

Accident Insurance for Jefferson County Public School Students
2018-19 School Year

Provided below is a brief description of the Student Accident Insurance Program, which covers Pre K - 12 students.

\$25,000 Accident Medical Expense Excess Coverage

The Accident insurance plan pays benefits for eligible expenses, resulting from a covered accident, which are in excess of any expenses payable by any other normal Health Care Plan or Policy you have. The covered medical expenses must be incurred within 52 weeks of the onset of the injury, and first covered expenses must be incurred within 90 days of the covered accident.

This plan provides for payment of covered Usual and Customary (U&C) charges. This means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. The company may update its rates for U&C from time to time.

Schedule of Benefits

Eligible Expenses - Per Covered Accident

Maximum Medical Expense Benefit	\$25,000
 Hospital Services	
Daily Room & Board (Semi-Private Room)	100%
Intensive Care Room & Board	100% U&C
Miscellaneous Hospital Expenses, when confined or when surgery performed.....	up to \$ 3,000
Outpatient Expense Maximum	Without surgery up to \$ 1,000
	With surgery up to \$25,000
 Physician's Services	
Surgery Expenses.....	100% U&C
Consultant & Second Surgical Opinion Expenses	100% U&C
Anesthesia & Assistant Surgeon Expenses	30% of Surgical Allowance
Doctor Visits	100% U&C
Diagnostic Lab	\$ 600/Injury
Diagnostic X-rays, MRI, CAT Scans.....	\$1,200/Injury
 Additional Services	
Outpatient Prescription Drug Expense Maximum	\$300/Injury
Ground Ambulance (to or from hospital)	One Trip Paid in Full
Repatriation.....	\$5,000
Prescribed Orthopedic Appliances Benefit Maximum	In Hospital .Incl. in Misc. Hosp. Exp.
	Out of Hospital\$500
 Eyeglasses, Contact Lenses & Hearing Aid Expense Maximums	
Replacement, when broken as the result of covered Injury requiring medical treatment	up to \$100
 Dental Services (Includes dental X-Rays)	
Treatment, repair or replacement- each tooth	\$1,000

**Additional
Benefits**

Accidental Death, Dismemberment, Loss of Sight, Speech or Hearing

Provides for payment of benefits in accordance with the following table when Loss results from a covered accident. Loss must occur as a direct result of an injury and must occur within 365 days of the accident causing the injury.

Loss of Life	\$25,000
Both hands or both feet or the sight of both eyes	\$25,000
One hand and one foot	\$25,000
One hand and the sight of one eye	\$25,000
One foot and the sight of one eye	\$25,000
Speech and Hearing	\$25,000
One hand or one foot or the sight of one eye	\$12,500
Speech or Hearing	\$12,500
Thumb and Index Finger of Same Hand	\$12,500

Loss is defined as follows:

- (1) Loss of Hand: complete severance at or above the wrist joint.
- (2) Loss of Foot: complete severance at or above the ankle joint.
- (3) Loss of Sight: total or irrecoverable loss of sight.
- (4) Loss of Speech: total and irrecoverable loss of sight.
- (5) Loss of Hearing: total and irrecoverable loss of hearing.
- (6) Loss of Thumb and Index Finger: complete severance at or above the metacarpophalangeal joint.

Coverage is provided to Student Athletes during school sponsored tryouts, pre-season and post-season play, and games, including travel to and from games and/or practice.

EXCLUSIONS

Benefits will not be paid under this Policy and any attached Rider for any expenses which result from:

- * Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
- * War or any act of war, declared or undeclared.
- * Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- * Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
- * Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
- * Injuries paid under workers' compensation, employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- * Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
- * Service or active duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
- * Services or treatment rendered by a Physician, nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person.
- * Treatment of a hernia, Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
- * Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
- * Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

LIMITATIONS

If a covered person is covered by **other valid and collectible insurance**, all benefits payable by such insurance will be determined before benefits will be paid by this policy. This policy is the second payor to any other insurance having primary status.

If a covered person is insured under a policy which is also excess to other coverage, this policy pays a maximum of 50% of the benefits otherwise payable.

Claims Procedure In case of accident, notify school immediately. Secure claim form from your school, attach bill(s) to completed form and mail to the address indicated on the claim form. Written Notice of Claim must be filed within 20 days from the date of loss, or as soon as reasonably possible.

Important Notice: This information is a brief description of the important features of this insurance plan. It is not a contract. Terms and conditions of coverage are set forth in the policy. This Blanket Policy is subject to the laws of the jurisdiction in which it is issued. **Please keep this material as a reference.**

JCPS Contact:

Pam Johnson
Phone: (502) 485-3313

Local Contact:

The Underwriters Group
P.O. Box 23790
Louisville, KY 40223
Linda Cook
Phone: (502) 489-6262
Fax (502) 244-1411