

INFORMATION and ENROLLMENT for STUDENT ACCIDENT INSURANCE

Dear Parent or Guardian:

The Richland Parish School has elected a voluntary supplemental accidental insurance policy to help cover your Child's medical expenses if he or she happens to injure themselves in an accidental bodily injury. Supplemental insurance has almost become essential.

- If you have other medical coverage, this insurance helps pay the deductible and other out-of-pocket expenses.
 - If you don't have any medical coverage, this insurance helps pay for medical treatment without overwhelming financial strain.
- Take a moment to read this brochure. For one small premium you can buy the coverage that meets your needs. Regardless of your circumstances you'll find this coverage is an excellent value. Don't take chances — enroll your child today.

OPTION 1 — 24-HOUR PLAN

Provides accident protection 24 hours a day. In addition to school activities, this option covers accidents happening anywhere in the world—at any time, on weekends, even during vacation. Coverage begins with premium payment and continues through the summer until school reopens next year or for 12 months, whichever is less. All terms, benefits and exclusions are the same as the school-time plan, except the coverage is provided all of the time. Vehicular travel is covered only to the extent provided under "WHILE TRAVELING" in Option 2.

OPTION 2 — SCHOOL-TIME PLAN

Provides accident protection during the regular school term, including most school-sponsored activities that requires the presence of the student (except as a spectator), and summer school. Coverage begins with premium payment and continues until the last day of the school term, as follows:

ON THE SCHOOL PREMISES during the hours on the days when school is in session or any other time while the student is required to participate in a school—sponsored activity.

AWAY FROM THE SCHOOL PREMISES—as a member of a supervised group, participating in a school-sponsored activity. Or attending supervised non-social religious activity during normal school time.

WHILE TRAVELING — directly to or from student's home and school to attend classes—as a member of a supervised group riding in school-furnished or chartered transportation to or from a school-sponsored activity.

OPTION 3 — EXTENDED DENTAL PLAN

For an additional premium those who buy either Option 1 or Option 2 increase the Dental Benefit to double the amount shown in the Medical Expense Benefits. Also, for those insured under Option 2, the dental coverage is extended to 24 hours a day. Option 3 may be bought alone to provide the basic dental benefits on a 24 hour basis.

OPTION 4 – SENIOR HIGH FOOTBALL

Provides accident protection for injuries resulting from the play, practice, or group travel of interscholastic football. Coverage extends from the first day of football practice to the last scheduled football game, provided the premium was paid prior to any accident. To be covered for other school athletics such as basketball, baseball, off-season conditioning programs, etc., purchase either the School-Time Plan or the 24-Hour Plan.

MEDICAL & DENTAL EXPENSE BENEFITS

Policy Maximum - \$25,000

Maximum for motor vehicle related injury - \$1,000

If, within 30 days from the date of a covered injury, the Insured requires (under the care of a Doctor) any of the medical services listed below; the company will pay 80% of the Usual, Reasonable & Customary (URC) charges, up to the maximums listed below, for eligible expenses actually incurred within 52 weeks from the date of covered injury.

Hospital Charges

In-Patient:

Room & Board - Up to \$100 per day.

Miscellaneous Services – URC up to \$100 per day, maximum of \$500

Private Duty RN Care - \$500.00 Max

Out-Patient and Emergency Rooms:

Fracture or Surgery Care - \$100.00 Max

Non-fracture or Non-surgical Care - \$40.00 Max

Doctor's Fee's:

Surgical Benefits, Primary Surgeons Maximum Benefit Amount: Allowance as provided by the 1989 Florida Relative Value Study with a conversion factor of \$125 per point Maximum of \$1,000

Non Surgical: \$20 the first day, \$10 each day thereafter to a maximum of \$200

Anesthesiologist and/or assistant surgeon, in the aggregate – 25% of the surgical allowance.

X-Rays, including Reading Fees:

Fracture - \$100.00 Max

Non-Fracture - \$25.00 Max

Diagnostic Scanning & Imaging, including reading fees - \$100.00 Max

Physical Therapy – \$10.00 per treatment, maximum of 5 treatments.

Orthopedic Braces & Appliances - \$30.00 Max

Ambulances - \$50.00 Max

Dental, including dental x-rays - \$100.00 per tooth, maximum of \$500.00

Usual Reasonable & Customary (URC) charges is the allowance for the listed service in the locale in which it is performed or provided.

TO ENROLL YOUR CHILD

1. Check the options desired, complete the application (PLEASE PRINT) and detach at the perforation.

2. Attach a check or money order for the total amount due, made payable to:

Morris Insurance Agency, Inc.

P.O. Box 1311

Leesville, LA 71496-1311

Write child's name and school on check or money order.

3. Return to the homeroom teacher or school.

ANNUAL PREMIUM RATES

Grades K-12

- Option 1 – 24-Hour Plan \$53.00
- Option 2 – School-time Plan \$13.00
- Option 3 – Extended Dental Plan - \$4.00
- Option 4 - Senior High Football \$97.00

Application for Student Accident Insurance

Underwritten by United States Fire Insurance Company

Students Name: _____

Sex: ____ Date of Birth: ____/____/____ SS#: _____

Home Address: _____

City: _____ State: _____ Zip: _____

School Name: _____

Date Received: ____/____/____ Teacher's Initials: _____

FULL EXCESS COVERAGE

This policy is excess (secondary) to any other insurance or benefits that you had a right to at the time of the injury for charges. Any remaining balances can be submitted to us for benefits due under the policy terms.

- If you have any other insurance file a claim with that company(s) first.
- If you belong to an H.M.O. or P.P.O. or similar benefit plan you must follow their procedures for qualification for charges.

PLAN INFORMATION

- Dental benefits are only for the treatment of an accidental injury to sound and natural tooth or teeth.
- Repairs or Lacerations, setting or reduction of fractures or dislocations, and cutting operations are considered surgical treatment.
- Doctor's non-surgical treatment is not payable when surgery is done by the Doctor. Only when treatment is payable per day.
- Only treatment to the injured part of the body is covered.

HOW TO FILE A CLAIM

If your child has an accidental bodily Injury notify a school official (coach, trainer, etc) as soon as possible and obtain an Accident Claim Form. School officials will assist, but parents are responsible for filing a claim.

DEATH & DISMEMBERMENT BENEFITS

Pays in addition to medical benefits for loss occurring within 180 days, one of the following, the largest applicable amount:

Accidental Death principal sum:	\$1,000.00
Accidental Dismemberment principal sum:	\$7,500.00

ENROLLMENT INFORMATION

Coverage is in effect after the premium and completed application are received by the school after school opens, unless other arrangements have been made by the school with the company. Coverage transfers within the United States and Canada, if the insured remains a student. Students may enroll after the initial sign-up period by mailing the application and premium directly to the administrator, effective upon receipt by Administrator. Premium is fully earned upon acceptance and is non-refundable. Keep your canceled check and this brochure as your proof of insurance; individual policies are not issued. The master policy is available for review at the school's office.

EXCLUSIONS

Benefits will not be paid for a Covered Person's loss which:

- (1) Is caused by or results from the Covered Person's own:
 - (a) Intentionally self-inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.);
 - (b) Voluntary self-administration of narcotics or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.);
 - (c) Commission or attempt to commit a felony;
 - (d) Participation in a riot or insurrection;
 - (e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or
 - (f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
- (2) Is caused by or results from:
 - (a) Declared or undeclared war or act of war;
 - (b) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.);
 - (c) Aviation, except as specifically provided in this Certificate;
 - (d) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
 - (e) Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
 - (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
 - (ii) The Covered Person was within a 25-mile radius of the site of the release either:
 - 1) At the time of the release; or
 - 2) Within 24 hours of the start of the release;

ADDITIONAL EXCLUSIONS

Benefits will not be paid for:

1. Normal health checkups;
2. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this policy, and rendered within 6 months of the Accident;
3. Services or treatment rendered by a doctor, nurse or any other person who is:
 - (a) Employed or retained by the Certificate holder; or
 - (b) Who is the Covered Person or a member of his immediate family;
4. Charges which:
 - (a) The Covered Person would not have to pay if he did not have insurance; or
 - (b) Are in excess of Usual, Reasonable and Customary charges.
5. An Injury that is caused by flight in:
 - (a) An aircraft, except as a fare-paying passenger;
 - (b) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - (c) An ultra light, hang-gliding, parachuting or bungie-cord jumping;
6. Travel in or upon:
 - (a) A snowmobile;
 - (b) Any two or three wheeled motor vehicle;
 - (c) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
7. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program);
8. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
9. Injury that is:
 - (a) The result of the Covered Person being Intoxicated ; or
 - (b) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
10. Any Sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food;

11. An Injury resulting from participation in or practice for non-School sponsored skiing, ice hockey, lacrosse, soccer or football;
12. Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in this Certificate;
13. Preventive medicines, serums, vaccines;
14. Treatment of acne, moles, or warts;
15. Congenital conditions, birth defects, except as specifically provided in this Certificate;
16. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
17. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
18. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
19. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request;
20. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
21. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
22. Expenses for nervous or mental disease or disorders, except as specifically provided for in this Certificate;
23. Routine gynecology or pap smears;
24. Voluntary termination of pregnancy;
25. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
26. Cosmetic surgery, except for:
 - (a) Reconstructive surgery on a diseased or injured part of the body; or
 - (b) Congenital disease or abnormalities which causes a functional defect;
27. Routine medical care [,except annual cytologic screening and mammographic examinations;
28. For contraceptive methods, devices or aids; elective sterilization or its reversal; artificial insemination; or in-vitro fertilization, except as mandated by law;
29. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
30. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
31. Rest cures or custodial care;
32. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
33. Dental treatment or dental X-rays, except as otherwise provided, and only when Injury occurs to sound natural teeth;
34. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
35. Personal services such as television and telephone or transportation;
36. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;
37. Services and supplies furnished by the School infirmary, its employees, or doctors who work for the School;
38. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound;
39. Alcoholism or drug addiction unless provided for under this Certificate;
40. Mental and nervous disorders unless provided for under this Certificate;
41. Prescription medicines unless specifically provided for under this Certificate.