



**STUDENT  
INSURANCE**

A VENBROOK COMPANY

**K-12**

**2024-2025**

**VOLUNTARY**

**STUDENT/ATHLETE  
ACCIDENT INSURANCE**



## Student Insurance 2024 - 2025 Voluntary Only Rates

### Rates Including All Sports Except Senior High Football

	High	Medium	Low
Optional School-Time with Sports except SH Football	\$43.00	\$28.00	\$14.00
Optional 24-Hour with Sports except SH Football	\$210.00	\$105.00	\$82.00
Optional Senior High Football (Fall/Spring)	\$215.00	\$115.00	\$85.00
Optional 24-Hour Dental	\$8.00	\$8.00	\$8.00

School Time Effective: Date of First School Year Activity

24 Hour Effective: Date of First School Year Activity

Football Effective: Date of First Day of Football

24 Hour Dental Effective: Date of First School Year Activity

School Time Termination: Date of Last Day of School

24 Hour Termination: 1st Day of the Following School Year

Football Termination: Date of Last Day of Football

24 Hour Dental Termination: 1<sup>st</sup> Day of the Following School Year

### Included Additional Mandatory Coverages

One-Day Field Trips (\$5,000 Maximum)

Religious Education (\$5,000 Maximum)

Counseling Benefit (\$10,000 Maximum)

### IMPORTANT NOTICE – THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

This proposal has been designed to illustrate the highlights of this insurance and it does not include all coverage details. All information in this proposal is subject to the provisions of Policy Form COL-11, underwritten by Gerber Life Insurance Company. If there is any conflict between this proposal and the Policy, the Policy will prevail.

PLAN	High	Medium	Low
Optional School-Time with Sports except SH Football	\$ 43.00	\$ 28.00	\$ 14.00
Optional 24-Hour with Sports except SH Football	\$ 210.00	\$ 105.00	\$ 82.00
Optional Senior High Football (Fall/Spring)	\$ 215.00	\$ 115.00	\$ 85.00
Optional 24-Hour Dental	\$ 8.00	\$ 8.00	\$ 8.00
Maximum Benefit	High	Medium	Low
Optional School-Time Coverage	\$100,000	\$50,000	\$25,000
Optional 24-Hour Coverage	\$100,000	\$50,000	\$25,000
Optional 24-Hour Coverage (Extension)	\$100,000	\$50,000	\$25,000
Optional Interscholastic Football Coverage	\$100,000	\$50,000	\$25,000
Deductible	\$0	\$0	\$0
Injuries Involving Motor Vehicles	\$10,000	\$10,000	\$10,000
Death Benefit	\$20,000	\$20,000	\$10,000
Single Dismemberment Benefit	\$10,000	\$10,000	\$5,000
Double Dismemberment Benefit	\$20,000	\$20,000	\$10,000
<b>Loss Period</b> (Treatment must begin within ___ days of Injury)	60	60	60
<b>Benefit Period</b>	One Year	One Year	One Year
Coverage	Full Excess	Full Excess	Full Excess
Hospital/Facility Services			
Inpatient			
Hospital Room and Board (Semi Private Room)	80% RE	75% RE	65% RE
Inpatient Hospital Miscellaneous	80% RE	75% RE	65% RE
Outpatient			
Free-standing Ambulatory Surgical Facility	80% RE up to \$1,500 Maximum	75% RE up to \$800 Maximum	65% RE up to \$500 Maximum
Outpatient Hospital Miscellaneous-(except physician services and x-rays paid as below)	80% RE up to \$1,500 Maximum	75% RE up to \$800 Maximum	65% RE up to \$500 Maximum
Hospital Emergency Room	80% RE up to \$1,500 Maximum	75% RE up to \$800 Maximum	65% RE up to \$500 Maximum
Physician's Services			
Surgical	80% RE	75% RE	65% RE
Assistant Surgeon	25% of Surg. Benefits	25% of Surg. Benefits	25% of Surg. Benefits
Anesthesiologist	25% of Surg. Benefits	25% of Surg. Benefits	25% of Surg. Benefits
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	80% RE up to \$40/Visit/8 Visit Maximum	75% RE up to \$30/Visit/7 Visit Maximum	65% RE up to \$25/Visit/5 Visit Maximum
Physician's Non-surgical Treatment (Except as above)	80% RE	75% RE	65% RE
Other Services			
Registered Nurses' Services	80% RE	75% RE	65% RE
Prescriptions - outpatient	80% RE	75% RE	65% RE
Laboratory Tests Outpatient	80% RE	75% RE	65% RE
X-rays, includes interpretation - outpatient	80% RE	75% RE	65% RE
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation	80% RE	75% RE	65% RE
Ground Ambulance	80% RE	75% RE	65% RE
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	80% RE	75% RE	65% RE
Dental Treatment to sound, natural teeth due to covered injury.	80% RE up to \$1,500 Maximum	75% RE up to \$800 Maximum	65% RE up to \$500 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$700 Maximum	\$500 Maximum	\$150 Maximum

## STUDENT ACCIDENT MEDICAL INSURANCE

Educators and administrators are looking for an accident medical insurance program their school(s) need and students deserve. The Student Accident insurance program underwritten by Gerber Life Insurance Company (the Company) is such a plan. A.M. Best rates Gerber Life "A" (Excellent) for financial condition. A.M. Best's "A" (Excellent) rating is the third highest of 13 active company ratings. For the latest information on ratings, please visit [www.ambest.com](http://www.ambest.com).

### OPTIONAL COVERAGE\*\* WHO IS COVERED AND WHEN

**Eligibility:** All enrolled students of the school, Pre-K through 12<sup>th</sup> grade, if premium is paid for.

\*\*Under "Optional Coverage" all students must be given the opportunity to enroll.

Premiums are the responsibility of the individual student and/or their parent/legal guardian.

### OPTIONAL SCHOOL-TIME ACCIDENT COVERAGE

Coverage and Limitations stated for Medical Expense Benefits selected by the Insured apply. The School-Time Accident Coverage excludes students participating in high school interscholastic tackle football and/or all interscholastic sports as stated for in the Application. Each Insured who pays the additional premium required for this benefit is insured under this provision. Coverage starts on the date of premium receipt, but not before the start of the school year. The Insured's coverage will end at the close of the regular nine-month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the school during the summer. All provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

### OPTIONAL 24-HOUR ACCIDENT COVERAGE

Coverage and Limitations stated for Medical Expense Benefits selected by the Insured apply. The 24-Hour Accident Coverage excludes students participating in high school interscholastic tackle football and/or all interscholastic sports as stated for in the Application. Each Insured who pays the additional premium required for this benefit is insured under this provision. Insurance coverage is provided, 24-Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away. Coverage starts on the date of premium receipt (but not before the start of the school year). It ends when school reopens for the following school year. All provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

### OPTIONAL 24- HOUR ACCIDENT COVERAGE (EXTENSION)

Insurance coverage is extended to provide for covered injuries that occur other than during the hours and days when school is in session and/or while attending or participating in school sponsored and supervised activities on or off school premises. The Extended Accident Coverage provides coverage during the weekends and Vacation periods, including the entire summer. No coverage is provided for participation in interscholastic tackle football. No coverage is provided for participating in Interscholastic Sports or school sponsored/supervised activities covered under the Student Accident Insurance Program purchased by the school. Coverage starts on the date of premium receipt (but not before the start of the school year). It ends when school reopens for the following school year.

### OPTIONAL INTERSCHOLASTIC FOOTBALL COVERAGE

Coverage and Limitations stated for Medical Expense Benefits selected by the Insured apply. Each Insured who pays the additional premium required for this benefit is insured under this provision. Travel is also covered when going directly and uninterruptedly to and from the practice and competition. Ninth graders who play with 9<sup>th</sup> graders only are not charged for football coverage. Their School-Time or 24-Hour coverage will apply if purchased. Additional premium is required by the Insured for this coverage. All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

### OPTIONAL 24-HOUR ACCIDENT DENTAL COVERAGE

Injury must be treated within 60 days after the accident occurs. Medical Expense 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. Each Insured who pays the additional premium required for this benefit is insured under this provision. Coverage starts on the date of premium receipt, but not before the start of the school year. It ends when school reopens for the following school year. This provision covers Accidents occurring anytime and anywhere. The Insured must be treated by a legally qualified dentist who is not a member of the Insured's Immediate Family for Injury to teeth. The Company will then pay the Reasonable Expense which is Medically Necessary. Coverage is limited to treatment of sound, natural teeth. The maximum benefit payable under this provision is stated in the Policy. All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

## Parent Letter

August 2024

Dear Parent or Guardian:

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school or participating in school-related activities.

As a service to students and their families, the district makes available a student accident insurance plan for you to purchase for your child at a reasonable cost.

The coverages available and the premiums charged are listed below:

### **REASONS TO PURCHASE THIS COVERAGE:**

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, benefits can be applied to your deductible or co-pays.

If you have no other insurance, this will become your primary accident plan.

**PURCHASE COVERAGE ON-LINE** (with Credit/Debit card) at  
[www.studentinsuranceusa.com](http://www.studentinsuranceusa.com)

All questions regarding this coverage should be directed to Student Insurance at 310-826-5688 or 800-367-5830

