

# 2018–2019 Student Accident Insurance Plans



## Why you need Student Insurance . . .

- Your school does not provide medical insurance to cover injuries to students. Instead, your school suggests this Plan to provide affordable coverage options.
- If you don't have other insurance, this Student Accident Plan is essential.
- Even if you do have other insurance, you will probably have to pay deductibles or co-payments. This Student Accident Plan will help to fill those expensive "gaps."
- Don't wait until you're faced with costly medical bills to think about insurance.
- Read this information and make your selections today!

## Choose from these school approved plans . . .

- Around-the-Clock Plan
- Schooltime-Only Plan
- plus –
- Extended Dental Plan
- Football Plan

### UNDERWRITTEN BY:

**COMMERCIAL TRAVELERS**  
LIFE INSURANCE COMPANY  
COMMERCIAL TRAVELERS  
LIFE INSURANCE COMPANY  
Commercial Travelers Building  
Utica, NY 13502

### SERVICED BY:

**LEFEBVRE INSURANCE AGENCY**  
850 Franklin Street  
Wrentham, MA 02093  
800-451-9668

As Policy Form Series No.: In ME: CTP-7-NER (08) et al; and in NH: Form CTP-7 et al

## 1 Choose from these School-Approved Plans:

### Around-the-Clock Plan

The student is insured for full 24-hour a day protection, for school-connected accidents, and at home or away—at play—at camp—on vacation—scouting—amateur sports—youth group activities—or just playing in the neighborhood. Coverage for interscholastic tackle football played in or with grades 10–12 must be purchased separately.

### Schooltime-Only Plan

The student is insured while attending school when school is in session; participating in or attending activities sponsored solely by the school and directly and continuously supervised by a school official or employee, including all sports except interscholastic tackle football played in or with grades 10–12 (unless you purchase football coverage) as well as travel by school-furnished transportation during the school term; traveling to or from the Insured's residence and the school for regular school sessions; and attending religious classes, including travel.

### Football Coverage

Covers injuries caused by accidents occurring while participating in interscholastic tackle football played in or with grades 10–12, or while traveling as a team member in a school-provided vehicle to or from football games or practice, when such travel is sponsored by the school and supervised by school employees. Maximum Medical Benefit is \$25,000 with an optional \$100 deductible. 9th grade tackle football is covered under the Schooltime-Only or Around-the-Clock Plans.

### Extended Dental Plan

Increases the Dental Treatment Benefit for accidental injury to sound natural teeth under the Plans to a maximum of \$25,000 as the result of any one accident. This extended coverage is effective 24 hours a day even when selected with Schooltime-Only Coverage and ends on the opening day of school for the following Fall term. Premium for the Extended Dental Benefit is \$16.00 under all plans. Extended Dental Coverage may *not* be purchased by itself.

## 2 Additional facts about the Plans:

**Effective and Expiration Dates:** Applicants are covered as of the day following the envelope postmark date, but not prior to the opening day of school. The expiration date of coverage under the **Schooltime-Only Plan** is 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; in such case coverage will terminate at the end of the summer classroom sessions. **Around-the-Clock** coverage ends on the opening day of school for the following Fall term. **Football Coverage** starts the first day of authorized practice, provided premium is paid prior to that date, and expires 7/1/19.

**Student Accident Insurance** covers accidental bodily injury sustained during the term of insurance and which causes loss directly and independently of all other causes. Insurance is good anywhere. For example, if the student buys the Plan at school and the family moves, coverage will continue until the close of the school term at any new public or parochial day school. There is no limit to the number of accidents a student can have paid under the Policy.

## 3 Your choice of benefits

The Policy will pay up to \$250,000 for covered expenses incurred as the result of Accidental Bodily Injury sustained in any one Accident which occurs on or after the effective date of coverage. The first such expense must be incurred within 90 days of the accident (60 days for dental treatment) and the covered treatment, care or service rendered within 52 weeks of the accident. Benefits for covered expenses shall not exceed the specified amounts. The first \$100 of covered expenses incurred as a result of each covered accident claim will be paid, regardless of any other insurance. If expenses exceed \$100, the claim will then be paid on AN EXCESS BASIS, if other insurance or medical service plans are involved (see LIMITATIONS). All benefits are per accident, unless otherwise specified.

|   | Standard Plan   | Preferred Plan  |
|---|---|---|
| <b>Aggregate Benefit Limits</b>   |   |   |
| MAXIMUM MEDICAL BENEFIT (Schoolltime or 24-Hour Plans)  | \$100,000   | \$250,000   |
| OPTIONAL FOOTBALL BENEFIT   | \$25,000  | \$25,000  |
| OPTIONAL DENTAL INJURY BENEFIT  | \$25,000  | \$25,000  |
| MOTOR VEHICLE INJURIES  | \$5,000   | \$5,000   |
| ACCIDENTAL DEATH BENEFIT  | \$5,000   | \$5,000   |
| DISMEMBERMENT BENEFIT (Single/Double)   | \$10,000/\$20,000   | \$10,000/\$20,000   |
| <b>Hospital/Facility Services—Inpatient</b>   |   |   |
| HOSPITAL ROOM AND BOARD—Semi-Private Room   | \$300/day   | \$500/day   |
| HOSPITAL INTENSIVE CARE—When prescribed by the attending physician  | \$500/day, 3 days max.  | \$1,000/day, 5 days max.  |
| HOSPITAL MISC. EXPENSE—Not under another benefit  | \$300/day   | \$500/day   |
| <b>Hospital/Facility Services—Outpatient</b>  |   |   |
| HOSPITAL OUTPATIENT/EMERGENCY ROOM TREATMENT—Includes facility fees, Physician fees, and supplies   | \$375/day   | \$750/day   |
| OUTPATIENT SURGICAL FACILITY OTHER THAN AN EMERGENCY ROOM   | \$250/day   | \$500/day   |
| <b>Physician's Services</b>   |   |   |
| SURGEON EXPENSES—Expenses for the Physician Conducting an Inpatient or Outpatient surgical operation  | 70% UC&R<br>not to exceed \$1,500                                     | 80% UC&R<br>not to exceed \$2,500                                     |
| ASSISTANT SURGEON EXPENSE—Only if Surgeon Expense is paid   | 25% of Surgeon Expense  | 25% of Surgeon Expense  |
| ANESTHESIOLOGIST EXPENSE—Only if Surgeon Expense is paid  | 25% of Surgeon Expense  | 25% of Surgeon Expense  |
| PHYSICIAN'S PHYSIOTHERAPY OUTPATIENT TREATMENT—Outpatient physiotherapy or spinal manipulation, if treatment is prescribed for a covered Loss     | \$35 for the 1st visit; \$25 for each subsequent visit, 5 visits max. | \$50 for the 1st visit; \$25 for each subsequent visit, 5 visits max. |
| PHYSICIAN'S PHYSIOTHERAPY INPATIENT TREATMENT—Inpatient therapy or spinal manipulation, if treatment is prescribed for a covered Loss             | 10 days   | 20 days—\$500/day   |
| PHYSICIAN'S OUTPATIENT TREATMENT—Outpatient visits that require a Physician other than a Surgeon, except for Physiotherapy or spinal manipulation | \$40 for the 1st visit; \$25 for each subsequent visit, 5 visits max. | \$50 for the 1st visit; \$25 for each subsequent visit, 5 visits max. |
| CONSULTING PHYSICIAN—Second opinion   | \$50  | \$100   |
| <b>Other Services</b>   |   |   |
| REGISTERED NURSES' SERVICES—Except for nursing services provided in connection with Anesthesiology  | UC&R  | UC&R  |
| LABORATORY TESTS—OUTPATIENT—When prescribed by the attending physician  | \$100   | \$250   |
| PRESCRIPTION MEDICATIONS—OUTPATIENT—Dispensed by licensed pharmacist when prescribed by the attending physician; mechanical devices excluded      | \$100   | \$100   |
| X-RAYS—OUTPATIENT—When prescribed by the attending physician; includes interpretation   | 70% of UC&R<br>not to exceed \$200                                    | 80% of UC&R<br>not to exceed \$250                                    |
| DIAGNOSIS IMAGING—OUTPATIENT—When prescribed by the attending physician; Includes MRI & CAT Scans and interpretation                              | 70% of UC&R<br>not to exceed \$200                                    | 80% of UC&R<br>not to exceed \$250                                    |
| AMBULANCE EXPENSE—One trip per Injury from scene of Accident  | UC&R for ground; \$500 for air  | UC&R for ground; \$1,000 for air                                      |
| ORTHOPEDIC BRACES AND APPLIANCES—When prescribed by the attending physician   | \$100   | \$200   |
| DENTAL TREATMENT—For Injury to sound and natural teeth  | \$200 per tooth; max. of \$5,000                                      | \$300 per tooth; max. of \$10,000                                     |
| REPLACEMENT OF EYEGLASSES, HEARING AIDS & CONTACT LENSES—Only when medical treatment for the Injury is covered                                    | \$100   | \$200   |

\*\*UC&R\* means usual and customary charges in the area where the treatment or service is provided.

## AD&D Benefits

For loss of: Life . . . . . \$ 5,000.00  
 Double dismemberment/quadriplegia . . . . . 20,000.00  
 Single dismemberment/paraplegia/hemiplegia . . . . . 10,000.00  
 Loss of thumb and index finger of same hand . . . . . 5,000.00

If within 100 days from the date of a covered accident, injuries cause dismemberment or death, the largest applicable indemnity will be paid, IN ADDITION to benefits for medical expense.

## Exclusions

**This plan does not cover, nor is any premium charged for:** (a) Injuries resulting from the practice or play of interscholastic tackle football in or with grades 10–12, unless the proper additional premium per player has been paid. (b) Intentionally self-inflicted injuries. (c) Infection, except pyogenic infection or bacterial infection due to accidental ingestion of contaminated material. (d) Treatment administered by any person employed or retained by the school. (e) Hernia in any form. (f) Illness or disease in any form. (g) Injuries sustained while operating, riding in or on, or alighting from a two- or three-wheeled engine-driven or motorized vehicle, or any vehicle not designed primarily for use on public streets and highways. (h) Injuries sustained as a driver or passenger in or on any other motorized or engine-driven vehicle, except travel in a 4-wheeled passenger vehicle, bus or train to or from school or school sponsored and supervised activities, unless Around-the-Clock coverage is purchased or as otherwise provided. (i) Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly-scheduled commercial airline. (j) Injury resulting from intoxication or the use of drugs or narcotics, unless administered on the advice of a physician. (k) Injuries resulting from war or any act of war, active participation in any riot or civil commotion. (l) Nuclear reaction or radiation. (m) Reinjury or complications of a condition due to accidental bodily injury occurring prior to the effective date of coverage. (n) Injuries sustained as the result of the insured's participating in skiing in any form, except when the Around-the-Clock Coverage is purchased, or as a member of an Intramural or Interscholastic skiing team or club.

## Limitations

(1) No payment shall be made for expenses in excess of \$100.00 per accident for which hospital, medical, surgical or dental benefits are payable or service is available under any other insurance or medical service plan, including HMO's, PPO's, Workers' Compensation, Employer's Liability Act or Law, Automobile No-Fault and similar plans. (2) No benefits are payable for any expense resulting from participation in interscholastic athletics for which benefits would be payable, in the absence of insurance hereunder, under any High School Association Catastrophe Sports Accident Policy. (3) Under surgery, the maximum payment for multiple procedures performed within the same operative field shall be limited to 150% of the amount payable for the primary procedure. (4) In the event the Insured Person sustains an injury for which benefits are payable under more than one Student Accident Insurance Policy or like coverage issued by the Company, coverage shall be deemed to be in effect only under one such Plan, the one affording the greater (or greatest) amount of benefits for the injury.

**Note:** Certain of these exclusions or limitations may be modified to meet individual state requirements.

## How to file a claim

In case of an accident, simplified claim forms are available at the school. Accidents must be reported and bills submitted within 90 days. If the student is insured under the "Around-the-Clock Plan" and school is not in session, or has transferred to another school, a claim form can be obtained from the Administration Office on the cover, or from [www.commercialtravelers.com](http://www.commercialtravelers.com).

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary state approvals. Any provision of the Policy, as described herein, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits. This plan is not available in all states.

# 4 How to apply

- Choose the plan best suited to your needs.
- Complete and sign the attached enrollment form.
- Send check or money order payable to Commercial Travelers for the required yearly premium.
- Mail to: Lefebvre Insurance Agency, 850 Franklin St., Wrentham, MA 02093.

**IMPORTANT** Keep this information as a Summary of Benefits. The Policy is on file at your school. It is subject to Insurance Department approval and will conform to the laws of the state where your school is located. Individual policies will not be sent to you.

**LATE ENROLLMENT** Coverage may be purchased at any time during the school year, but there is no premium reduction for late enrollment.

**CANCELLATION** Coverage is non-cancellable and premiums will not be pro-rated or refunded.

**RETURN OF CHECK BY BANK** Coverage will be immediately invalidated if check is returned by bank for any reason.

CUT AND MAIL

## Enrollment Form

### Yearly Student Rates—2018–2019—Check Your Selections

| COVERAGE OPTIONS          | BENEFIT OPTIONS                         |  |
|---------------------------|---|--|
|                           | <input type="checkbox"/> Preferred Plan | <input type="checkbox"/> Standard Plan |
| Around-the-Clock Plan     | <input type="checkbox"/> \$232.00       | <input type="checkbox"/> \$193.00      |
| Schooltime Plan           | <input type="checkbox"/> \$ 56.00       | <input type="checkbox"/> \$ 42.00      |
| Extended Dental*          | <input type="checkbox"/> \$ 16.00       | <input type="checkbox"/> \$ 16.00      |
| Football—No Deductible    | <input type="checkbox"/> \$295.00       | <input type="checkbox"/> \$191.00      |
| Football—\$100 Deductible | <input type="checkbox"/> \$257.00       | <input type="checkbox"/> \$164.00      |
| Total Payment Enclosed    | \$                                      | \$                                     |

\*Note: Extended Dental Coverage is available only in combination with 24-Hour or School-time Coverage.

Make Check or Money Order Payable to **"COMMERCIAL TRAVELERS"** DO NOT SEND CASH

STUDENT'S LAST NAME *Please print child's name clearly—1 letter to a box*

STUDENT'S FIRST NAME

MIDDLE INITIAL

 -  - 

GRADE BIRTHDATE (Mo/Day/Yr)

PARENT'S PHONE NO.

PARENT'S NAME

HOME ADDRESS

No. & Street

Apt. #

City

State

Zip

NAME OF SCHOOL

SCHOOL DISTRICT OR ADDRESS (CITY)

City

State

ME: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NH: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud.

SIGNATURE

(Parent or Guardian)

Date Signed

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IMPORTANT! THIS IS YOUR INSURANCE CARD. IF COVERAGE IS PURCHASED CLIP, FOLD AND CARRY AS YOUR VERIFICATION OF COVERAGE.

This card verifies student accident coverage during the 2018–2019 school year for:

Name of student \_\_\_\_\_

Name of school \_\_\_\_\_

Plan Number MWX-NER

Fully Insured & Underwritten by Commercial Travelers Life Insurance Company  
Send completed claim form and itemized bills to: COMMERCIAL TRAVELERS,  
Attn: School Claims • 70 Genesee St. • Utica, NY 13502  
[studentplanscenter.com](http://studentplanscenter.com) • 1-800-756-3702

Possession of this card does not guarantee eligibility. The student must be enrolled in the plan. Eligibility is subject to Verification by Plan Administrator.

List Medical Conditions:

Family Physician:

Phone ( ) \_\_\_\_\_

Coverage Purchased:

Accident Only Coverage

Around-the-Clock

Schooltime

Dental

Football—\$100 Deductible

Football—No Deductible

FOLD