# 2016-2017

# STUDENT ACCIDENT INSURANCE PLAN

## If your child is injured, do you have accidental medical coverage?

**Offered by:**

T.W. LORD & ASSOCIATES, LLC SINCE 1955

5 Dodd Street • Marietta, Georgia 30060 • (770) 427-2461
**1-800-633-2360**

**Underwritten by:**

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

# CHOOSE FROM THREE PLANS OF BENEFITS

## 24-HOUR ROUND THE CLOCK COVERAGE

The 24-Hour coverage Plan covers accidents at school, on the weekends and during summer vacation periods, including participation in all sports, except high school tackle football. It does not cover certain motor vehicle accidents (see exclusions).

**Annual Cost**

| Premier Option | Preferred Option | Basic Option |
|---|---|---|
| $215.00 | $129.50 | $79.00 |

## SCHOOL TIME COVERAGE

The School Time Coverage covers accidents at school during the school day, including one hour before and after school, while the student is continuously on the school premises, and while attending a school-sponsored and supervised activity. Travel directly between home and school to attend regularly scheduled classes or to participate in school activities is also covered. School Time Coverage does not include high school tackle football or certain motor vehicle accidents (see exclusions).

**Annual Cost**

| Premier Option | Preferred Option | Basic Option |
|---|---|---|
| $45.00 | $26.00 | $14.50 |

## COVERAGE PERIOD:

Coverage under the School-Time and 24-Hour Plan begins on the date of premium receipt but not before the start of the school year activities. School-Time coverage ends at the close of the regular nine month school term, except while the insured is attending activities exclusively sponsored and solely supervised by the School during the summer. 24-Hour coverage ends when school reopens for the following fall term.

## FULL TIME DENTAL ACCIDENT PLAN

Covers accidents occurring anytime or anywhere, including all athletics and all forms of transportation. Coverage begins on the date of premium payment (but not before the start of the school year), and ends when school reopens for the following fall term.

**Dental Plan Requirements and Limitations**

If, within 60 days from the date of injury, the insured is treated by a legally qualified dentist (other than by a family member) for injury to teeth, the Company will PAY THE REASONABLE AND CUSTOMARY EXPENSES for necessary dental treatment which is incurred within one year from the date of injury.

**EXCESS PROVISION –** If you have other valid coverage providing benefits for the same loss, benefits shall be paid first by your other coverage. The balance of unpaid eligible dental expense will then be paid by this policy.
**EXCLUSIONS –** Conditions which are not caused by accidental injury. Re-injury or complications of a condition which existed prior to the accident. Orthodontics and damage to or loss of dentures or bridges.

**Annual Premium: $6.00**

## EXCESS PROVISION

**IMPORTANT —** (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 benefits or services.

# ACCIDENTAL MEDICAL BENEFITS

## 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 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.

### Maximum Benefits Per Occurrence

Compare and Choose

| Premier Option $250,000 | Preferred Option $100,000 | Basic Option $50,000 |
|---|---|---|

### 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 |

## Accidental Death, Dismemberment & Loss of Sight Benefits

Pays in addition to other benefits, one of the following:
the largest applicable amount:
(within 180 days from date of injury)

| | |
|---|---|
| Loss of Life | $ 2,500.00 |
| Loss of Both Hands, Both Feet or Sight of Both Eyes | $10,000.00 |
| Loss of One Hand, One Foot, or Sight of One Eye | $ 5,000.00 |

**PLEASE NOTE EXCLUSIONS AND LIMITATIONS ON BACK PAGE.**

**Detach at Perforation, Moisten Glue Strip and Seal.**

# HOW TO ENROLL YOUR CHILD FOR THIS ACCIDENT PROTECTION

1. Check boxes on application for benefit plans that best meet your needs.
2. Fill out the application envelope completely, one for each child to be insured. Enclose a check or money order payable to T.W. Lord & Associates. Return of check by bank for any reason will invalidate insurance until appropriate premium has been received.
3. Please return envelope as indicated. Your cancelled check or money order stub will be your receipt and confirmation of payment. (Please write student's name and school name on your check). Keep the rest of the brochure for your records.

(Insert check in pocket and fold before sealing)

ENROLLMENT APPLICATIONS

School Year Rates - 2016-2017

# APPLICATION FOR ENROLLMENT

PLEASE PRINT

_____
STUDENTS LAST NAME

_____
STUDENTS FIRST NAME Middle Initial

___ ___ ___ - ___ ___ - ___ ___ ___ _____
STUDENTS SOCIAL SECURITY# BIRTHDATE (Mo/Dy/Yr)

GRADE _____ PHONE _____

HOME
ADDRESS _____
No. & Street Apt.

CITY _____ ST _____ ZIP _____

SCHOOL SYSTEM/DISTRICT _____

SCHOOLNAME _____

SIGNATURE _____
(Parent or Guardian or Adult Applicant) DATE

School Year Rates - 2016-2017
Check Your Selection

| **COVERAGE PLANS** | **BENEFIT OPTIONS** | | |
|---|---|---|---|
| | Premier Option | Preferred Option | Basic Option |
| Full Time | $215.00 ❑ | $129.50 ❑ | $79.00 ❑ |
| School Time | $45.00 ❑ | $14.50❑ | $14.50 ❑ |
| Full Time Dental | $6.00 ❑ | $6.00 ❑ | $6.00 ❑ |
| **Total Payment** ENCLOSED | $ _____ | $ _____ | $ _____ |

Make Checks Payable to:
**T.W. Lord & Associates**
25 Dodd Street, Marietta, Georgia 30060
**(770) 427-2461**

FROM

T.W. Lord & Associates
P.O. Box 1185
Marietta, GA 30061-1185

PLACE STAMP HERE

# IMPORTANT NOTICE TO PARENTS:

We are pleased to offer through your school system the 2016-2017 student accident insurance. This coverage provides excellent protection against medical expenses resulting from accidental injury to your child.

For those of you who have other insurance, this program will help you pay your deductibles and co-insurance. For those of you who have no other insurance, this coverage will provide much needed bene-fits at a reasonable cost.

Please read the brochure carefully and select the coverage that most closely meets your needs. If you have any questions, please feel free to call the plan administrator at the number(s) listed below.

For more information call:

T.W. LORD & ASSOCIATES, LLC SINCE 1955

25 Dodd Street
Marietta, Georgia 30060
**(770) 427-2461**

Outside Atlanta Dialing Area
**1-800-633-2360**

# EXCLUSIONS & LIMITATIONS

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 any two or three wheeled motor vehicle, a four wheeled recreational 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 Workers' Compensation or similar occupational benefits are available;
10. Bacterial infections, sickness or disease of any kind such as strep throat or tonsilitis, 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.

# 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.

# HOW TO FILE A CLAIM:

Report accidents at once to the school official. Accident claim forms will be furnished through the Principal's Office. (During vacation time contact the Administrator of the plan.) Completed proof of loss and accumulated bills must be received by the Company within 90 days.