

MULTI-BENEFIT PROTECTION

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FOWINKLE
SCHOOL INSURANCE AGENCY
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BRADENTON, FL 34207
1-800-541-8256

YOUR ALL NEW STUDENT ACCIDENT INSURANCE PROGRAM

Underwritten by National Union Fire Insurance Company of Pittsburgh Pa., with its principal place of business in New York, NY

This brochure provides only brief descriptions of the coverages available under Policy Series C11695DBG-FL. The Policies contain reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in each Policy. If there are any conflicts between this document and each Policy, the Policy shall govern.

2013/2014

SCHOOL TIME ACCIDENT COVERAGE - If coverage is elected and appropriate premium is received, this accident insurance provides coverage during the following activities while the Insured is at school; and/or while attending or participating in school sponsored and supervised activities on or off school premises (excluding senior high school interscholastic football and sports). Coverage also includes travel to and from school, summer activities and class trips.



24-HOUR ACCIDENT COVERAGE - If coverage is elected and appropriate premium is received, this accident insurance provides coverage during the following activities 24-hours per day, including while the Insured is at school; and/or while attending or participating in school sponsored and supervised activities on or off school premises (excluding senior high school interscholastic football and sports). Coverage also includes weekends, vacation periods (including summer vacation) and while the Insured is at home or while away.

24-HOUR ACCIDENT COVERAGE (SUMMER ONLY) - If coverage is elected and appropriate premium is received, this accident insurance provides coverage in the summertime during the following activities: 24-hours per day, including while the Insured is at school; and/or while attending or participating in school sponsored and supervised activities on or off school premises (excluding senior high school interscholastic football and sports). Coverage also includes weekends, vacation periods (including summer vacation) and while the Insured is at home or while away.

SENIOR HIGH SCHOOL SPORTS ACCIDENT COVERAGE (Grades 10-12*) - If coverage(s) are elected and appropriate premium is received, this accident insurance provides coverage while practicing for or participating as a team member in school sponsored and supervised games and practices. Coverage also includes travel to and from such participation and summer conditioning. Coverage is available for participation in Senior High School football, soccer, hockey, lacrosse and (separately) all other Senior High School sports. Benefits under this coverage are payable in accordance with the LOW-PLAN A Schedule of Benefits. (Coverage is not available for districts/schools that purchase mandatory sports coverage under a compulsory plan.)

*Includes grade 9 when participating in Senior High School sports.

DEFINITIONS

Injury - means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under the Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease or any other cause) causes a covered loss.

Insured - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application in the Policy; (2) for whom premium has been paid; and (3) while covered under the Policy.

Hospital - means a facility that: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis or is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association or the Commission on the Accreditation of Rehabilitative Facilities; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except if there is a legal obligation to pay.



Medically Necessary - means a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) - means the charge, fee or expense which is the smallest of: (a) the actual charge of the Covered Service; (b) the charge usually made for a Covered Service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the survey by MDR of prevailing charges made for a Covered Service in the geographic area by those of similar professional standing, the results of which are used to develop a range of fees for each service. "Geographic area" means the three digit zip code in which the service, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charges for a like treatment, service, procedure, device, drug or supply. With respect to item (d) above, Usual and Customary Charges means the 80th percentile of the payment system in effect on the Effective Date shown in the Schedule of Benefits.

ACCIDENT INSURANCE COVERAGE PROVIDING A MAXIMUM OF \$25,000 ACCIDENT MEDICAL EXPENSES

If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a physician, the Company will pay the coinsurance percentage of the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury up to an overall maximum of \$25,000. Benefits are payable for charges incurred within 52 weeks after the date of the accident causing the Injury.



BENEFIT SCHEDULE-Covered Accident Medical Service(s) means any of the following services:

INPATIENT HOSPITAL SERVICES	LOW- PLAN- A	MID-PLAN- B	HIGH- PLAN - C
Hospital's most common charge for semi-private room and board or room and board in an intensive care unit	65% of U&C	70% of U&C	80% of U&C
Hospital ancillary services including, (but not limited to, use of the operating room)	65% of U&C	70% of U&C	80% of U&C
OUTPATIENT HOSPITAL SERVICES			
Hospital emergency room or ambulatory medical center	65% of U&C up to a maximum of \$1,500	70% of U&C up to a maximum of \$3,000.	80% of U&C up to a maximum of \$4,500.
Laboratory tests	65% of U&C	70% of U&C	80% of U&C
Radiological procedures	65% of U&C	70% of U&C	80% of U&C
PHYSICIAN SERVICES (INPATIENT OR OUTPATIENT)			
Services of a Physician (Physician means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an immediate family member; or 3) retained by the Policyholder.	65% of U&C	70% of U&C	80% of U&C
Anesthetics and the administration of anesthetics	65% of U&C	70% of U&C	80% of U&C
Physical therapy	65% of U&C except that an office visit connected with any such service is payable up to \$40.00 per visit up to a maximum of 10 visits.	70% of U&C except that an office visit connected with any such service is payable up to \$80.00 per visit up to a maximum of 10 visits.	80% of U&C except that an office visit connected with any such service is payable up to \$120.00 per visit up to a maximum of 10 visits.
ADDITIONAL SERVICES			
Private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN)	65% of U&C	70% of U&C	80% of U&C
Ambulance service to or from a hospital	65% of U&C up to a maximum of \$500.00	70% of U&C up to a maximum of \$1000.00	80% of U&C up to a maximum of \$1500.00
Rental of durable medical equipment: artificial eyes or other prosthetic appliances	65% of U&C	70% of U&C	80% of U&C
Medicines or drugs administered by a physician or that can be obtained only with a physician's written prescription	65% of U&C	70% of U&C	80% of U&C
Dental treatment (repair or replacement of sound natural teeth damaged or lost as a result of Injury)	65% of U&C up to a maximum of \$200.00 per tooth	70% of U&C up to a maximum of \$400.00 per tooth	80% of U&C up to a maximum of \$600.00 per tooth

Continued

OTHER BENEFITS

Accidental Death Benefit	Maximum Amount: \$8,000	Maximum Amount: \$15,000	Maximum Amount: \$25,000
Accidental Dismemberment Benefit	Maximum Amount: \$8,000	Maximum Amount: \$15,000	Maximum Amount: \$25,000
Heart and/or Circulatory Benefit	Maximum Amount: \$8,000	Maximum Amount: \$15,000	Maximum Amount: \$25,000

EXCLUSIONS AND LIMITATIONS

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
 2. sickness, or disease whether the loss results directly or indirectly from either of these.
 3. the Insured's commission of or attempt to commit a felony.
 4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition.
 5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy.
 6. participation in any team sport or any other athletic activity, except participation in a covered activity.
 7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
 8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
 9. the Insured being under the influence of intoxicants.
 10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a physician.
 11. any condition for which the Insured is paid benefits under any Workers' Compensation Act or similar law.
 12. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing durable medical equipment unless due to a covered Injury.*
 13. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum shown in the Benefit Schedule.*
 14. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury.*
 15. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless due to a covered Injury.*
 16. rental of durable medical equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, accident medical expense benefits for rental of durable medical equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary covered accident medical expense in lieu of such rental expense).*
 17. any charge for medical care for which the Insured is not legally obligated to pay.*
 18. care, treatment or services provided by an Insured or by an immediate family member.*
 19. routine physical exam and related medical services.*
 20. personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, or guest meals while confined in a hospital or for items taken away or home from the hospital, except durable medical equipment.*
 21. plastic or cosmetic surgery, except for reconstructive surgery on an injured part of the body.*
- hernia.*

*Applicable to Covered Accident Medical Services only.

EFFECTIVE AND TERMINATION DATES - Coverage under the Policy begins at 12:01 a.m. on the latest of: (1) the Policy effective date; or (2) the date for which the first premium for the Insured's coverage is paid. Coverage under the Policy ends at 12:01 a.m. on the earliest of: (1) the date the Policy is terminated; or (2) the end of the period for which premiums for the Insured's coverage have been paid. The Policy effective and termination dates are contained in the Policy on file with the District/School ("the Policy-holder").

LIMITATION ON MULTIPLE COVERED ACTIVITIES - If an Insured person's Injury is caused by an accident that occurs while the Insured is participating in more than one covered activity applicable to that Insured, and if the same benefit applies to that Insured with respect to more than one such covered activity, then for Policy purposes the Maximum Amount for that benefit for that Insured for that accident will be determined as though the accident occurred while the Insured was participating in only one such covered activity, the one with the largest Maximum Amount for that benefit for that person.

EXCESS COVERAGE - This plan is secondary and provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other plan providing accident medical expense benefits. If the Insured is covered by another plan providing accident medical expense benefits, all benefits payable by such other insurance will be determined before benefits will be paid by this plan. If the Insured is not covered by another plan providing accident medical expense benefits, this excess provision shall not apply and benefits are payable to the limits described in this brochure.

PENALTY FOR NON-COMPLIANCE - In the event that an Insured is eligible under the Policy for benefits in excess of other coverage and the Insured has other coverage that is primary under a health maintenance organization, preferred provider organization or similar health service program, a penalty will apply if he or she does not use the facilities or services of the health maintenance organization, preferred provider organization or similar health service program. In such case, the benefits otherwise payable under the Excess provision in the Policy will be reduced by 50%. This reduction shall not apply to emergency treatment required within 24 hours of an accident when the accident occurs outside the geographic area served by a health maintenance organization, preferred provider organization or similar health service program.

CLAIMS PROCEDURE

In the event of an accident, notify the school immediately. Secure a claim form from the District/School, attach bill(s) to completed claim form and mail to the address indicated on the claim form. Claims for benefits must be filed within 90 days from date of accident, or as soon as reasonably possible. The Company must be notified of a loss within 20 days of such accident.

**For Help- Contact
Fowinkle School Insurance Agency
1 800 451 8256**

