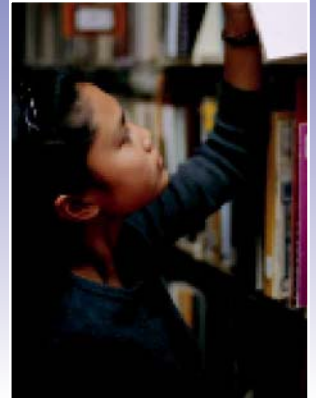


# K-12 Accident Insurance



## K-12 Accident Program

From the blackboard to the ball field, Markel Insurance company offers a broad range of accident products for K-12 schools. We offer our clients:

**Program Flexibility:** We don't believe that "one size fits all". Each school is unique, and we design programs to deliver the right coverage for your school.

**Total Program Management:** From coverage consultations to claims administration, we work together to oversee your student accident program.

## Program Highlights

**Eligibility:** All registered students of the insured school for whom premium has been paid. Coverage is considered Excess for all enrollment.



**School Time Coverage:** The school time plan provides coverage while an insured student is 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. One-Day field trips and Religious Education classes are also included. All high school inter-scholastic football activities are excluded unless the applicable additional premium is paid.

**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. All high school interscholastic football activities are excluded unless the applicable additional premium is paid.

**High School Interscholastic Football:** Coverage is provided during play, practice or travel in connection with interscholastic football in which 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade students participate. This coverage is included if provided for in the enrollment form and additional premium is paid.

**Field Trip Coverage:** Covers all students while attending school sponsored and supervised non-athletic one day field trips up to the Economy level benefits as shown on the schedule, even if the student has not purchased the voluntary insurance. Additional reporting and premium is required for non-athletic overnight field trip coverage.



<b>Benefit</b>	<b>Texas Economy Plan</b>	<b>Texas Basic Plan</b>	<b>Texas Deluxe Plan</b>
<b>Plan Maximum</b>	\$25,000	\$25,000	\$25,000
<b>Hospital Room and Board</b>	\$150 per day	\$200 per day	\$300 per day
<b>R&amp;B - Intensive Care</b>	\$150 per day	\$200 per day	\$300 per day
<b>Hospital Miscellaneous</b>	\$300 day 1, \$200 day 2, then \$100 per day to \$2,000 maximum	\$400 day 1, \$300 day 2, then \$200 per day to \$3,000 maximum	\$500 day 1, \$400 day 2, then \$300 per day to \$5,000 maximum
<b>Licensed Nurse</b>	\$70 per day	Usual and Customary	Usual and Customary
<b>Outpatient Emergency Room</b>	\$50	70% U&C to \$500	70% U&C to \$1,000
<b>Outpatient X-ray</b>	\$25	\$50	\$100
<b>Outpatient CT Scan/MRI</b>	\$250	\$250	\$250
<b>Ambulance</b>	\$100	\$150	\$200
<b>Surgery - 80th percentile</b>	50% U&C to \$1,000	50% U&C up to \$1,250	75% U&C to \$1,500
<b>Anesthetist/Assistant Surgeon</b>	\$200	\$250	\$300
<b>Outpatient Physician</b>	\$20	\$25	\$30
<b>Outpatient Day Surgery</b>	Included in Hosp. Misc.	Included in Hosp. Misc.	Included in Hosp. Misc.
<b>Outpatient Physical Therapy</b>	\$10 per visit, 5 visit max	\$25 per visit, 5 visit max	\$30 per visit, 5 visit max.
<b>Outpatient Durable Medical Equipment</b>	\$50	\$100	\$150
<b>Dental Injury</b>	\$150 per tooth; \$600 maximum	\$200 per tooth	\$300 per tooth
<b>Outpatient Prescription Drugs</b>	\$25	\$25	\$25
<b>Motor Vehicle Limit</b>	\$1,000	\$1,000	\$2,000
<b>Accidental Death</b>	\$5,000	\$5,000	\$5,000
<b>Accidental Dismemberment</b>	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000

## Accidental Death, Dismemberment, and Loss of Sight Benefit

The Accident must take place while the covered student is insured under the policy. Also, the loss must take place within 52 weeks after the Accident.

Life .....	\$5,000
Loss of one hand, one foot or the sight of one eye .....	\$5,000
Loss of any combination of two (2) or more of the following: hand, foot, eyesight .....	\$10,000

"Loss" means with regards to hands and feet, actual severance above the wrist or ankle joint; with regard to sight, the entire and irrecoverable loss thereof. Payment will be made for only one of the above losses (the largest) which results from any one Accident.

## Definitions

**Accident:** A sudden, unexpected and unintended event, which is identifiable and caused solely by an external physical force resulting in Injury to an Insured Person. Accident does not include a Loss due to or contributed to by disease or sickness.

**Injury:** Bodily harm caused solely by an Accident which occurs while this Policy is in force and is the sole cause of the Loss.

**Expense:** The Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

**Usual and Customary Expense:** An Expense which (a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured Person'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.

**Excess Coverage:** Insurance as is afforded by this policy is payable only in excess of any expenses payable by other valid and collectible insurance. In the absence of other valid and collectible insurance, it is our intention that expenses incurred in connection with any covered injury shall be fully payable subject to the terms, conditions and limitations of the policy.

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### Underwritten by:

**Markel Insurance Company 800-431-1270**  
P.O. Box 3870, Glen Allen, VA 23058-3870  
[www.markelmedical.com](http://www.markelmedical.com)

### Claims Administered by HSR

HSR Plaza II, 4100 Medical Parkway; Carrollton, TX 75007  
Phone 888-765-7223

## Student Accident Medical Exclusions

The Policy does not cover Loss nor provide benefits for:

- Expense for treatment on or to the teeth, except for treatment resulting from Injury to Sound Natural Teeth;
  - Services normally provided without charge by You or Your employees;
  - Eyeglasses, contact lenses, hearing aids, and examinations 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 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 pyogenic 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 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade students participate, unless the applicable additional premium is paid;
  - Motor vehicle accidents covered by medical benefits coverage in automobile "no fault" and traditional automobile "fault" type contracts.
  - Blisters, insect bites, frostbite, vegetation and food poisoning.
- Any provision of this plan which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

**Sickness benefits are not covered under this policy.**