

# Accident insurance

**Public K-12 schools**





A young girl with brown hair in a ponytail, wearing a green soccer jersey with white trim on the sleeves and black shorts, is smiling broadly and holding a black and white soccer ball above her head with both hands. The background is white with a decorative pattern of red diagonal lines in the upper left corner.

## Public K-12 accident program

From the blackboard to the ball field, Markel offers a broad range of accident products for K-12 schools. We offer our clients:

**Program flexibility:** We don't believe that "one size fits all." Each school is unique, and we design programs to deliver the right coverage for your school.

**Total program management:** From coverage consultations to claims administration, we work together to oversee your student accident program.

## Program highlights

**Eligibility:** All registered students of the insured school for whom premium has been paid. **Coverage is considered primary for all voluntary enrollment and excess for all compulsory enrollment.**

**School time coverage:** The school time plan provides coverage while an insured student is on school premises during the days and months when school is in session; traveling directly to or from their residence and school in a vehicle supplied by the school; and participating in or attending activities sponsored solely by the school that are continuously supervised by a school official or employee. One-day field trips and religious education classes are also included. All high school interscholastic football activities are excluded, unless the applicable additional premium is paid.

**Around the clock coverage:** Applies 24 hours a day, whether school is in session or not. The insurance is provided from the effective date of the insured student's coverage to the termination date of the policy. All high school interscholastic football activities are excluded unless the applicable additional premium is paid.

**High school interscholastic football:** Coverage is provided during play, practice, or travel in connection with interscholastic football in which any ninth-, tenth-, eleventh-, or twelfth-grade student participate. This coverage is included if provided for in the enrollment form and additional premium is paid.

**Summer day camp/Off season conditioning:** Provides coverage during school sponsored and supervised summer day camps that are conducted on school premises. Off season conditioning provides coverage when under the direct supervision of the coach or a trainer for conditioning and weight training for interscholastic sports which takes place at a designated facility on the premises or in close proximity to the school. It does not provide coverage for play or practice involving bodily contact of any sport. This coverage ends the first day of official practice or the first day of school, whichever comes first.

**Optional coverage:** Coverage can be purchased by the school to cover the following situations:

1. Student coverage – covers all students for any school sponsored and supervised activity, including sports, excluding football.
2. Sports coverage – cover all students while involved in a school sponsored and supervised sport activity, excluding football.
3. Football coverage – covers all football players while involved in school sponsored and supervised football activities.

| <b>Benefit</b>   | <b>Low plan</b>              | <b>Middle plan</b>           | <b>High plan</b>             |
|--|------------------------------|------------------------------|------------------------------|
| <b>Plan maximum</b>  | \$25,000                     | \$50,000                     | \$75,000                     |
| <b>Hospital room and board</b>                             | \$125 per day                | \$200 per day                | \$350 per day                |
| <b>Room and board - intensive care</b>                     | \$250 per day/\$1,000 max    | \$250 per day/\$1,000 max    | \$500 per day/\$2,000 max    |
| <b>Hospital miscellaneous</b>                              | 80% U&C to \$1,000 max       | 80% U&C to \$1,200 max       | 80% U&C to \$2,400 max       |
| <b>Licensed nurse</b>                                      | Usual and customary          | Usual and customary          | Usual and customary          |
| <b>Outpatient emergency room</b>                           | \$200                        | \$200                        | \$350                        |
| <b>Outpatient X-ray</b>                                    | \$200                        | \$250                        | \$400                        |
| <b>Outpatient CT scan/MRI</b>                              | \$300                        | \$300                        | \$500                        |
| <b>Ambulance</b>   | \$150                        | \$150                        | \$300                        |
| <b>Surgery</b>   | 50% U&C to \$1,000           | 50% U&C to \$1,250           | 80% U&C to \$1,750           |
| <b>Anesthetist/assistant surgeon</b>                       | \$250                        | \$315                        | \$440                        |
| <b>Outpatient consultant</b>                               | \$40                         | \$50                         | \$95                         |
| <b>Outpatient physician</b>                                | \$40/\$25 thereafter         | \$40/\$25 thereafter         | \$60/\$35 thereafter         |
| <b>Outpatient day surgery</b>                              | \$350                        | \$350                        | \$600                        |
| <b>Outpatient physical therapy</b>                         | \$25 per visit, 10 visit max | \$25 per visit, 10 visit max | \$40 per visit, 10 visit max |
| <b>Outpatient durable medical equipment &amp; supplies</b> | \$75                         | \$75                         | \$150                        |
| <b>Dental injury</b>                                       | \$150 per tooth              | \$150 per tooth              | \$300 per tooth              |
| <b>Outpatient prescription drugs</b>                       | \$25                         | \$25                         | \$50                         |
| <b>Replacement of eyeglasses, hearing aids</b>             | \$150                        | \$150                        | \$300                        |
| <b>Motor vehicle limit</b>                                 | \$2,500                      | \$2,500                      | \$2,500                      |
| <b>Accidental death</b>                                    | \$5,000                      | \$5,000                      | \$5,000                      |
| <b>Accidental dismemberment</b>                            | \$5,000/\$10,000             | \$5,000/\$10,000             | \$5,000/\$10,000             |

The amount of benefits provided depends on the plan selected, and the premium will vary with the amount of benefits selected. Coverage availability varies by state.

## Accidental death, dismemberment, and loss of sight benefit

The accident must take place while the covered student is insured under the policy. Also, the loss must take place within 52 weeks after the accident, not applicable in PA.

**Life** ..... **\$5,000**

**Loss of one hand, one foot, or the sight of one eye** ..... **\$5,000**

**Loss of any combination of two (2) or more of the following: hand, foot, eyesight** ..... **\$10,000**

“Loss” means with regards to hands and feet, actual severance above the wrist or ankle joint; with regard to sight, the entire and irrecoverable loss thereof. Payment will be made for only one of the above losses (the largest) which results from any one accident.

## Definitions

**Accident** means a sudden, unexpected and unintended event, which is identifiable and caused solely by an external physical force resulting in injury to an insured person. Accident does not include a loss due to or contributed to by disease or sickness.

**Injury** means bodily harm caused solely by an accident which occurs while this policy is in force and is the sole cause of the loss.

**Expense** means the usual and customary charges for medically necessary treatment, service, or supplies. Such expense shall not include any amount not customarily charged to persons without insurance.

**Usual and customary expense (U&C)** means an expense which (a) is charged for treatment, supplies, or medical services medically necessary to treat the insured person’s condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies, or medical services in the locality where the expense is incurred.

**Excess coverage** means insurance as is afforded by this policy is payable only in excess of any expenses payable by other valid and collectible insurance. In the absence of other valid and collectible insurance, it is our intention that expenses incurred in connection with any covered injury shall be fully payable subject to the terms, conditions and limitations of the policy.

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### Underwritten by:

#### Markel

800-431-1270

P.O. Box 2009

Glen Allen, VA 23058-2009

markelinsurance.com

## Student accident medical exclusions

The policy does not cover loss nor provide benefits for:

- Sickness
- Expense for treatment on or to the teeth, except for treatment resulting from injury to sound natural teeth;
- Services normally provided without charge by you or your employees;
- Eyeglasses, contact lenses, hearing aids, and examinations for the prescription or fitting thereof except as specifically provided herein;
- Suicide, attempted suicide, or intentionally self-inflicted injury;
- Injury due to participation in a riot or felony;
- Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery made medically necessary due to a covered accident which results in trauma, infection, or other diseases of the involved part;
- Treatment of a deviated nasal septum, including submucous resection and/or other surgical corrections, unless the treatment is due to or arises from a covered injury;
- Air travel, except as a fare-paying passenger on a regularly scheduled flight operated by a commercial airline;
- Injury resulting from any declared or undeclared war;
- Injury while in the armed forces of any country. When an insured person enters such armed forces, we will refund the unearned pro rata premium to the insured person;
- Injury covered by workers’ compensation or occupational disease law;
- Treatment provided in a governmental hospital unless the insured person is legally obligated to pay such charges;
- Infections except pyogenic or bacterial infections caused by a covered injury;
- Hernia, unless it results from a covered injury;
- Injury occurring while the insured person is legally intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
- Injury while parachuting or hang gliding; traveling in or on any two-, three-, or four-wheeled all-terrain motor vehicle; jet skiing, skydiving, glider flying, parasailing, sail planing, bungee jumping; operating or riding on any snowmobile; or participating in a rodeo;
- Injury resulting from fighting;
- Play, practice, or travel in connection with interscholastic football in which any ninth-, tenth-, eleventh-, or twelfth-grade students participate, unless the applicable additional premium is paid;
- Motor vehicle accidents covered by medical benefits coverage in automobile “no fault” and traditional automobile “fault” type contracts;
- Blisters, insect bites, frostbite, vegetation, and food poisoning. Any provision of this plan which on its effective date is in conflict with the statutes of the state in which it is issued is hereby amended to conform to the minimum requirements of such statutes.