

# 2011–2012 Student Accident and Sickness Insurance Plans



## Why you need Student Insurance . . .

- Your school does not provide medical insurance to cover injuries or sickness to students. Instead, your school suggests this Plan to provide affordable coverage options for accidents and sickness.
- If you don't have other insurance, this student insurance is essential.
- Even if you do have other insurance, you will probably have to pay deductibles or co-payments. This student insurance 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 –
- **Sickness Plan**
- **Extended Dental Plan**
- **Football Plan**

### UNDERWRITTEN BY:



COMMERCIAL TRAVELERS  
MUTUAL INSURANCE COMPANY  
Commercial Travelers Building  
Utica, NY 13502

As Policy Form Series No. Form CTP-7 et al

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[www.commercialtravelers.com/privacy.html](http://www.commercialtravelers.com/privacy.html)

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### SERVICED BY:

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## 1 Choose from these School-Approved Plans:

### Around-the-Clock Plan

**Accident-Only:** The student is insured for covered accidents 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.

### Around-the-Clock with Sickness Plan

**Accident and Sickness:** Maximum coverage, maximum benefits. The student is insured for 24-hour a day protection for covered injuries or sickness, 365 days a year . . . at home, at school, or away. This plan pays benefits for accidents, as in the Around-the-Clock Plan, PLUS covers the student for covered medical expenses caused by sickness as listed in the Benefit Schedule (see Elite, Superior and Economy Plan). Dental expenses are accident-only.

### Schooltime-Only Plan

**Accident-Only:** The student is insured while attending school when school is in session; participating in or attending activities sponsored solely by the school and 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.

### Extended Dental Plan

**Accident-Only:** Increases the Dental Treatment Benefit for accidental injury to sound natural teeth under the Plans to a maximum of \$1,000.00 per tooth. 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 this Extended Dental Benefit is \$6.00 under all plans. Extended Dental Coverage may *not* be purchased by itself.

### 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. 9th grade tackle football coverage is provided under the Schooltime-Only or Around-the-Clock Plans.

## 2 Additional facts about the Plans:

**Effective and Expiration Dates:** Applicants are covered as of the date the enrollment form and applicable premium are received by the school or authorized agent, but not prior to the first 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 7/1/12.

**Student Accident Insurance** covers accidental bodily injury sustained during the term of insurance and which causes loss directly and independently of all other causes. **Student Sickness Insurance** covers sickness first becoming manifest during the term of coverage. 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 or sicknesses a student can have paid under the Policy.

### 3 Your choice of benefits

The Policy will pay up to **\$50,000.00** for covered expenses incurred as the result of Accidental Bodily Injury which occurs, or sickness first becoming manifest during the term of coverage (if Sickness Coverage is purchased). This first such expense must be incurred within 30 days of the covered accident or sickness, and the covered treatment, care or service rendered within 52 weeks of the accident or first treatment for sickness. Benefits for covered expenses shall not exceed the specified amounts. The first \$100 of covered expenses incurred as a result of each covered accident or sickness 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 or sickness, unless otherwise specified.

	Elite Plan	Superior Plan	Economy Plan
<b>Policy Maximum</b> per covered accident or sickness	<b>\$50,000.00</b>	<b>\$25,000.00</b>	<b>\$25,000.00</b>
<b>Medical Treatment</b> by a licensed physician, except in connection with surgery or for physiotherapy as defined below	<b>80% of U&amp;C**</b>	<b>\$50.00 per treatment</b>	<b>\$25.00 per treatment</b>
<b>Surgery</b> by a licensed physician (Payable according to CRVS* or U&C**)	<b>80% of U&amp;C Max. \$8,000.00</b>	<b>\$175.00 unit value</b>	<b>\$125.00 unit value</b>
<b>*Example</b> Osteotomy Fibula Anthroplasty Ankle	<b>N/A N/A</b>	<b>\$735.00 \$1,872.50</b>	<b>\$525.00 \$1,337.50</b>
<b>Anesthesiologist</b> (percent of surgery allowance)	<b>25%</b>	<b>25%</b>	<b>25%</b>
<b>Assistant Surgeon</b> (percent of surgery allowance)	<b>20%</b>	<b>20%</b>	<b>20%</b>
<b>Inpatient Hospital Care and Service</b> when the Insured is confined as an overnight resident patient for room and board (except for hospital intensive care) For hospital intensive care room and board For ancillary medical expenses, including radiology and diagnostic imaging as provided below	<b>Semi-private Room Rate \$1,000 per day  \$2,000.00</b>	<b>\$400.00 per day \$400.00 per day  \$1,500.00</b>	<b>\$200.00 per day \$200.00 per day  \$1,000.00</b>
<b>Outpatient Hospital Care and Service</b> treatment at a hospital emergency room or outpatient department, in addition to benefits for physician's treatments and radiology and diagnostic imaging as provided	<b>\$300.00</b>	<b>\$150.00</b>	<b>\$100.00</b>
<b>Outpatient Surgical Facility</b> room and supplies	<b>\$900.00</b>	<b>Paid as Outpatient Hospital Care</b>	<b>Paid as Outpatient Hospital Care</b>
<b>Radiology</b> (excluding MRI's and Cat Scans), including reading and interpretation but excluding dental X-rays and X-rays in connection with physiotherapy	<b>80% of U&amp;C to \$250.00</b>	<b>\$180.00</b>	<b>\$90.00</b>
<b>Diagnostic Imaging</b> (MRI's, Cat Scans, etc.)	<b>80% of U&amp;C to \$800.00</b>	<b>\$400.00</b>	<b>\$200.00</b>
<b>Nurse Service</b> upon recommendation of the attending physician, provided by a private duty R.N. or L.P.N. not a member of the Insured's family or household	<b>U&amp;C</b>	<b>U&amp;C</b>	<b>U&amp;C</b>
<b>Dental Treatment</b> for accidental injury to one or more sound natural teeth including charges for braces, crowns, jackets, inlays, fillings, bridges, and root canal therapy	<b>\$400.00 per tooth</b>	<b>\$350.00 per tooth</b>	<b>\$175.00 per tooth</b>
<b>Professional Ambulance Service</b> from the place of accident to a hospital	<b>\$500.00</b>	<b>\$250.00</b>	<b>\$125.00</b>
<b>Physiotherapy</b> by a licensed practitioner, including diathermy, heat treatment, adjustment, manipulation, or massage, when medically necessary	<b>\$50.00 per visit max 5 visits</b>	<b>\$40.00 per visit max 5 visits</b>	<b>\$20.00 per visit max 5 visits</b>
<b>Orthopedic Appliances</b> when ordered by the attending physician	<b>\$250.00</b>	<b>\$150.00</b>	<b>\$75.00</b>
<b>Eyeglasses</b> , contact lenses, and hearing aid replacement, when medical treatment is required for a covered accident	<b>\$200.00</b>	<b>\$50.00</b>	<b>\$25.00</b>

\* "CRVS" is the California Relative Value Studies, Fifth Edition.

\*\* "U&C" means usual and customary charges in the area where the treatment or service is provided.

\*\*\* Benefits will be paid on a primary basis in TN.

For loss of:	Life . . . . .	<b>\$ 2,000.00</b>
	Both hands or both feet or both eyes . . . . .	<b>10,000.00</b>
	One hand and one foot, one hand and one eye, or one foot and one eye . . . . .	<b>4,000.00</b>
	One hand or one foot . . . . .	<b>2,000.00</b>
	One eye . . . . .	<b>1,500.00</b>

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 . . . Items not covered under Accident-Only or Accident and Sickness Insurance:** (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, unless Sickness Coverage is purchased. (d) Prescriptions, except while hospital confined. (e) Treatment administered by any person employed or retained by the school. (f) Hernia in any form, except as may be provided under Sickness Insurance, if purchased. (g) Illness or disease in any form except as may be provided under Sickness Insurance. (h) 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. (i) 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. (j) 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. (k) Loss resulting from intoxication or the use of drugs or narcotics, unless administered on the advice of a physician. (l) Injuries sustained while fighting or brawling. (m) Loss resulting from war or any act of war or active participation in any riot or civil commotion. (n) Nuclear reaction or radiation. (o) Reinjury or complications of a condition due to accidental bodily injury occurring prior to the effective date of coverage. (p) Injuries sustained as the result of the Insured's participating in skiing in any form, except when the Around-the-Clock Coverage is purchased. (q) Dental treatment, except as a result of accidental injury to sound, natural teeth, to the extent provided. **Additional items not covered under Sickness Insurance:** (1) Elective surgery. (2) Cosmetic surgery, except as the result of covered sickness or injury. (3) Submucous resection and/or other surgical correction for deviated nasal septum. Necessary treatment of sinusitis is covered. (4) Normal pregnancy; childbirth; elective abortion. (5) Mental or emotional disorders. (6) Pre-existing conditions.

## Limitations

**Limitations—Accident and Sickness:** (1) No payment shall be made for expenses in excess of \$100.00 per accident or per sickness 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. (Benefits will be paid on a primary basis in TN.) (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 or incurs a sickness for which benefits are payable under more than one Student Insurance Plan or like coverage issued by the Company, coverage shall be deemed to be in effect only under one such Policy, the one affording the greater (or greatest) amount of benefits for the injury or sickness.

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

## How to file a claim

In case of an accident or sickness, simplified claim forms are available at the school. Accident or sickness 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.

