



Accidents aren't supposed to happen, but they do.

smic

School recess, one-day field trips and general day-to-day activities can all lead to injuries. Having coverage during school hours, or around the clock can insure your loved ones get the care they need without financial hardship to your family.

ELIGIBILITY

Any enrolled student is eligible for coverage.

K-12 ACCIDENT PLANS THAT ARE AVAILABLE THROUGH YOUR SCHOOL:

- School Time Accident Only
- 24-Hour Accident Only
- Interscholastic Sports
- 24-Hour Dental

All available plans are offered by Special Markets Insurance Consultants, Inc. To research which plans are being offered by your school, please visit our website's online enrollment tool at www.k12specialmarkets.com

PAYMENT

Parents or guardians of students are responsible for enrollment and premium payment.

HOW TO ENROLL

Enrolling is easy and only takes a few minutes.

Go to www.k12specialmarkets.com.

1. Click on Coverage Details at the 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. Click on 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 the same application)
7. Pay by credit/debit
8. Print ID card

FOR QUESTIONS, CALL (800)727-7642 x 6103

About SMIC

Since 1985 Special Markets Insurance Consultants, Inc. (SMIC) has delivered competitive pricing on comprehensive Student Accident Insurance coverage to the K-12 segment. For further details of the coverage outlined above, including costs, benefits, exclusions and any reductions or limitation, and the terms under which the policy may be continued in force, please refer to www.k12specialmarkets.com. Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company.

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 (the Company) is such a plan. A.M. Best rates Gerber Life "A" (Excellent) for financial condition. For the latest information on ratings, please visit www.ambest.com.

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 SCHOOL-TIME ACCIDENT COVERAGE – INTERSCHOLASTIC SPORTS EXCEPT TACKLE FOOTBALL

Coverage and Limitations stated for Medical Expense Benefits selected by the Insured apply. The School-Time Accident Coverage excludes students participating in high school interscholastic tackle football or as stated for in the Application. 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. The Insured's coverage will end at 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. All provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

Annual Premium: \$40.00

OPTIONAL 24-HOUR ACCIDENT COVERAGE – INTERSCHOLASTIC SPORTS EXCEPT TACKLE FOOTBALL

Coverage and Limitations stated for Medical Expense Benefits selected by the Insured apply. The 24-Hour Accident Coverage excludes students participating in high school interscholastic tackle football or as stated for in the Application. Each Insured who pays the additional premium required for this benefit is insured under this provision. Insurance coverage is provided, 24-Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away. 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. All provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

Annual Premium: \$60.00

OPTIONAL INTERSCHOLASTIC FOOTBALL COVERAGE

Coverage and Limitations stated for Medical Expense Benefits selected by the Insured apply. Each Insured who pays the additional premium required for this benefit is insured under this provision. Travel is also covered when going directly and uninterruptedly to and from the practice and competition. Ninth graders who play with 9th graders only are not charged for football coverage. Their School-Time or 24-Hour coverage will apply if purchased. Additional premium is required by the Insured for this coverage. All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

Annual Premium: \$62.00

OPTIONAL 24-HOUR ACCIDENT 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.

Annual Premium: \$5.00

OPTIONAL SCHOOL-TIME ACCIDENT COVERAGE – NO INTERSCHOLASTIC SPORTS

Coverage and Limitations stated for Medical Expense Benefits selected by the Insured apply. 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. The Insured's coverage will end at 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. All provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

Annual Premium: \$14.00

OPTIONAL 24-HOUR ACCIDENT COVERAGE – NO INTERSCHOLASTIC SPORTS

Coverage and Limitations stated for Medical Expense Benefits selected by the Insured apply. The 24-Hour Accident Coverage excludes students participating in interscholastic sports or as stated for in the Application. Each Insured who pays the additional premium required for this benefit is insured under this provision. Insurance coverage is provided, 24-Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away. 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. All provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

Annual Premium: \$34.00

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.

PRIMARY COVERAGE

Benefits are payable for covered medical expenses from the first dollar of expense incurred. Benefits are paid in addition to and without regard to payments from other insurance.

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 myofacial 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.
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, primary insurance Explanation of Benefits and the fully completed and signed accident claim form to the claims office – mail all correspondence to WEB-TPA, P.O. Box 2415, Grapevine, TX 76099-2415.
3. Call 1-866-975-9468 with any Claims questions.

National Representative

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Stevens Point, WI 54481

Phone: (800) 727-7642 Fax: (715) 344-6126

information@specialmarkets.com

specialmarkets.com

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.

IDAHO ACCIDENT MEDICAL SCHEDULE OF BENEFITS
Plan of Benefits – Northwestern Scholastic Insurers 2014-15
Hospital and Professional Services Benefits

The Injury must be treated within 30 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 each Injury involving motor vehicles: \$5,000

Accidental Death, Dismemberment, or Loss of Sight Benefit: \$5,000

 Single Dismemberment: \$2,500

 Double Dismemberment: \$5,000

Benefit Period: 1 Year

Deductible

The Deductible is the greater of:

1. \$0.00; or
2. The amount paid or payable for the same Injury by any Other Plan.

EXCESS COVERAGE PROVISION APPLICABILITY

The Excess Coverage provision does not apply.

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

The Insured's health care provider may charge more than the limits established by this Policy's definition of Reasonable Expenses and the additional charges may not be covered by this Policy.

Hospital/Facility Services

Inpatient

1. HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses up to the semi-private room rate to a maximum of \$235 per day
2. HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses to a maximum \$235 per day
3. INPATIENT HOSPITAL MISCELLANEOUS: 100% of Reasonable Expenses to a maximum of \$900

Outpatient

1. HOSPITAL EMERGENCY ROOM: 100% of Reasonable Expenses to a maximum of \$50
2. DAY SURGERY MISCELLANEOUS: 100% of Reasonable Expenses to a maximum of \$900

Physician's Services

1. SURGICAL: 65% of Reasonable Expenses to a maximum of \$1,000
2. ASSISTANT SURGEON: Reasonable Expenses to 30% of surgical benefit paid only if surgeon is paid
3. ANESTHESIOLOGIST: Reasonable Expenses to 30% 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
5. PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION: 100% of Reasonable Expenses \$20 per visit to a maximum of 5 visits

Other Services

1. REGISTERED NURSES' SERVICES: 100% of Reasonable Expenses
2. X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$50
3. DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) - INCLUDES INTERPRETATION: 100% of Reasonable Expenses to a maximum of \$125
4. GROUND AMBULANCE: 100% of Reasonable Expenses to a maximum of \$250
5. DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC BRACES AND APPLIANCES: 100% of Reasonable Expenses to a maximum of \$100
6. DENTAL TREATMENT: 100% of Reasonable Expenses to a maximum of \$300 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. When the dentist certifies that treatment will continue beyond the 52 week benefit period the Company will continue to cover the incurred expenses at 100% of Reasonable Expenses; provided such expenses are incurred within 2 years from the date of first treatment for Injury.
7. 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 \$200

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

Optional Voluntary Coverages

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

☒ School Time w/Sports No FTB ☒ School Time No Sports ☒ 24Hour w/Sports No FTB ☒ 24Hour No Sports
☒ Football ☒ Dental

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

Number of Students: PreK-8 _____ 9-12 _____

Please mail application to: **Special Markets Insurance Consultants, Inc.**
1265 Main Street, Suite 202
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: Northwestern Scholastic Insurors

Representative Name: Kevin Irish

Address: P.O. Box 256

City, State, Zip: Helena, MT 59624

Phone Number: (406) 458-5902

Email Address: _____

Signature: _____
(Policyholder Representative)

Date: _____