

24-Hour Accident Coverage

Provides around the clock protection for covered Accidents.

School Time Accident Coverage

Provides Protection While:

1. Attending School during regular School days and regular School hours.
2. Traveling directly to or from the Insured's Residence and School, when such travel time does not exceed one hour before or one hour after regular School classes unless additional travel time on the School bus is required, in which case coverage shall extend for additional travel time that might be necessary.
3. Attending an activity organized, sponsored and solely supervised by the School and School employees. This includes travel directly to or from the activity in a vehicles furnished and authorized by the School for the express purpose of transporting students directly to and/or from the School or School-sponsored activities and to be operated and supervised solely by School-Authorized employees.

Athletic Coverage

Both plans cover all School-sponsored intramural and interscholastic sports, except Senior High School tackle football, which is available for an additional premium.

Student Coverage Effective and Expiration Dates

For completed applications and accompanying premium received by us within the first 10 days of the Policy Effective Date, the student's coverage shall begin on the Policy Effective Date. For applications and premium received after the initial 10-day period, student's coverage shall begin on the date that we receive the completed application and premium. (The Policy Effective Date is the first day of school-sponsored athletic activities.)

Under the School Time Coverage Plan, the Insured's coverage shall expire 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. Under the 24-Hour Coverage Plan, the Insured's coverage shall expire on the day prior to the first official day of the School Year.

For students who also enroll in the Senior High School Football Benefit Plan, coverage for the Football-related activities will expire one year from the Policy Effective Date, except for graduating seniors, whole Football coverage shall expire at the close of the regular nine-month school term.

If the optional Extended Dental Coverage is purchased in conjunction with either the School Time Plan or the 24-Hour Plan, the Extended Dental Coverage shall expire on the same date as the plan it was purchased in conjunction with.

Optional Additional Coverages

These optional coverages are available for an additional premium:

- **Football Coverage on an Optional Individual Basis**
Per Insured Player — Interscholastic Football Practice or Competition – \$25,000 Maximum Benefit

Each Student who pays the required additional premium is insured for Accidents occurring while participating in Senior High School Interscholastic Football practice or competition. A deductible of \$100.00 applies to coverage for Interscholastic Football Injuries where the Insured has purchased the Football with Deductible Option.

- **Extended Dental Coverage on an Optional Basis**
Per Insured — Extended Dental Benefit – \$25,000 Maximum Benefit

If the additional dental premium is paid, we will pay the Usual, Reasonable and Customary expense for necessary dental treatment of injuries to sound and natural teeth up to a maximum of \$25,000 as a result of any one Accident. The Insured must be treated by a legally qualified dentist, who is not a family member, within 60 days from the day of Injury.

Extended Dental Coverage must be purchased in conjunction with a Standard Plan or Preferred Plan.



Francis L. Dean & Associates, Inc.



The Leader in Sports, Leisure and Entertainment Insurance

VOLUNTARY STUDENT INSURANCE PLAN

IMPORTANT:

This brochure contains a summary of the features of the Student Insurance Plans and attached riders. It is not a contract of insurance. Refer to the insurance policy provided to your School or School District for other terms, limitations, exclusions and conditions which may apply.

STUDENT ACCIDENT INSURANCE APPLICATION

Coverage is underwritten by United States Fire Insurance Company and administered by Francis L. Dean & Associates, Inc. Fill out completely. Please print clearly.

OPTIONS (all premiums are annual)

	Standard Plan \$50,000 Maximum Benefit	Preferred Plan \$250,000 Maximum Benefit
School Time Coverage	<input type="checkbox"/> \$22.00	<input type="checkbox"/> \$42.00
24-Hour Coverage	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$184.00
	Standard Plan \$25,000 Maximum Benefit	Preferred Plan \$25,000 Maximum Benefit
Sr. High Football	<input type="checkbox"/> \$104.00	<input type="checkbox"/> \$223.00
Sr. High Football (with \$100 deductible)	<input type="checkbox"/> \$89.00	<input type="checkbox"/> \$194.00
Extended Dental \$25,500 Maximum Benefit	<input type="checkbox"/> \$10.00	

Total Amount Enclosed: _____

Please make checks payable to:
F.L. Dean & Associates, Inc.

Date Signed: _____

Signature: _____
PARENT OR GUARDIAN

Grade: _____ Date of Birth: _____

City/State/Zip: _____ Phone: _____

Street Address: _____

Student: _____
FIRST NAME MIDDLE INITIAL LAST NAME

School Name: _____

School District: _____

COVERED MEDICAL EXPENSES

When you suffer a Loss from Injury when this Policy is in force, we will pay:

- For Usual, Reasonable and Customary (UR&C) Expenses.
- For Medically Necessary care for a covered Injury.
- Per Injury.
- Where treatment and services are received within 60 days from the date of Injury.
- Where bills are incurred within 52 weeks from the date of the Injury.
- All coverages subject to maximum benefits and limits as stated in the Policy Schedule of Benefits; and
- Subject to Policy terms, Exclusions, and Other Insurance and Recovery Limitations.

	STANDARD PLAN	PREFERRED PLAN
Aggregate Benefit Limits		
Maximum Medical Benefit (School Time or 24-Hour Plan)	\$50,000	\$250,000
Optional Senior High School Football Benefit	\$25,000	\$25,000
Optional Dental Injury Benefit	\$25,000	\$25,000
Motor Vehicle Injuries	\$5,000	\$5,000
Death Benefit	\$5,000	\$5,000
Dismemberment Benefit (single/double)	\$10,000/\$20,000	\$10,000/\$20,000
Hospital/Facility Services — Inpatient		
Hospital Room and Board: Semi-Private Room	\$250 per day	\$500 per day
Hospital Intensive Care: when Insured's Hospital Confinement demands a Medically Necessary ICU stay	\$500 per day for 3 days Maximum	\$1,000 per day for 5 days Maximum
Hospital Miscellaneous Expenses: not under another benefit	\$250 per day	\$500 per day
Hospital/Facility Services — Outpatient		
Hospital Outpatient/Emergency Room Treatment: includes facility fees, Physician fees, and supplies	\$375 per day	\$750 per day
Outpatient Surgical Facility Other Than an Emergency Room	\$250 per day	\$500 per day
Physician's Services		
Surgeon Expenses: expenses for the Physician conducting an Inpatient or Outpatient surgical operation	70% UR&C not to exceed \$1,500	80% UR&C not to exceed \$2,500
Assistant Surgeon Expenses: only if Surgeon Expense is paid	25% Surgeon Expense	25% Surgeon Expense
Anesthesiologist Expenses: only if Surgeon Expense is paid	25% Surgeon Expense	25% Surgeon Expense
Physician's Physiotherapy Outpatient Treatment: Outpatient physiotherapy or spinal manipulation, if treatment is required for a covered Loss	\$35 for the first visit; \$25 for each subsequent visit, 5 visits Maximum	\$50 for the first visit; \$25 for each subsequent visit, 5 visits Maximum
Physician's Physiotherapy Inpatient Treatment: Inpatient physiotherapy or spinal manipulation, if treatment is required for a covered Loss	10 days	20 days; \$500 per day
Physician's Outpatient Treatment: Outpatient visits that require a Physician other than a Surgeon, except for Physiotherapy or spinal manipulation	\$35 for the first visit; \$25 for each subsequent visit, 5 visits Maximum	\$50 for the first visit; \$25 for each subsequent visit, 5 visits Maximum
Consulting Physicians: Second opinions	\$50	\$100
Other Services		
Registered Nurses' Services: Except for nursing services provided in connection with Anesthesiology	UR&C	UR&C
Laboratory Tests – Outpatient: At a Physician's direction	\$100	\$250
Prescription Medications – Outpatient: Dispensed by licensed pharmacist at a Physician's direction; does not include mechanical devices	\$100	\$100
X-Rays – Outpatient: At Physician's direction; includes interpretation	70% UR&C not to exceed \$200	80% UR&C not to exceed \$250
Diagnosis Imaging – Outpatient: at a Physician's direction; includes MRI & CAT Scans and interpretation	70% UR&C not to exceed \$200	80% UR&C not to exceed \$250
Ambulance Expense: one trip per Injury from scene of Accident	UR&C for ground; \$500 for air	UR&C for ground; \$1,000 for air
Orthopedic Braces and Appliances: at Physician's request	\$100	\$200
Dental Treatment: for Injury to sound and natural teeth	\$200 per tooth to a Maximum of \$5,000	\$300 per tooth to a Maximum of \$10,000
Replacement of Eyeglasses, Hearing Aids & Contact Lenses: only when medical treatment for the Injury is covered	\$100	\$200

Exclusions

BENEFITS WILL NOT BE PAID FOR A COVERED PERSON'S LOSS WHICH:

- Is caused by or results from the Covered Person's own Intentionally self-inflicted Injury, suicide or any attempt thereat; Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.); Commission or attempt to commit a felony; Participation in a riot or insurrection; Driving under the influence of a controlled substance unless administered on the advice of a Doctor; or Driving while intoxicated.
- Expense which is caused by or results from declared or undeclared war or act of war.
- Services or treatment rendered by a Doctor, nurse or any other person who is: Employed or retained by the Policyholder; or who is the Covered Person or a member of his immediate family.
- An Injury that is caused by flight in an aircraft, except as a fare-paying passenger.
- That part of medical expense payable by an automobile insurance policy without regard to fault. (Does not apply in any state where prohibited.)
- Injury that is the result of the Covered Person being Intoxicated; or caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a Doctor.
- An Injury resulting from participation in or practice for football, unless premiums paid for such coverage.
- Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in this Evidence of Coverage.
- Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
- Elective treatment or surgery, sickness or health treatment, or examination where no Injury is Involved.
- Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
- Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws.
- Expenses incurred after the Benefit Period shown in the Schedule of Benefits for this Evidence of Coverage, except as provided under the Major Medical Benefit, if provided.

- Services and supplies furnished by the School infirmary, its employees, or Doctors who work for the school.
- Hernia of any kind; or any bacterial infection that was not caused by Accidental cut or wound.
- Injuries resulting from Nuclear Reaction.

EXCESS COVERAGE

This Policy is secondary coverage to all Other Plans or insurance for which the Insured may be eligible. We will reduce the amount payable under the Policy to the extent expenses are paid or payable under any Other Plan. We will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or other 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. However, if the claim is \$100 or less, this Policy will pay regardless of any Other Plan or insurance. No duplication of benefits will be allowed.

PREMIUM PROVISIONS

The total premium is due regardless of the Student's Effective Date of Coverage. Premium refunds are not available under this policy, except when we receive written notice within 90 days of an Insured's entry into the Armed Forces; in which case, the pro-rata premium shall be refunded.

How to File a Claim

You must provide written notice of claim within 60 days of the date of the Covered Loss. If Notice cannot be given within that time, it must be given as soon as possible. The Notice should include the claimant's name and address, and the name of the School. In the event of an Accident, please report it as soon as possible to the Principal's Office, regardless of whether or not you are filing a claim under your personal insurance.

Submit claims under the Student Accident Insurance Policy to **Francis L. Dean & Associates, Inc., P.O. Box 4200, Wheaton, IL 60189**. The telephone number for F.L. Dean is (800) 745-2409. A copy of the bills and expenses incurred should be attached to a claim form and forwarded to Francis L. Dean & Associates, Inc. promptly.

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