

2021 – 2022 STUDENT ACCIDENT INSURANCE COVERAGE

OPTIONAL SPORTS COVERAGE - Covers Accidents occurring while participating in Interscholastic Sports practice or competition. Travel is covered when going directly and uninterruptedly 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. No coverage is provided while participating in interscholastic tackle football (see below Optional Football Coverage option). **Annual Premium: \$105.00**

OPTIONAL FOOTBALL COVERAGE - Covers Accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is covered when going directly and uninterruptedly 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. **Annual Premium: \$335.00**

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: \$8.00**

COVERAGE PERIOD – Coverage under the Optional Sports Coverage, the Optional Football Coverage and the Optional 24-Hour Dental Coverage starts on the date of premium receipt but not before the start of the school year. Optional Sports Coverage and Optional Football Coverage ends on the last day of practice or competition. Optional 24-Hour 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 Accidents only	
Maximum Benefit:	Sports Plan
Sports Option	\$25,000
Football Option	\$25,000
Injuries Involving Motor Vehicles	\$10,000
Death Benefit/Double Dismemberment	\$20,000
Single Dismemberment	\$10,000
Loss Period for Medical Benefits	Treatment must begin within 60 days from the date of Injury
Benefit Period for Medical and AD&D/Loss of Sight Benefits	1 Year
Excess Coverage Applicability	Full Excess
Hospital/Facility Services - Inpatient	
Hospital Room and Board (Semi-Private Room Rate)	100% Reasonable Expenses
Inpatient Hospital Miscellaneous	100% Reasonable Expenses
Hospital/Facility Services - Outpatient	
Free-Standing Ambulatory Surgical Facility	100% Reasonable Expenses
Outpatient Hospital Miscellaneous	100% Reasonable Expenses
(Except physician services and x-rays paid as below)	
Hospital Emergency Room	100% Reasonable Expenses
Physician's Services	
Surgical	100% Reasonable Expenses
Assistant Surgeon	100% Reasonable Expenses
Anesthesiologist	100% Reasonable Expenses
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	100% Reasonable Expenses
Physician's Non-surgical Treatment (Except as above)	100% Reasonable Expenses
Other Services	
Registered Nurses' Services	100% Reasonable Expenses
Prescriptions - outpatient	100% Reasonable Expenses
Laboratory Tests – Outpatient	100% Reasonable Expenses
X-rays, includes interpretation – Outpatient	100% Reasonable Expenses
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation	100% Reasonable Expenses
Ground Ambulance	100% Reasonable Expenses
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	100% Reasonable Expenses
Dental Treatment to sound, natural teeth due to covered injury	100% Reasonable Expenses
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$500 Maximum
GER_0618 ESPRTS(0009)	

2021– 2022 ENROLLMENT APPLICATION (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:			
<input type="checkbox"/> Sports Option \$105.00		<input type="checkbox"/> Football \$335.00	
		<input type="checkbox"/> 24-Hour Dental \$8.00	
Please make check payable to Special Markets Insurance Consultants, Inc.			
Total Enclosed: _____			
Signature of Parent or Guardian _____		Date _____	

Please Return To: Student Insurance
c/o K12Special Markets Plan Administrators
1055 Main Street, Suite 101
Stevens Point, WI 54481