

STUDENT ACCIDENT INSURANCE



Protection when you need it the most

Cover your child against medical and dental injuries, whether at home or at school

Please keep this brochure as an outline of coverage for future reference.

Bob McCloskey Insurance



Bob McCloskey Insurance
800.445.3126

 **Berkley**
Accident and Health
| a Berkley Company

Insurance Underwritten by:
StarNet Insurance Company
rated A+ (Superior) by A.M. Best

SUMMARY OF BENEFITS AND LIMITATIONS

The Policy provides benefits for a loss due to a covered injury as defined in the Policy up to a maximum benefit as described below for each injury. The coverage would be for those medical/dental expenses incurred within 104 weeks from the date of the original Accident. Treatment must begin within 60 days from the date of the Accident by a legally licensed medical or dental practitioner (not a member of the Insured's immediate family).

An Accident is defined in the policy as a sudden, unexpected event that results in Injury to the Covered Person.

ACCIDENTAL MEDICAL AND DENTAL EXPENSE BENEFITS

Maximum Accident Medical Policy Limit	\$500,000
Motor Vehicle Accidents	\$10,000 maximum
Hospital room and board expenses	\$500 per day
Daily Intensive Care Unit/ Cardiac Care Unit Expenses	\$1,000 per day up to 5 days
Ancillary Hospital expenses	\$500 maximum
Physician non-surgical (inpatient)	Usual & Customary Charges
Physician surgical expenses	Usual & Customary
Assistant Surgeon expenses	25% of Physician surgical
Anesthesiologist expenses	25% of Physician surgical benefit
Outpatient surgery expenses	\$500 maximum
Physician non-surgical (outpatient)	Usual & Customary Charges
Physician Consultant Expense (outpatient)	Usual & Customary Charges
Physiotherapy (outpatient)	Usual & Customary up to a maximum of \$2,000
Ambulance expenses	Equal the lesser of: (1) billed charges, or (2) maximum allowable rate established by the CT Dept. of Public Health. The benefit will not be subject to a calendar year limit. The benefit will be subject to the overall policy maximum benefit for all covered accident medical expenses.
X-ray expenses (outpatient)	Usual & Customary Charges
Outpatient laboratory test expenses	Usual & Customary Charges
Diagnostic imaging expenses	\$500
Medical Emergency Care	\$500
Prescription drug expenses	Usual & Customary Charges
Outpatient registered nurse services	Usual & Customary Charges
Rehabilitative braces or appliances	\$2,000 maximum
Dental expenses	\$500 per tooth maximum
Deferred Dental Treatment (when certified by a dentist)	\$1,000
Eyeglasses, contact lenses and hearing aids	\$500 maximum

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If, within 365 days from the date of a Covered Accident, Injury to the Covered Person results in any of the Covered Losses shown below, We will pay the benefit in the amount set opposite such Loss, as shown on the Schedule of Benefits. If multiple Losses occur, only one Benefit, the largest, will be paid for all Losses due to the same Covered Accident.

Loss of Life	\$10,000
Loss of Two or More Members	\$50,000
Loss of One Member	\$25,000
Loss of Thumb & Index Finger of the Same Hand	\$2,500
Loss of Four Fingers of the Same Hand	\$2,500

DEFINITIONS

ACCIDENT means a sudden, unexpected event that results in Injury to the Covered Person.

INJURY means bodily Injury caused by the direct result of an Accident occurring while the Policy is in force as to the person whose Injury is the basis of the claim which results, directly and independently of all other causes, in a Covered Loss.

MEDICALLY NECESSARY means health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- (1) In accordance with generally accepted standards of medical practice;
- (2) clinically appropriate, in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and
- (3) not primarily for the convenience of the patient, physician or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

In this definition " generally accepted standards of medical practice " means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment.

USUAL AND CUSTOMARY CHARGES means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

IMPORTANT FACTS

1. This is a **Limited Benefit Policy**
2. The Blanket Accident Policy on file with the school is a non-renewable, one-year term policy.
3. **EFFECTIVE DATE OF COVERAGE:** Insurance is effective on the latest of the following dates:
 - the Policy Effective Date;
 - the date the Covered Person is first eligible;
 - the date We receive the completed enrollment form; or
 - the date the required premium is paid.
4. **EVIDENCE OF COVERAGE:** Verification of your payment and a copy of this brochure is your evidence of coverage under the School Sponsored Accident Policy.
5. **STUDENT TRANSFER:** Coverage under the Policy continues in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.
6. **CANCELLATION:** Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
7. **LATE ENROLLMENT:** There is no premium reduction for any individual who enrolls late in the year.

POLICY EXCLUSIONS

This Policy does not cover any Loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the Loss is an accidental bodily injury, unless otherwise covered under the Policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
4. Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. Commission of a felony.
6. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
7. Participation in any motorized race or speed contest.
8. Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
9. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling assault or battery.
10. Loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a Physician.
11. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
12. Treatment of a hernia whether or not caused by a Covered Accident.
13. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from, except as a fare paying passenger on a regularly scheduled commercial airline.

HOW TO FILE A CLAIM

1. Obtain a claim form from your school office or Bob McCloskey Insurance. (800-445-3126), and answer all questions in detail on the front of the claim form.
2. The claim form should identify the student's name, school name or district, and the date of accident.
3. Make sure the claim form is signed.
4. Attach all itemized bills to the completed claim form and mail to Bob McCloskey Insurance at the address provided on the claim form.
5. Bills that cannot be attached to the initial form must be submitted within **90 days of the date of service**.

IMPORTANT NOTE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CHOOSE THE PLAN THAT IS RIGHT FOR YOU!

Annual Cost

A. Around-the-Clock Coverage (Accident Only) **\$ 93.50**

Around-the-clock/anywhere in the world 24 hours a day; until one year after the date the Policy coverage begins. Coverage ends when school reopens the following school year. Covers eligible injuries resulting from covered accidents:

- Before, during and after school
- Weekends, vacation and all summer including summer school
- School sponsored and supervised extracurricular activities excluding interscholastic sports

B. At-School Coverage (Accident Only) **\$ 18.00**

- Accident only plan that protects your student during the regular school term, on school premises, while school is in session.
- Direct and uninterrupted travel to and from home and scheduled classes.
- While participating in or attending School Sponsored Activities and directly and continuously supervised by a School official or employee, subject to the limitations of the Policy.
- Supervised travel directly to and from school sponsored and supervised sports and activities excluding interscholastic sports.

C. Dental Coverage (Accident Only) **\$ 11.00**

- Voluntary supplemental dental coverage in effect 24 hours a day extended to students with Around-the-Clock or At-School Coverage.
- Benefits not to exceed a maximum of \$50,000 when injury to sound natural teeth requires treatment within 60 days of a covered accident.
- Only eligible expenses incurred by the Covered Person within the Benefit Period from the date of the accident are covered.
- If a dentist certifies that treatment must be deferred, deferred benefits will be paid to a maximum of \$1,000.

**IMPORTANT: KEEP THIS SUMMARY
FOR YOUR PERSONAL RECORDS AS A
DESCRIPTION OF COVERAGE.**

IMPORTANT: This is a brief description of coverage provided under policy form series AH51051E, underwritten by StarNet Insurance Company (domiciled in Delaware - California Certificate of Authority #6978) 2445 Kuser Road, Suite 201, Hamilton Square, NJ 08690 and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy for complete details.

The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential coverage as set forth under the Patient Protection and Affordable Care Act.



Claims Administrator:

Bob McCloskey Insurance
P.O. Box 511
Matawan, NJ 07747
Phone: 800-445-3126