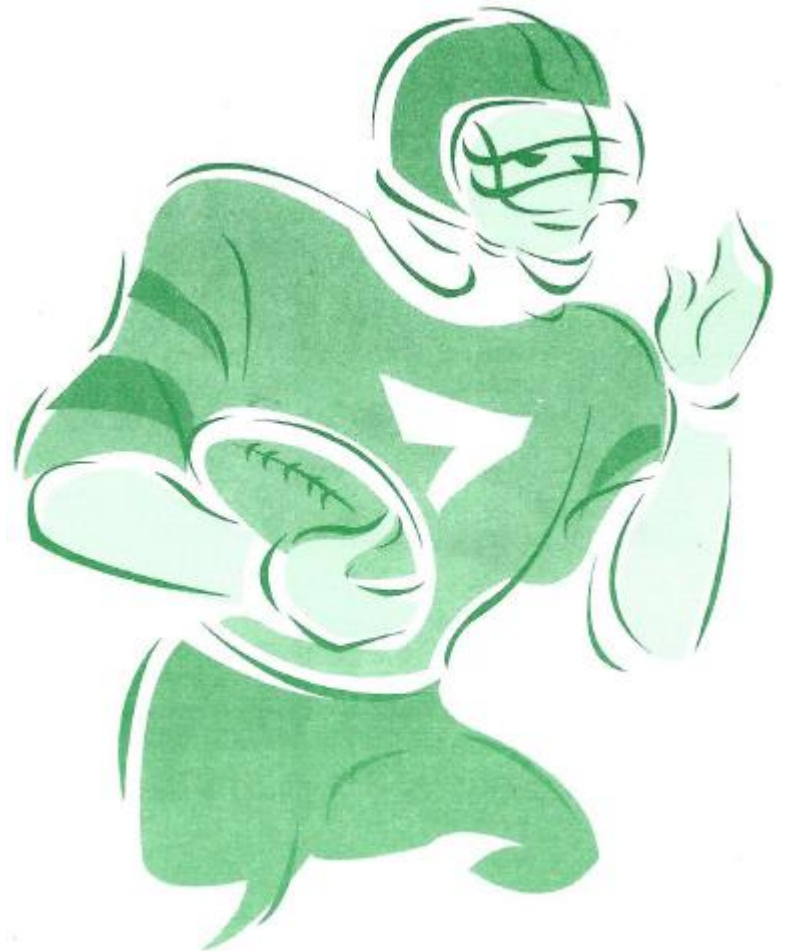


INTERSCHOLASTIC FOOTBALL

**ACCIDENT INSURANCE
FOR DEKALB COUNTY
BOARD OF EDUCATION
2016-2017**



Offered by:



P.O. Box 1185 • Marietta, Georgia 30061
Phone (770) 427-2461
Outside Atlanta Dialing Area 1-800-633-2360

Underwritten by:

United States Fire Insurance Company
by Fairmont Specialty, a Division of Crum & Forster
Eatontown, New Jersey

NOTE

This folder isn't a contract. It's simply an illustration of the benefits. You may read the master certificate at the school district office. Keep this folder for future reference. Retain your cancelled check for proof of your coverage.

INTERSCHOLASTIC HIGH SCHOOL FOOTBALL ACCIDENT INSURANCE PROTECTION PROVIDING A MAXIMUM OF \$25,000 MEDICAL EXPENSES

MEDICAL BENEFITS

If a student receives treatment by a legally qualified physician or surgeon (other than a member of the family) or is hospital confined, and treatment begins within 60 days from the date of injury, the Company will pay the reasonable and customary expenses incurred for necessary medical, dental or hospital care subject to the provisions, limitations and exclusions outlined in this brochure. The Company will pay these expenses up to a full year from the date of injury. Injury must occur while the Policy is in force.

DEATH, DISMEMBERMENT AND LOSS OF SIGHT BENEFITS

Pays in addition to other benefits, one of the following: the largest applicable amount

(within 180 days from the date of injury)

Loss of Life \$2,500
 Loss of Both Hands,
 Both Feet or Sight of Both Eyes \$10,000
 Loss of One Hand, One Foot or Sight of One Eye \$5,000

Benefits are Payable Up To The Following Maximums

	PREMIER	PREFERRED	BASIC
Hospital Room & Board	Semi Private room rate	Semi Private room rate	\$150.00 per day
Hospital Inpatient Services & Supplies	80% of Reasonable & Customary up to \$5,000.00	80% of Reasonable & Customary up to \$3,000.00	70% of Reasonable & Customary up to \$2,000.00
Hospital Emergency Room (includes all services and supplies except x-rays)	Reasonable & Customary up to \$500.00	Reasonable & Customary up to \$200.00	Reasonable & Customary up to \$100.00
Surgery	Reasonable & Customary at 80%	Reasonable & Customary at 80%	Reasonable & Customary at 80%
Physician Outpatient Treatment (all services & supplies except x-rays)	\$100.00 for first treatment; \$75.00 for each subsequent treatment - maximum of 5 treatments	\$40.00 per treatment maximum 5 treatments	\$25.00 for first treatment; \$15.00 for each subsequent treatment - maximum of 5 treatments
Registered Nurses Services	Reasonable & Customary in full	Reasonable & Customary in full	Reasonable & Customary in full
X-rays, diagnostic imaging, MRI's., CAT Scans, etc.	80% of Reasonable & Customary up to \$750.00	80% of Reasonable & Customary up to \$300.00	80% of Reasonable & Customary up to \$150.00
Physical Therapy (in or out of the hospital)	Reasonable & Customary up to \$250.00	Reasonable & Customary up to \$100.00	\$25.00 for first treatment, \$15 ea. subsequent treatment, maximum of 5 treatments
Ambulance-Ground Transportation	Reasonable & Customary	Reasonable & Customary	One trip in full
Braces & Orthopedic Appliances	Reasonable & Customary up to \$200.00	Reasonable & Customary up to \$50.00	Reasonable & Customary up to \$25.00
Prescriptions	Reasonable & Customary charges as an inpatient; Reasonable & Customary up to \$100.00 as an outpatient	Reasonable & Customary charges as an inpatient; Reasonable & Customary up to \$50.00 as an outpatient	Reasonable & Customary charges as an inpatient Reasonable & Customary up to \$25.00 as an outpatient
Dental treatment	\$250.00 per natural tooth	\$150.00 per natural tooth	\$150.00 per natural tooth
Injuries Involving Motor Vehicles	Up to \$2,000.00 per injury	Up to \$1,000.00 per injury	Up to \$500.00 per injury

This is not a contract but an illustration of coverages

BENEFITS ARE NOT PAID FOR:

1. Conditions which are not caused by an accidental injury;
2. Treatment of loss resulting from hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis;
3. Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three- or four-wheeled recreational motor vehicle or snowmobile;
4. Re-injury or complications of a condition which existed prior to the accident;
5. Injury sustained as a result of practice or play in interscholastic tackle football, unless the premium for such coverage has been paid;
6. Any expense for which benefits are payable under Catastrophic Accident Insurance program of the State High School Interscholastic Activities Association;
7. Treatment performed by a family member or person retained by the School;
8. Intentionally self-inflicted injury, or injury due to: acts of war, suicide, violating or attempting to violate the law, fighting or brawling except in self defense, or loss in consequence of being intoxicated or under the influence of any drugs or narcotic unless administered by or on the advice of physician;
9. Injury for which Worker's Compensation or similar occupational benefits are available;
10. Bacterial infections, sickness or disease of any kind such as strep throat or tonsillitis, heat exhaustion, sunburn, frostbite, fainting or allergic reactions;
11. Vegetation poisoning such as poison ivy or poison sumac, or ptomaine poisoning;
12. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain.

Please detach and return to your school.

Name of Student _____
 Social Security # _____
 Age _____ Grade _____
 Address _____
 City _____ State _____
 Zip _____ Phone # _____
 Name of School _____

PLAN	COST		
Regular Season	Student	School	Total
<input type="checkbox"/> Premier Option	\$107.00	\$107.00	\$214.00
<input type="checkbox"/> Preferred Option	\$ 67.25	\$ 67.25	\$134.50
<input type="checkbox"/> Basic Option	\$ 37.25	\$ 37.25	\$ 74.50
 Spring Practice*			
<input type="checkbox"/> Premier Option	\$ 22.00	\$ 22.00	\$ 44.00
<input type="checkbox"/> Preferred Option	\$ 12.50	\$ 12.50	\$ 25.00
<input type="checkbox"/> Basic Option	\$ 7.50	\$ 7.50	\$ 15.00

I desire the above described insurance and am attaching a check made payable to the school for
 (check coverage desired)

Regular Season
 _____ Premiere Option \$107.00
 _____ Preferred Option \$67.25
 _____ Basic Option \$37.25

Spring Practice*
 _____ Premiere Option \$22.00
 _____ Preferred Option \$12.50
 _____ Basic Option \$ 7.50

I DO NOT DESIRE THIS INSURANCE because the above player is adequately covered by Accident insurance with appropriate policies which I already carry.

Date _____
 Signature _____
Parent or Guardian

*Not to be paid until just prior to Spring Practice beginning date.

Instructions for Filing Claims:

In case of accident, notify school immediately. Secure claim forms from your school, attach bill(s) to completed claim form and mail to the address indicated on the claim form. CLAIMS FOR BENEFITS MUST BE FILED WITHIN 90 DAYS FROM DATE OF THE ACCIDENT.

IMPORTANT – EXCESS PROVISION. (Applicable only if you have other medical insurance.) Your student insurance plan is designed to provide maximum benefits for a minimum premium. If your claim is over \$100 and you have other medical insurance, please submit your claim to your other insurance company first. When you receive their Benefit Statement, send it to us. We will pay benefits for those eligible expenses not paid by your other insurance.

When excess insurance is provided and another Plan Providing Medical Benefits to an Insured is an HMO, PPO, or similar arrangement for provision of services and the insured does not use the facilities or services of the HMO, PPO, or similar arrangement for provision of benefits or services, the medical benefits otherwise payable under this Policy shall be reduced by 50%. This limitation shall not apply to emergency treatment required within 24 hours after an accident when the accident occurs outside the geographic area served by the HMO, PPO, or similar arrangement for provision of benefit or services.

DEFINITIONS

INJURY – means bodily injury resulting directly and independently of all other causes in loss covered by the Policy, and caused by an accident sustained while the Policy is in force as to the insured person.

ACCIDENT – means an unexpected, external and sudden event that is independent of any other cause.

