
  - Injuries received while acting as a pilot or crew member;
  - Suicide, attempted suicide or intentionally self-inflicted injury or any attempt thereat;
  - Injuries sustained while violating or attempting to violate the law or while being engaged in an illegal occupation;
  - Loss in consequence of being under the influence of any drugs or narcotic unless given by a doctor;
  - Injuries sustained while intoxicated; (In Indiana, unless administered on the advice of a physician)
  - Injuries sustained while engaging inactivity for monetary gain from sources other than school;
  - Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain;
  - Nuclear Reaction or Radiation;
  - Loss covered by Workers' Compensation or Employer's Liability or Law, Occupational disease Law or for which similar occupational benefits are available.
  - Any services or treatment provided by a self-funded, non-licensed, non-regulated or ERISA plan; or
  - Any treatment or loss resulting from Perthes' Disease, Osgood-Schlatter's Disease, osteomyelitis, osteochondritis.
- NOTE: To keep premiums as low as possible, this policy is excess over any other coverage for which the Insured Student may be eligible. However, if the claim is \$100 or less, the policy will pay the claim regardless of other insurance or plans, provided no duplication of benefits is made.

#### HOW TO FILE A CLAIM

You must provide written notice of claim within 60 days of the date of the covered loss. If notice cannot be given within that time it must be given as soon as possible. The notice should include the claimant's name and the name of the school. In the event of an accident, please report it as soon as possible to the Principal's Office, regardless of whether or not you are filing a claim under your personal insurance. Please submit claims under the student accident insurance policy to; Fringe Benefit Coordinators, Inc., 1239 NW 10th Ave, Gainesville FL 32601. A copy of the bills and expenses incurred should be attached to a claim form (available at school) and forwarded promptly, when available.

#### TERMINATION:

Termination : Coverage of each Insured Person ceases on the first to occur of:  
 (a) the date the Policy terminates; or  
 (b) the date he or she ceases to qualify as an Insured Person.  
 Termination shall be without prejudice to any claim for loss due to an accident that occurs before the termination date.

**This program is underwritten by Hartford Life and Accident Company**

**Bene-Marc Texas License #12743  
 John E. Wilson Lic. # 926666  
 Policy Form No.: SRP-1393**