

Public Schools K-12 Student Accident Insurance Underwritten by Gerber Life Insurance Company

2012 – 2013

The Diocese of Charleston

Mandatory Coverage

All Students, All Interscholastic Sports, Including Tackle Football	Plan 1
Maximum Benefit	\$25,000
Deductible	\$0
Rate per student	
Grades PreK-12	\$8.70
Catholic Youth Organization	\$4.35

Grades PreK-12 and Catholic Youth Organization students

Includes Complimentary Coverage for
Religious Education Classes
One-Day Field Trips
Overnight Field Trips (up to 7 consecutive nights)

Voluntary Coverage

Excludes ALL Interscholastic Sports & School Sponsored & Supervised Activities	Plan 3	Plan 4	Plan 5
Optional 24-Hour Extension Coverage	\$88.00	\$68.00	\$42.00
Optional 24-Hour Accident Dental		\$7.00	

READ THIS INFORMATION CAREFULLY FOR DETAILS

Gerber Life Insurance Company submits this Proposal of Insurance for consideration.

The rates included on the application shall expire 90 days from the date of this Proposal, unless extended in writing by the Company.

A completed and signed application from the organization will bind the Company to this Proposal for 90 days from the date of the application. If a Plan of Insurance is not yet in force at the expiration of that time, the Proposal shall expire, unless extended in writing by the Company.

The benefits and premium proposed herein, as well as solicitation material which may be developed, are subject to the approval of the organization. The benefits, premiums, solicitation material and marketing are also subject to any Insurance Department's rules and regulations which may, in the discretion of the Company, be applicable thereto. The Company reserves the right to modify this Proposal to conform it to such rules and regulations.

STUDENT ACCIDENT MEDICAL INSURANCE

Educators and administrators are looking for an accident medical insurance program their school(s) need and students deserve. The Student Accident insurance program underwritten by Gerber Life Insurance Company is such a plan. A.M. Best rates Gerber Life "A" (Excellent) for financial condition.

MANDATORY COVERAGE WHO IS COVERED AND WHEN

Eligibility: All enrolled students of the school and all Catholic Youth Organization students, Pre-K through 12th grade, if premium is paid for.

**School Time
Coverage**

Insurance coverage is provided for covered Injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises. Includes participation in: Interscholastic Sports, including Football, if provided for in the Application and any additional required premium is paid; One-Day Field Trips and Religious Activities sponsored by the school. Traveling directly (uninterruptedly) to and from a regularly scheduled activity with other members as a group. The travel must be supervised by a person authorized by the school. Overnight Field Trips are included at no additional charge provided each trip is no more than 7 consecutive nights. Trips of longer duration may need additional premium charged. Please contact your agent for more details.

**Interscholastic
Sports / Football**

Coverage is provided during tryouts, preseason play, practice, regular and post season play, and for traveling directly (uninterruptedly) to and from a regularly scheduled activity with other members as a group. The travel must be supervised by a person authorized by the school. Interscholastic Senior High Football is included, if provided for in the Application and additional required premium is paid.

*Under "Mandatory Coverage" all students/athletes are covered and the premium is paid by the school.

FIELD TRIP COVERAGE

This coverage applies to students of the School who are participating in one-day field trips. The field trips must be sponsored and directly supervised by the School. The maximum amount payable per covered Injury is \$25,000. Benefits under this provision are subject to all other provisions of the Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions. There is no additional premium charged for this coverage.

Overnight Field Trips are included at no additional charge provided each trip is no more than 7 consecutive nights. Trips of longer duration may need additional premium charged. Please contact your agent for more details.

RELIGIOUS EDUCATION COVERAGE

This coverage applies to students of the School while attending religious education classes on any weekday and on Sunday. It also applies while the student is traveling directly and without interruption to and from his or her Residence or School and the religious education class. It does not apply to any social or sports activities. The maximum amount payable per covered Injury is \$25,000. Benefits under this provision are subject to all other provisions of the Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.

There is no additional premium charged for this coverage.

ACCIDENT MEDICAL SCHEDULE OF BENEFITS
Mandatory Plan 1 BSC 120

Hospital and Professional Services Benefits

The Injury must be treated within 60 days after the Accident occurs.

Services must be received within 1 year from the date of the Accident. Expenses incurred after 1 year from the date of the Accident are not covered even though the service is a continuing one or one that is necessarily delayed beyond 1 year from the date of the Accident.

HOSPITAL AND PROFESSIONAL SERVICES BENEFITS

Maximums and Benefit Period (All maximums are subject to the COVERAGE and LIMITATIONS as stated below.)

Maximum Medical Expense for each Injury: \$25,000

Maximum Medical Expense for football Injuries: \$25,000

Maximum Medical Expense for each Injury involving motor vehicles: \$10,000

Accidental Death, Dismemberment, Benefit: \$20,000

 Single Dismemberment: \$10,000

 Double Dismemberment: \$20,000

Benefit Period: 1 Year

Deductible

The Deductible is the greater of:

1. \$0; or
2. The amount paid or payable for the same Injury by any Other Plan.

EXCESS COVERAGE PROVISION APPLICABILITY

The Excess Coverage provision does apply .

COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)

Hospital/Facility Services

Inpatient

1. HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses up to the semi-private room
2. HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses
3. INPATIENT HOSPITAL MISCELLANEOUS: 100% of Reasonable Expenses

Outpatient

1. OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): 100% of Reasonable Expenses
2. HOSPITAL EMERGENCY ROOM: 100% of Reasonable Expenses
3. DAY SURGERY MISCELLANEOUS: 100% of Reasonable Expenses

Physician's Services

1. SURGICAL: 100% of Reasonable Expenses
2. ASSISTANT SURGEON: Reasonable Expenses to 100% of surgical benefit paid only if surgeon is paid
3. ANESTHESIOLOGIST: Reasonable Expenses to 100% of surgical benefit paid only if surgeon is paid.
4. PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): 100% of Reasonable Expenses
5. PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION: 100% of Reasonable Expenses

Other Services

1. REGISTERED NURSES' SERVICES: 100% of Reasonable Expenses
2. PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 100% of Reasonable Expenses
3. LABORATORY TESTS - OUTPATIENT: 100% of Reasonable Expenses
4. X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: 100% of Reasonable Expenses
5. DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) - INCLUDES INTERPRETATION: 100% of Reasonable Expenses
6. GROUND AMBULANCE: 100% of Reasonable Expenses
7. AIR AMBULANCE: 100% of Reasonable Expenses
8. DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC BRACES AND APPLIANCES: 100% of Reasonable Expenses
9. DENTAL TREATMENT: 100% of Reasonable Expenses for the treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma
10. REPLACEMENT OF EYEGLASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: 100% of Reasonable Expenses

Note: Once coverage is accepted, a Master Policy will be issued to your school and will be kept on file for review. If there is any conflict between this Schedule of Benefits and the Policy, the Policy will prevail.

OPTIONAL COVERAGE WHO IS COVERED AND WHEN

Eligibility: All enrolled students of the school, Pre-K through 12th grade, if premium is paid for.

**Under "Optional Coverage" all students must be given the opportunity to enroll. Premiums are the responsibility of the individual student and/or their parent/legal guardian.

OPTIONAL 24- HOUR ACCIDENT COVERAGE (EXTENSION)

Insurance coverage is extended to provide for covered injuries that occur other than during the hours and days when school is in session and/or while attending or participating in school sponsored and supervised activities on or off school premises. The Extended Accident Coverage provides coverage during the weekends and Vacation periods, including the entire summer. No coverage is provided for participation in interscholastic tackle football. No coverage is provided for participating in Interscholastic Sports or school sponsored/supervised activities covered under the Student Accident Insurance Program purchased by the school. Coverage starts on the date of premium receipt (but not before the start of the school year). It ends when school reopens for the following school year.

OPTIONAL 24-HOUR DENTAL COVERAGE

Injury must be treated within 60 days after the accident occurs. Medical Expense 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. Each Insured who pays the additional premium required for this benefit is insured under this provision. Coverage starts on the date of premium receipt, but not before the start of the school year. It ends when school reopens for the following school year. This provision covers Accidents occurring anytime and anywhere. The Insured must be treated by a legally qualified dentist who is not a member of the Insured's Immediate Family for Injury to teeth. The Company will then pay the Reasonable Expense which is Medically Necessary. Coverage is limited to treatment of sound, natural teeth. The maximum benefit payable under this provision is stated in the Policy. All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

ACCIDENT MEDICAL SCHEDULE OF BENEFITS
Mandatory or Voluntary Plan 3 BSC 115

Hospital and Professional Services Benefits

The Injury must be treated within 60 days after the Accident occurs.

Services must be received within 1 year from the date of the Accident. Expenses incurred after 1 year from the date of the Accident are not covered even though the service is a continuing one or one that is necessarily delayed beyond 1 year from the date of the Accident.

HOSPITAL AND PROFESSIONAL SERVICES BENEFITS

Maximums and Benefit Period (All maximums are subject to the COVERAGE and LIMITATIONS as stated below.)

Maximum Medical Expense for each Injury: \$25,000

Maximum Medical Expense for football Injuries: \$25,000

Maximum Medical Expense for each Injury involving motor vehicles: \$10,000

Accidental Death, Dismemberment, Benefit: \$20,000

 Single Dismemberment: \$10,000

 Double Dismemberment: \$20,000

Benefit Period: 1 Year

Deductible

The Deductible is the greater of:

1. \$0; or
2. The amount paid or payable for the same Injury by any Other Plan.

EXCESS COVERAGE PROVISION APPLICABILITY

The Excess Coverage provision does apply.

COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)

Hospital/Facility Services

Inpatient

1. HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses up to the semi-private room
2. HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses
3. INPATIENT HOSPITAL MISCELLANEOUS: 100% of Reasonable Expenses to a maximum of \$800 per day

Outpatient

1. OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): 100% of Reasonable Expenses to a maximum of \$1,100
2. HOSPITAL EMERGENCY ROOM: 100% of Reasonable Expenses to a maximum of \$200
3. DAY SURGERY MISCELLANEOUS: 100% of Reasonable Expenses to a maximum of \$2,000

Physician's Services

1. SURGICAL: 80% of Reasonable Expenses to a maximum of \$2,000
2. ASSISTANT SURGEON: Reasonable Expenses to 25% of surgical benefit paid only if surgeon is paid
3. ANESTHESIOLOGIST: Reasonable Expenses to 25% of surgical benefit paid only if surgeon is paid.
4. PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): 100% of Reasonable Expenses to a maximum of \$40 per day
5. PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION: 100% of Reasonable Expenses \$40 per visit to a maximum of \$500

Other Services

1. REGISTERED NURSES' SERVICES: 100% of Reasonable Expenses
2. PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$200
3. LABORATORY TESTS - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$300
4. X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$500
5. DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) - INCLUDES INTERPRETATION: 100% of Reasonable Expenses to a maximum of \$800
6. GROUND AMBULANCE: 100% of Reasonable Expenses to a maximum of \$750
7. AIR AMBULANCE: 100% of Reasonable Expenses to a maximum of \$750
8. DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC BRACES AND APPLIANCES: 100% of Reasonable Expenses to a maximum of \$400
9. DENTAL TREATMENT: 100% of Reasonable Expenses to a maximum of \$1,000 for the treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma
10. REPLACEMENT OF EYEGLASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: 100% of Reasonable Expenses to a maximum of \$300

Note: Once coverage is accepted, a Master Policy will be issued to your school and will be kept on file for review. If there is any conflict between this Schedule of Benefits and the Policy, the Policy will prevail.

ACCIDENT MEDICAL SCHEDULE OF BENEFITS
Mandatory or Voluntary Plan 4 BSC 108

Hospital and Professional Services Benefits

The Injury must be treated within 60 days after the Accident occurs.

Services must be received within 1 year from the date of the Accident. Expenses incurred after 1 year from the date of the Accident are not covered even though the service is a continuing one or one that is necessarily delayed beyond 1 year from the date of the Accident.

HOSPITAL AND PROFESSIONAL SERVICES BENEFITS

Maximums and Benefit Period (All maximums are subject to the COVERAGE and LIMITATIONS as stated below.)

Maximum Medical Expense for each Injury: \$25,000

Maximum Medical Expense for football Injuries: \$25,000

Maximum Medical Expense for each Injury involving motor vehicles: \$10,000

Accidental Death, Dismemberment, Benefit: \$20,000

 Single Dismemberment: \$10,000

 Double Dismemberment: \$20,000

Benefit Period: 1 Year

Deductible

The Deductible is the greater of:

1. \$0; or
2. The amount paid or payable for the same Injury by any Other Plan.

EXCESS COVERAGE PROVISION APPLICABILITY

The Excess Coverage provision does apply.

COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)

Hospital/Facility Services

Inpatient

1. HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses up to the semi-private room
2. HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses
3. INPATIENT HOSPITAL MISCELLANEOUS: 100% of Reasonable Expenses to a maximum of \$600 per day

Outpatient

1. OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): 100% of Reasonable Expenses to a maximum of \$1,000
2. HOSPITAL EMERGENCY ROOM: 100% of Reasonable Expenses to a maximum of \$100
3. DAY SURGERY MISCELLANEOUS: 100% of Reasonable Expenses to a maximum of \$1,500

Physician's Services

1. SURGICAL: 80% of Reasonable Expenses to a maximum of \$1,000
2. ASSISTANT SURGEON: Reasonable Expenses to 25% of surgical benefit paid only if surgeon is paid
3. ANESTHESIOLOGIST: Reasonable Expenses to 25% of surgical benefit paid only if surgeon is paid.
4. PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): 100% of Reasonable Expenses to a maximum of \$30 per day
5. PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION: 100% of Reasonable Expenses \$30 per visit to a maximum of \$300

Other Services

1. REGISTERED NURSES' SERVICES: 100% of Reasonable Expenses
2. PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$100
3. LABORATORY TESTS - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$150
4. X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$300
5. DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) - INCLUDES INTERPRETATION: 100% of Reasonable Expenses to a maximum of \$500
6. GROUND AMBULANCE: 100% of Reasonable Expenses to a maximum of \$500
7. AIR AMBULANCE: 100% of Reasonable Expenses to a maximum of \$500
8. DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC BRACES AND APPLIANCES: 100% of Reasonable Expenses to a maximum of \$250
9. DENTAL TREATMENT: 100% of Reasonable Expenses to a maximum of \$750 for the treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma
10. REPLACEMENT OF EYEGASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: 100% of Reasonable Expenses to a maximum of \$200

Note: Once coverage is accepted, a Master Policy will be issued to your school and will be kept on file for review. If there is any conflict between this Schedule of Benefits and the Policy, the Policy will prevail.

ACCIDENT MEDICAL SCHEDULE OF BENEFITS
Mandatory or Voluntary Plan 5 BSC 118

Hospital and Professional Services Benefits

The Injury must be treated within 60 days after the Accident occurs.

Services must be received within 1 year from the date of the Accident. Expenses incurred after 1 year from the date of the Accident are not covered even though the service is a continuing one or one that is necessarily delayed beyond 1 year from the date of the Accident.

HOSPITAL AND PROFESSIONAL SERVICES BENEFITS

Maximums and Benefit Period (All maximums are subject to the COVERAGE and LIMITATIONS as stated below.)

Maximum Medical Expense for each Injury: \$25,000

Maximum Medical Expense for football Injuries: \$25,000

Maximum Medical Expense for each Injury involving motor vehicles: \$10,000

Accidental Death, Dismemberment, Benefit: \$10,000

 Single Dismemberment: \$5,000

 Double Dismemberment: \$10,000

Benefit Period: 1 Year

Deductible

The Deductible is the greater of:

1. \$0; or
2. The amount paid or payable for the same Injury by any Other Plan.

EXCESS COVERAGE PROVISION APPLICABILITY

The Excess Coverage provision does apply.

COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)

Hospital/Facility Services

Inpatient

1. HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses up to the semi-private room rate to a maximum of \$200 per day
2. HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses to a maximum \$400 per day
3. INPATIENT HOSPITAL MISCELLANEOUS: 100% of Reasonable Expenses to a maximum of \$400 per day

Outpatient

1. OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): 100% of Reasonable Expenses to a maximum of \$400
2. HOSPITAL EMERGENCY ROOM: 100% of Reasonable Expenses to a maximum of \$100
3. DAY SURGERY MISCELLANEOUS: 100% of Reasonable Expenses to a maximum of \$750

Physician's Services

1. SURGICAL: 80% of Reasonable Expenses to a maximum of \$1,000
2. ASSISTANT SURGEON: Reasonable Expenses to 25% of surgical benefit paid only if surgeon is paid
3. ANESTHESIOLOGIST: Reasonable Expenses to 25% of surgical benefit paid only if surgeon is paid.
4. PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): 100% of Reasonable Expenses to a maximum of \$25 per day
5. PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION: 100% of Reasonable Expenses \$25 per visit to a maximum of \$250

Other Services

1. REGISTERED NURSES' SERVICES: 80% of Reasonable Expenses
2. PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$75
3. LABORATORY TESTS - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$100
4. X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$250
5. DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) - INCLUDES INTERPRETATION: 100% of Reasonable Expenses to a maximum of \$400
6. GROUND AMBULANCE: 100% of Reasonable Expenses to a maximum of \$300
7. AIR AMBULANCE: 100% of Reasonable Expenses to a maximum of \$300
8. DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC BRACES AND APPLIANCES: 100% of Reasonable Expenses to a maximum of \$100
9. DENTAL TREATMENT: 100% of Reasonable Expenses to a maximum of \$500 for the treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma
10. REPLACEMENT OF EYEGASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: 100% of Reasonable Expenses to a maximum of \$200

Note: Once coverage is accepted, a Master Policy will be issued to your school and will be kept on file for review. If there is any conflict between this Schedule of Benefits and the Policy, the Policy will prevail.

DEFINITIONS

Hospital means an institution that meets all of the following: 1) it is licensed as a Hospital pursuant to applicable law; 2) it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; 3) it is managed under the supervision of a staff of medical doctors; 4) it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.); 5) it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; and 6) it charges for its services.

Hospital also means a psychiatric hospital as defined by Medicare. It must be eligible to receive payments under Medicare. A Hospital is mainly not a place for rest, a place for the aged, a place for the treatment of drug addicts or alcoholics, or a nursing home.

Injury means bodily injury caused by an Accident. The Injury must occur while the Policy is in force and while the Insured is covered under the Policy. The Injury must be sustained as stated on the face page of the Policy, except where specifically stated otherwise in the Policy.

Reasonable Expense 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. Such services and supplies must be recommended and approved by a Physician.

HOSPITAL AND PROFESSIONAL SERVICES

The Company will pay Reasonable Expenses incurred for a covered Injury. The Injury must be treated within the number of days stated in the Schedule of Benefits. Services must be given: (1) by a Physician; (2) for Medically Necessary treatment; and (3) within the time limit stated in the Schedule of Benefits. Benefits are paid to the maximum stated in the Schedule of Benefits for any one Injury for Reasonable Expenses which are in excess of the Deductible. Benefits under this provision are subject to all other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions.

COUNSELING BENEFIT

If as a result of an Act of Violence an Insured is killed while on School Property, the Company will pay a lump sum of \$5,000 for Counseling Services. The lump sum benefit will be paid directly to the covered School or to the hospital or person rendering such services after the commencement of Counseling Services. The company will not pay for any expense for loss due to participation in a riot or insurrection. All provisions in this Policy apply to this coverage.

Definitions for the purpose of this section: **Act of Violence** means an Injury inflicted by a person with malicious intent to cause bodily harm. **Counseling Services** means psychiatric/psychological counseling that is under the care, supervision, or direction of a professional counselor or Physician and essential to assist the Insured in coping with the Act of Violence. Counseling Services must be: a) Arranged by the covered School; b) Provided to a living Insured due to an Act of Violence; and c) Received during the Benefit Period shown on the Schedule of Benefits. **School Property** means the physical location of the covered School or the location of an activity or event approved by the covered School.

EXCESS COVERAGE

The Company will pay Reasonable Expenses that are not recoverable from any Other Plan. The Company will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or similar provisions. The amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. This Blanket Student Accident Insurance is secondary to all other policies.

This provision will not apply if the total Reasonable Expenses incurred for Hospital and Professional Services Benefits are less than the amount stated in the Schedule of Benefits under Excess Coverage Applicability.

ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT

When a covered Injury results in any of the Losses to the Insured which are stated in the Schedule of Benefits for Accidental Death, Dismemberment, or Loss of Sight then the Company will pay the benefit stated in the schedule for that Loss. The Loss must be sustained within 365 days after the date of the Accident.

The maximum benefit payable under this provision is stated in the Schedule of Benefits under Maximums and Benefit Period: 1) Life 2) Both Hands or Both Feet or Sight of Both Eyes; 3) Loss of One Hand and One Foot; 4) Loss of One Hand and Entire Sight of One Eye; 5) Loss of One Foot and Entire Sight of One Eye; 6) Loss of One Hand or Foot; 7) Loss of Sight in One Eye; 8) Loss of Thumb and Index Finger of the Same Hand.

Half of the maximum benefit will be paid for the Loss of one Hand, one Foot or the Sight of one eye.

Loss of Hand or Foot means the complete Severance through or above the wrist or ankle joint. Loss of Sight means the total, permanent Loss of Sight in One Eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means. Loss of Thumb and Index Finger of the Same Hand means complete Severance through or above the

metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). Severance means the complete separation and dismemberment of the part from the body.

If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount the Company will pay is the maximum benefit.

Benefits paid under this provision will be paid in addition to any other benefits provided by the Policy.

Benefits under this provision are subject to all other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions.

EXCLUSIONS

No Benefits are payable for Hospital and Professional Services for the following: 1) Injuries which are not caused by an Accident; 2) Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis; 3) Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three-, or four-wheeled recreational motor vehicle or snowmobile; 4) Aggravation, during a Regularly Scheduled Activity, of an Injury the Insured suffered before participating in that Regularly Scheduled Activity, unless the Company receives a written medical release from the Insured's Physician; 5) Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the Football and/or Sports Coverage provision has been paid; 6) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; 7) Treatment performed by a member of the Insured's Immediate Family or by a person retained by the School; 8) Injury caused by war or acts of war; suicide or intentionally self-inflicted Injury, while sane or insane (in Missouri while sane); violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered by or on the advice of a Physician; 9) Medical expenses for which the Insured is entitled to benefits under any (a) Workers' Compensation act; or (b) mandatory no-fault automobile insurance contract; or similar legislation; 10) Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain; and 11) Expenses incurred for experimental or investigational treatment or procedures.

NOTICE OF CLAIM

Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company, with information sufficient to identify the Named Insured shall be deemed notice to the Company. Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss.

In the event of an Accident, students should:

1. Secure treatment at the nearest medical facility of their choice. (Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with its policy provisions or requirements.)
2. Obtain a receipt (if payment of any bills were made) and itemized copy of charges from the provider of medical services and send copies of their itemized bills and the **original** completed and **signed** student accident claim form to the claims office – mail all correspondence to Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802.
3. **Call 1-888-293-9229** with any Claims questions.

National Representative



Special Markets Insurance Consultants
Insurance for Students, Sports & Leisure Activities

Stevens Point, WI 54481

UNDERWRITTEN BY:

Gerber Life Insurance Company
White Plains, NY 10605

IMPORTANT NOTICE – THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

This proposal has been designed to illustrate the highlights of this insurance and it does not include all coverage details. All information in this proposal is subject to the provisions of Policy Form COL-11, underwritten by Gerber Life Insurance Company. If there is any conflict between this proposal and the Policy, the Policy will prevail.

Note: Please see the Master Policy for complete and individual state details.

Accidents aren't supposed to happen...

but they do.

Our Student Accident product protects millions of kids in thousands of schools throughout the nation.

Accidentes no suelen suceder...

pero a veces suceden.

Nuestro producto de accidentes para estudiantes protege a millones de niños de escuelas en todo el país.



Enroll Online
Regístrese por Internet

www.k12specialmarkets.com

K-12 Accident plans that are available through your school:

- School time Accident Only
- 24-Hour Accident Only
- Interscholastic Sports

Seguro Escolar de Accidentes para Estudiantes (K-12) disponible a travez de su escuela:

- Accidentes en la escuela
- Accidentes las 24 horas al día
- Deportes Interescolares

Underwritten by Special Markets Insurance Consultants, Inc. For further details of the coverage including costs, benefits, exclusions and any reductions or limitations, and the terms under which the policy may be continued in force, please refer to www.k12specialmarkets.com. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

Endorsado por Special Markets Insurance Consultants, Inc. Para mas detalles de la cobertura incluyendo costos, beneficio, excepciones, reducciones ó limitaciones y los términos bajo los que la póliza puede continuar en vigor, por favor consultar en www.k12specialmarkets.com. El estudiante puede comprar la cobertura solamente si su distrito escolar está asegurado con la compañía de seguros.

For questions, call 800-727-7642

Para preguntas, llame al 800-727-7642

SMIC | Special Markets Insurance Consultants
Insurance for Students, Sports & Leisure Activities

How to Enroll

Cómo Matricularse

Enrolling is easy and only takes a few minutes.

Matricularse por internet es fácil y lleva sólo unos minutos.

Go to www.k12specialmarkets.com

Vaya a www.k12specialmarkets.com

1. Click on Coverage Details at top

2. Select State and click "Look Up"

3. Click on School or District

4. Click on link to display plan details

Parents can either print and complete the enrollment application to mail with check or money order

OR

You can enroll online:

1. Enroll online by clicking "Enroll Now"

2. Select State and click "Look Up"

3. Choose your school or district

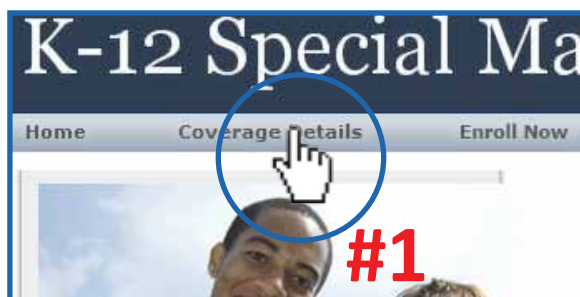
4. Select school location name (if applicable)

5. Check the plan options

6. Complete online application (more than one child can be enrolled on same application)

7. Pay by credit/debit

8. Print ID card

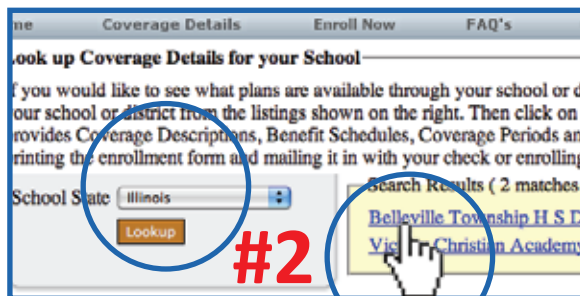


1. Haga clic en "Coverage Details" en la parte superior

2. Seleccione su estado y haga clic en "Look Up"

3. Haga clic en su escuela o distrito escolar

4. Haga clic en el nombre para mostrar detalles del plan



Parents pueden imprimir y completar la aplicacion para mandarla por correo o por orden de pago.

O TAMBIEN:

Pueden inscribirse via web:

1. Inscríbase via web haciendo clic en "enroll now"

2. Seleccione su estado y haga clic en "look up"

3. Elija su escuela o distrito

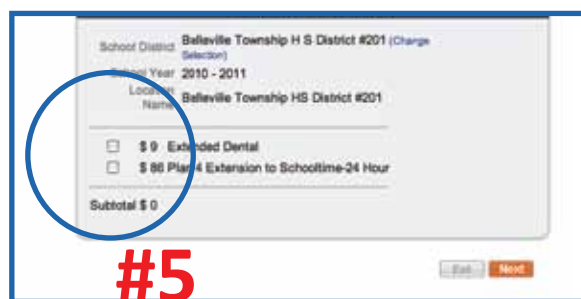
4. Seleccione el nombre de su escuela (si es posible)

5. Verifique las opciones del plan

6. Complete la aplicacion via web (dos o mas niños pueden ser inscritos en la misma aplicacion)

7. Pague con tarjeta de debito o credito

8. Imprima su tarjeta de identificacion



Since 1967, Gerber Life Insurance Company has provided quality life insurance, especially for young families on a limited budget. As an affiliate of the Gerber Products Company, “the baby food people,” the two companies share a common goal: to help parents raise happy, healthy children.

At Gerber Life, we have an additional goal. It is our mission to be the brand parents trust to help them achieve financial security and protection for their families. By providing affordable, industry-leading juvenile life insurance and other financial products, we strive to give our customers the comfort and peace of mind they deserve.

Today Gerber Life is licensed to provide life insurance throughout the United States, Canada and Puerto Rico. We have more than \$37 billion of life insurance in force, and help provide financial security to over 3 million policies. Gerber Life has insurance products available for people at every stage of life. Source: Gerber Life 2009 Annual Statement.

Gerber Life Named To “Ward’s 50” For 2009



Gerber Life was named one of the Top 50 Performing Life & Health Companies in the U.S. in 2009 by the Ward Group, an operational consulting firm and leading provider of benchmarking services to the insurance industry. This special recognition reflects Ward’s analysis showing that Gerber Life passed all safety and consistency screens and achieved superior performance during the five years analyzed.

A Company you can depend on...

We know our customers want a strong company that will be there now and in the future. That’s why Gerber Life is conservatively managed to ensure long-term growth and financial stability. This approach has resulted in assets under management of more than \$1.5 billion with almost 100% of our portfolio in high-quality investments. Source: Gerber Life 2009 Annual Statement.



Further, A.M. Best—the impartial reporting firm that rates insurance companies on financial stability, management and integrity has awarded Gerber Life an “A” (Excellent) rating. The rating refers only to the overall status of the Company and is not a recommendation of specific policy provisions, rates or practices of the Company.

At Gerber Life,

*“We’re with you every step of the way.”**

Service Commitment

Administrative Concepts, Inc. is committed to providing superior services. We are focused on staying abreast of the constant changes in the insurance industry and medical profession while our concentration is and will remain on satisfying the special needs of the student community. ACI is fully automated and HIPAA compliant.

Customer service is an area of major importance to any company. ACI believes that it is even more important for us. Our callers are individuals who are not only injured or ill; many are young people, away from home for the first time. Our employees are not only prepared to listen to a student's problem and explain their benefits, but to guide them to the health service on campus or to a physician or hospital.

Many of our callers are international students attending a college in the United States or in another country. The international community is often not familiar with the managed care system in the United States. ACI is prepared to work with language barriers and understand cultural differences.

ACI Customer Service hours are from 8:00 a.m. to 5:00 p.m., Monday through Friday. All calls are recorded, logged, and monitored. System telephone calls are reviewed by the Manager of Quality Assurance. While customer service representatives do not process claims, they receive the same training as the claims examiners.

Customer service representatives are available to assist students with questions concerning policy benefits, premium, eligibility, and claim payment. Spanish and French as well as English representatives are available at ACI along with immediate access to multilingual representatives to accommodate other language needs.



Serving the Student Community

994 Old Eagle School Road • Suite 1005 • Wayne, PA 19087-1802
888.293.9229 • Fax: 610.293.9299 • www.visit-aci.com



Serving the Student Community



Administrative Concepts, Inc.

ACI is incorporated under the laws of Pennsylvania, and is a third-party administrator primarily for Special Risk, Student Medical, Intercollegiate Sports, and International Insurance programs. Our contracts with major insurance carriers provide the underwriting stability for the comprehensive policies we administer.



Claims Technicians

Claims technicians who are fully versed in medical and insurance terminology are assigned to each account. In addition to initial and subsequent training programs, a library of medical information, State Insurance Department Requirements, and HIPAA Compliance Regulations are maintained. Experience with student insurance programs augments their ability to quickly process claims.

Technology

The Trizetto (Qiclink) software package is integrated with state-of-the-art web technology.

Website

The secure ACI website, www.visit-aci.com, has been designed to accommodate the busy schedules of college students and health service personnel and is available 24 hours a day. User-friendly screens allow easy enrollment or waiver of the insurance plan, electronic payment of the premium by check or credit card, and the ability to immediately print an identification card and Schedule of Plan Benefits.



Online Claim Status

Online claim status provides instant access to all claims submitted. Information for all bills may be viewed and an Explanation of Benefits printed. Claim status is available for providers, health services, and athletic trainers, as well as students.

Cost Containment

While fast, accurate claim payment is the foundation of a third-party administrator, containing costs is also of extreme importance. ACI partners with:

- MDR Pricing Management
- Medical Review Institute of America, Inc.
- Trilogy Claims Administration Manual
- Choice Point
- MEDCO
- Europ Assistance



Preferred Provider Organizations

Perhaps the most visible and proven method of containing costs is the discounting of medical bills through a Preferred Provider Organization. Contracting with PPO's across the country provides the flexibility to establish a managed care network that will best service each institution. Working in conjunction with the student health service as the "Gatekeeper" enhances the process.

Reporting

Accurate loss information provided on a monthly basis enables the broker to work directly with college officials to develop the benefit and rate structure that is most advantageous to each college.

Contact Us

ACI does not sell nor market insurance policies. We are an independent third-party administrator serving the student community.

Please call us with any questions you may have or to arrange to visit us and view our facility. **888.293.9229**



GERBER LIFE INSURANCE COMPANY
 1311 Mamaroneck Avenue, White Plains, New York 10605

Blanket Accident Insurance Application

Name of Policyholder _____ Policy Number _____
(as it should appear on the Policy)

Mailing Address _____
(City) (State) (Zip Code)

Insurance Contact Name _____ Title _____

Phone _____ Fax _____ Email Address _____

Policy Effective Date* _____ Policy Expiration Date _____
(*This will be the effective date if enrollment form and premium are received)

Covered Activities and Rates

All Students, All Interscholastic Sports, Including Tackle Football and Catholic Youth Organization

	Estimated Number of Students		Rate		Total Premium for grade level
Grades Pre K – 12	_____ X		_____ \$8.70	=	\$ _____
Catholic Youth Organization	_____ X		_____ \$4.35	=	\$ _____
Total Premium for all Insured Persons: =					_____

Optional Coverages

(Paid for by the Student or Parent per year. A link will be provided for on-line enrollment)

24Hour Extension Dental

First Day School Activities: _____ TO _____ Football Effective: _____ TO _____

Please make check payable and mail application to: Special Markets Insurance Consultants, Inc.
2615 Post Road
Stevens Point, WI 54481

We hereby enroll with Gerber Life Insurance Company for the plan(s) of insurance selected. We understand that insurance will be in force if this application is accepted by the Company, and the required premium is received by the Company when due. We represent that the information contained in this application is true and correct and forms the basis of the requested insurance.

Signature of Official Authorized to Contract for the Policyholder

Printed Name

Date Signed

Local/Regional Representative of Policyholder

Agency Name: _____

Representative Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Signature: _____
 (Policyholder Representative)

Date: _____

Fraud Statement

For residents of Arkansas, Louisiana and West Virginia: 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.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For residents of the District of Columbia: *WARNING:* It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For residents of Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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

For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of New Mexico: 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 CIVIL FINES AND CRIMINAL PENALTIES.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oklahoma: *WARNING:* Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.