

2014 – 2015 EXCESS STUDENT ACCIDENT INSURANCE COVERAGE

Notice: This document is for marketing purposes only. This is not a policy; please ask for a policy to verify coverage. Actual terms and conditions of coverage will vary by state. Also, the student accident medical insurance program does not provide coverage for sickness.

OPTIONAL SCHOOL TIME ACCIDENT COVERAGE - Insurance coverage is provided for covered Injuries incurred 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. Includes participation in: Interscholastic Sports, excluding Senior High (participating with grades 10-12) interscholastic tackle football; Summer Recreation Activities sponsored by the school; One-Day School Field Trips (no Overnight) and School Sponsored Religious Activities. Coverage is provided for traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from their home premises and the school or the site of a covered activity.
Annual Premium: Gold - \$31.00 Silver - \$20.00 Bronze - \$10.00

OPTIONAL 24-HOUR ACCIDENT COVERAGE - Insurance coverage is provided around the clock, 24 hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are covered while at Home or away, any place, any time, anywhere subject to exclusions. Coverage is provided for participation in Interscholastic Sports, excluding Senior High (participating with grades 10-12) interscholastic tackle football.
Annual Premium: Gold - \$125.00 Silver - \$81.00 Bronze - \$41.00

OPTIONAL FOOTBALL COVERAGE - Covers Accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is covered when going directly and uninterrupted to or from such practice or competition as part of a group in transportation furnished or arranged by the Policyholder. Refer to benefits and limitations described inside this brochure. Optional Football Coverage begins on the date of premium receipt and ends on the last day of practice or competition. Ninth Graders who play with 9th graders ONLY are not charged extra for football coverage. Their Optional School-Time or Optional 24-Hour Accident Coverage will apply if purchased. **Annual Premium: Gold - \$163.00 Silver - \$106.00 Bronze - \$53.00**
Spring/Summer Weight and Conditioning Training Only Rates Gold - \$ 57.00 Silver - \$ 44.00 Bronze - \$27.00

(for new players who participate in spring training and not already insured under Optional Football Coverage)

OPTIONAL 24-HOUR DENTAL COVERAGE (Can be purchased separately or with other coverage) – Insurance coverage is in effect 24 hours a day. Injury must be treated within 60 days after the Accident occurs. Benefits are payable within 12 months after the date of Injury. The maximum eligible expenses payable per covered Injury is \$25,000. In addition, when the dentist certifies that treatment must be deferred until after the Benefit Period, deferred benefits will be paid to a maximum of \$1,000. The Student must be treated by a legally qualified dentist who is not a member of the student's Immediate Family for Injury to teeth. Coverage is limited to treatment of sound, natural teeth. **Annual Premium: \$7.00**

COVERAGE PERIOD – Coverage under the Optional School-Time Accident Coverage and the Optional 24-Hour Accident Coverage starts on the date of premium receipt but not before the start of the school year. Optional School-Time Accident Coverage ends at the close of the regular nine-month school term, except while the student is attending academic classroom sessions exclusively sponsored and solely supervised by the School during the summer. Optional 24-Hour Accident and Dental Coverage ends when school reopens for the following school year. Coverage is available under the plan throughout the school year at the premiums quoted (**no pro rata premiums available**)

SCHEDULE OF BENEFITS			
Coverage for Injuries due to Accident only			
Maximum Benefit:	Plan 4 (Gold)	Plan 4 (Silver)	Plan 4 (Bronze)
School-Time Option	\$100,000	\$75,000	\$50,000
24-Hour Option	\$100,000	\$75,000	\$50,000
Football Option	\$100,000	\$75,000	\$50,000
Injuries Involving Motor Vehicles	\$ 10,000	\$10,000	\$10,000
Death Benefit/Double Dismemberment	\$ 10,000	\$10,000	\$10,000
Single Dismemberment	\$ 5,000	\$ 5,000	\$ 5,000
Loss Period	Treatment must begin within 60 days from the date of Injury		
Benefit Period	1 Year	1 Year	1 Year
Coverage	Full Excess	Full Excess	Full Excess
Hospital/Facility Services - Inpatient			
Hospital Room and Board (Semi-Private Room Rate)	100% RE*	100% RE*	80% RE* / \$200 Maximum**
Hospital Intensive Care	100% RE*	100% RE*	80% RE* / \$200 Maximum**
Inpatient Hospital Miscellaneous	\$1,000 1 st day/ \$500 each thereafter / \$10,000 Maximum	\$750 1 st day/ \$375 each thereafter / \$7,500 Maximum	\$500 1 st day/ \$250 each thereafter / \$5,000 Maximum
Hospital/Facility Services - Outpatient			
Outpatient Hospital Miscellaneous (Except physician services and x-rays paid as below)	\$750 Maximum	80% to \$500 Maximum	\$250 Maximum
Free-standing Ambulatory Surgical Facility	\$2,000 Maximum	80% to \$1,000 Maximum	\$500 Maximum
Hospital Emergency Room Physician	\$75 Maximum	\$50 Maximum	\$25 Maximum
Hospital Emergency Room	\$500 Maximum	80% to \$350 Maximum	80% to \$150 Maximum
Physician's Services			
Surgical	80% RE* to \$3,000 Maximum	80% RE* to \$2,000 Maximum	80% RE* to \$1,000 Maximum
Assistant Surgeon	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits
Anesthesiologist	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits
Physician's Non-surgical Treatment (Except as below)	\$60/Visit	\$40/Visit / \$500 Maximum	\$25/Visit
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	\$75/Visit / 5 Visits Maximum	\$40/Visit / 5 Visits Maximum	\$25/Visit / 5 Visits Maximum
Other Services			
Registered Nurses' Services	100% RE*	100% RE*	80% RE*
Prescriptions - outpatient	100% RE*	100% RE*	80% RE*
X-rays, includes interpretation - outpatient	\$300 Maximum	\$250 Maximum	\$200 Maximum
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation - outpatient	\$1,000 Maximum	\$750 Maximum	\$300 Maximum
Ground Ambulance	\$500 Maximum	\$400 Maximum	\$200 Maximum
Air Ambulance	\$1,500 Maximum	\$1,000 Maximum	\$400 Maximum
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	\$500 Maximum	\$300 Maximum	\$150 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$700 Maximum	\$500 Maximum	\$150 Maximum
Dental Treatment to sound, natural teeth due to covered injury	\$600/Tooth	\$400/Tooth	\$200/Tooth
*RE means Reasonable Expense **Per Day			981425 06/27/14
140-50 (FB)			

2014 – 2015 ENROLLMENT (please print or type)

Student's Last Name _____ Student's First Name _____ Student's Middle Initial _____ Grade _____
 Address _____ City _____ State _____ Zip _____
 Telephone Number _____ Birthdate _____
 School System _____ Name of School _____

Check your selection:
 Plan 4 (Gold) School-Time \$31.00 24-Hour Accident \$125.00 Football \$163.00 24-Hour Dental \$7.00
 Plan 4 (Silver) School-Time \$20.00 24-Hour Accident \$ 81.00 Football \$106.00 24-Hour Dental \$7.00
 Plan 4 (Bronze) School-Time \$10.00 24-Hour Accident \$ 41.00 Football \$ 53.00 24-Hour Dental \$7.00
 Spring/Summer Weight and Conditioning Training Only Rates Gold - \$ 57.00 Silver - \$ 44.00 Bronze - \$27.00

Please make check payable to Sentry Life Insurance Company

Signature of Parent or Guardian _____ Date _____ Total Enclosed: _____ 1066

EXCESS COVERAGE PROVISION Benefits will be paid only for such expense that is not recoverable from any Other Plan. We will determine the Amount of benefits provided by Other Plans without reference to any Coordination of Benefits, non-duplication of benefits, or similar provisions. The Amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. The Student Accident plan is secondary to all other policies. This provision will not apply if the total Reasonable Expenses incurred for Hospital and Professional Services are less than the amount stated in the Schedule of Benefits under Excess Coverage Applicability.

MEDICAL BENEFITS When a covered Injury to a student results in treatment by a legally qualified Physician or surgeon (other than a member of the immediate family or person retained by the school) or is Hospital confined, and treatment begins within 60 days from the date of Injury, the Company will pay benefit as shown in the Schedule of Benefits, subject to the full Excess Coverage Provision above. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the Accident are covered. Benefits for any one Accident shall not exceed in the aggregate the maximum stated in the Medical Benefit plan purchased. Expenses incurred after one year from the date of Injury are not covered, even though the service is a continuing one, or one that is necessarily delayed beyond one year from the date of Injury.

ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT When a covered Injury results in any of the Losses to the student, We will pay the benefit stated in the Schedule of Benefits. The Loss must be sustained within 365 days from date of Injury. The Maximum Benefit payable under this provision is stated in the Schedule of Benefits: 1) Life; 2) Both Hands or Both Feet or the Sight of Both Eyes; 3) One Hand and One Foot; 4) One Hand and the Sight of One Eye; or 5) One Foot and the Sight of One Eye.

Half of the Double Dismemberment benefit, in the schedule will be paid for the Loss of One Hand, One Foot or the Sight of one eye.

Loss of hand or foot means the actual and complete severance through or above the wrist or ankle. Loss of sight means irrecoverable loss of sight. These Losses will be considered total and irrecoverable if such loss cannot be restored or corrected by medical or surgical treatment. If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount We will pay is the Maximum Benefit.

DEFINITIONS **Injury** means bodily injury caused by an accident. Injury does not include conditions that are related to or caused by hereditary, functional or structural disease or disorder. The Injury must occur while the Policy is in force and while the Insured is covered under the Policy. The Injury must be sustained as stated on the face page of the Policy, except where specifically stated otherwise in the Policy. **Accident** means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Insured is covered under the Policy. **Reasonable Expense** means the usual, reasonable and customary fee or charge for the services rendered and the supplies furnished in the area where and at the time such services are rendered or supplies furnished, as determined by Us. Such services and supplies must be recommended and approved by a Physician. The Policy may base its determination of Reasonable Expense on the 80th percentile of charges under the prevailing healthcare charge system.

EXCLUSIONS No Benefits are payable for Hospital and Professional Services for the following:

1. Injuries which are not caused by an Accident; 2. Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis; 3. Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three-, or four-wheeled recreational motor vehicle or snowmobile; 4. Re-Injury or complications of a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 6 month period preceding the Policy Effective Date; 5. Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the Football and/or Sports Coverage provision has been paid; 6. Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; 7. Treatment performed by a member of the Insured's Immediate Family or by a person retained by the School; 8. Injury caused by war or acts of war; suicide or intentionally self-inflicted Injury, while sane or insane (in Missouri while sane); violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered by or on the advise of a Physician; 9. Medical expenses for which the Insured is entitled to benefits under any (a) Workers' Compensation act; or (b) mandatory no-fault automobile insurance contract; or similar legislation; 10. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.

RETAIN THIS DESCRIPTION FOR YOUR RECORDS

This is not a Policy, rather a brief description of the benefits provided under the master policy issued to the school. Please refer to the master policy for further details. If there is any conflict between this brochure and the Policy, the Policy will prevail. **IMPORTANT NOTICE –The Policy does not provide coverage for Sickness. This brochure has been designed to illustrate the highlights of this insurance. The benefits stated may vary by state and are subject to the Policy provisions underwritten by Sentry Life Insurance Company.**

HOW TO FILE A CLAIM

- 1) Obtain claim form from your school office or the marketing agent and answer all questions in detail (including all signatures on the front and back of the form). A claim form needs to be completed for each accident. 2) If you have other insurance, submit your claim to your other insurer. When you receive the **EXPLANATION OF BENEFITS NOTICE FROM YOUR PRIMARY CARRIER**, send it to us along with the corresponding **ITEMIZED BILLS** with diagnosis along with this fully completed claim form. **KEEP COPIES OF ALL CLAIM FORMS, BILLS AND CORRESPONDENCE FOR YOUR OWN RECORDS UNTIL YOUR CLAIM HAS BEEN PROCESSED.** 3) If you already paid the bill, include a paid receipt or a copy of your cancelled check. Otherwise payment will be made to the providers of service (Hospital, Physician or Others), unless a paid receipt statement accompanies the bill at the time the claim is submitted. 4) Mail all correspondence to Sentry Life Insurance Company, Policy Benefits, P.O. Box 8025, Stevens Point, WI 54481. The claim form must be sent within 90 days of the date you first received medical care. Any bills not filed with the claim form should be sent, within 90 days of the date you received medical care, to the Company identified with student's name, school district and date of Accident. 5) If you change your address, please notify Sentry Life Insurance Company by calling 1-800-426-7234 so that there is no delay in processing any claims. Please contact Sentry Life Insurance Company by calling 1-800-426-7234 if you would like to check the status of your claim or if you have any questions on how your claim was processed or the benefit paid.

UNDERWRITTEN BY:



1800 North Point Drive, Stevens Point, WI 54481

Individual life insurance, group and individual annuities and group products are issued and administered by Sentry Life Insurance Company, Stevens Point, WI. Policies, coverages, benefits and discounts are not available in New York and in select other states. See policy for complete coverage details. The information contained in this fact sheet is for illustrative purposes only and is not an indication of future composition or performance.

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MARKETING AGENT:

Marsh & McLennan Agency, LLC
7225 Northland Drive North, Suite 300
Minneapolis, MN 55428
(763) 746-8000

To apply for coverage, please enroll on-line with a credit card at www.k12specialmarkets.com or cut along the dotted line, complete the form and mail it, along with your check or money order, to the Please Return To: address shown below.

Please Return To: K12Special Markets Plan Administrators
1265 Main Street, Suite 202
Stevens Point, WI 54481