



WISCONSIN PREMIER STUDENT ACCIDENT INSURANCE 2016/2017



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STUDENT AND ATHLETIC INSURANCE PLANS

SCHOOL-TIME STUDENT ACCIDENT COVERAGE: Protects your students the entire school year, during regular school sessions, as well as participating in other school-sponsored activities requiring the attendance of the student. Protects your students while traveling directly to or from the student's Residence and school to attend or participate in school activities. The expiration date of coverage shall be 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.

24-HOUR-A-DAY ACCIDENT COVERAGE: Protects your students 24-hours-a-day, year-round and continues until the end of the Policy Year. The student is protected AT HOME, AT SCHOOL, AT CAMP, ON VACATION. . . ANYWHERE ACCIDENTS CAN HAPPEN.

SPORTS ACCIDENT COVERAGE: Interscholastic sports (including practice) are covered by the School-Time and 24-Hour-A-Day Accident Coverage only if the required additional premium is paid. Travel is also covered when going directly and uninterruptedly to and from practice or competition when traveling as a group in a Designated Vehicle. High school tackle football for grades 9 through 12 is only covered by the optional Football Only Accident Coverage, which requires an additional premium.

FOOTBALL ONLY ACCIDENT COVERAGE: Players in Grades 9 through 12 are covered for accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is also covered when going directly and uninterruptedly to and from such practice or competition when traveling as a group in a Designated Vehicle.

EXTENDED DENTAL EXPENSE: For an additional premium, Extended Dental Expense increases the maximum benefit for Injury to Sound, Natural Teeth up to \$5,000.

EFFECTIVE COVERAGE DATES: Coverage will be effective on the date of premium receipt by the Company, its representatives or school officials, or the official first day of school, whichever is later.

For interscholastic sports, coverage can pre-date the official first day of school for students who are participating in pre-school practice sessions, competitions or covered travel. In such cases coverage will be effective as of the date of premium receipt but only while participating in actual practice sessions, competitions or covered travel. Other aspects of coverage will not commence until the official first day of school.

Football Only Accident Coverage begins on the date of premium receipt by the Company, its representatives or school officials, but not prior to the first official date of practice sanctioned by the State High School Association and continues through the date of the last official game of the current season, including playoffs. Other aspects of coverage will not commence until the official first day of school.

EXCESS PROVISION: All Covered Charges over \$100 will be considered for payment on an Excess basis if any Other Valid and Collectible Insurance or Plan covers the Insured person. The Company will pay the first \$100 in Covered Charges regardless of other insurance.

SCHEDULE OF BENEFITS AND PREMIUMS

Covered Charges must be incurred within 52 weeks from the date of Injury provided the first treatment occurs within 60 days from the date of Injury. Coverage is for Injury due to Accidents only.

Injury means bodily injury due to an Accident which results directly and independently of disease, bodily infirmity, or any other causes; solely, directly and independently of all other causes, results in medical expense; occurs after the effective date of the Insured's coverage under the Policy; and occurs while the Policy is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single Injury.

MAXIMUM BENEFIT	
School-Time Accident Coverage	\$25,000 per Injury
24-Hour-A-Day Accident Coverage	\$25,000 per Injury
Football Only Accident Coverage	\$25,000 per Injury
COVERED CHARGES	
Hospital/Facility Services:	
Inpatient:	
Hospital Room and Board and general nursing care	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Intensive Care	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Miscellaneous Expense	80% of Reasonable & Customary up to \$1,500 maximum
Outpatient:	
Hospital Miscellaneous	80% of Reasonable & Customary up to \$1,000 maximum
Hospital Emergency Care	80% of Reasonable & Customary up to \$500 maximum
Doctor's Services:	
Surgical Fee – One Procedure Limit	80% of Reasonable & Customary up to \$2,500 maximum
Assistant Surgeon Expense	80% of Reasonable & Customary
Anesthesia Services	80% of Reasonable & Customary
Physical Therapy	80% of Reasonable & Customary up to \$1,000 maximum
Doctor's Visits	80% of Reasonable & Customary
Other Services:	
Registered Nurse Expense	80% of Reasonable & Customary
Prescription Drug	80% of Reasonable & Customary
Laboratory Services	80% of Reasonable & Customary
X-rays – includes interpretation – outpatient	80% of Reasonable & Customary up to \$500 maximum
MRI/CAT Scan – includes interpretation	80% of Reasonable & Customary up to \$750 maximum
Ambulance Expense	80% of Reasonable & Customary up to \$500 maximum
Durable Medical Equipment	80% of Reasonable & Customary up to \$500 maximum
Orthopedic Appliances	80% of Reasonable & Customary up to \$500 maximum
Dental Treatment (For Injury to Sound & Natural Teeth)	80% of Reasonable & Customary up to \$2,500 maximum
Replacement of Eyeglasses, lenses, contact lenses and hearing aids, resulting from an Injury requiring medical treatment	80% of Reasonable & Customary
Motor Vehicle Accident injuries	Limited to a maximum of \$2,500 per Injury
Loss of Life	\$2,500
Single Dismemberment (Loss of One Hand, One Foot, Entire Sight of One Eye, or Hearing One Ear)	\$5,000
Double Dismemberment (Loss of Both Hands, Both Feet, Entire Sight of Both Eyes, Hearing Both Ears or Loss of Speech)	\$10,000
ONE-TIME PREMIUM PAYMENT	
School-Time Accident Coverage:	
Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$88.00
Grades PreK-12 includes all activities except interscholastic sports	\$37.00
24-Hour-A-Day Accident Coverage:	
Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$215.00
Grades PreK-12 includes all activities except interscholastic sports	\$158.00
Football Only Accident Coverage:	
Grades 9-12 (2016 Season Only)	\$341.00
Extended Dental: (Can only be purchased in conjunction with School-Time, 24-Hour-A-Day or Football Only plans)	
Grades PreK-12	\$12.00

EXCLUSIONS

THE POLICY DOES NOT COVER:

1. Treatment, services or supplies which: are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are determined to be Experimental/Investigational in nature; are received without charge or legal obligation to pay; are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified; are not specifically listed as Covered Charges in the Policy.
2. Intentionally self-inflicted Injury; Injury received while violating or attempting to violate any duly enacted law. Injury by acts of war, whether declared or not.
3. Injury covered by Worker's Compensation or the Occupational Disease Law or mandatory no-fault automobile insurance.
4. Hernia, any type, regardless of cause.
5. Injury sustained fighting or brawling, except as an innocent victim, or while committing or attempting to commit a felony.
6. Suicide or attempted suicide.
7. Treatment of temporomandibular joint dysfunction and associated myofacial pain.
8. Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date.
9. Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
10. Loss resulting from the use of any drug or agent classified as a narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect unless prescribed by a Doctor.
11. Injury sustained while operating, riding in or upon, mounting or alighting from any two or three or four wheeled recreations motor/engine driven vehicle, snowmobile or all terrain vehicle (ATV).
12. Injury sustained while participating in or practicing for interscholastic sports, or grades 9 through 12 tackle football, unless optional coverage has been purchased.
13. Injury sustained while voluntarily participating in a riot or civil commotion or disturbance of any kind.
14. Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or unintentional ingestion of a contaminated substance.
15. Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body.
16. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
17. Injury sustained skiing or participating in a rodeo.
18. Treatment of sickness or disease in any form.
19. Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline.

WE ALSO OFFER PLANS TO SUPPLEMENT THE STUDENT ACCIDENT COVERAGE:

MANDATORY SCHOOL-TIME COVERAGE

MANDATORY SPORTS COVERAGE

CATASTROPHE COVERAGE

AFTER-SCHOOL DAY CARE COVERAGE

ATHLETIC CAMPS AND CLINIC COVERAGE

PROJECT GRADUATION AND/OR SENIOR TRIPS COVERAGE

For more information regarding coverages available to schools, please call: 269-381-6630

This is an illustrative brochure, not a Policy

NO REFUNDS ARE AVAILABLE

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