

## CHOOSE YOUR COVERAGE PLAN

### One Time Premium

For The School Year 2010-2011

#### SCHOOL TIME COVERAGE (Accident Only)

Economy Plan: \$20.00  
 Basic Plan: \$37.00  
 Deluxe Plan: \$64.00

The School Time plan provides coverage while an insured student is in or on school premises during the days and months when school is in session; traveling directly to or from their residence and school in a vehicle supplied by the school; and participating in or attending activities sponsored solely by the school that are continuously supervised by a school official or employee. This also includes supplied and supervised travel directly to and from such sponsored activities; and school sponsored and supervised sports, excluding 9th, 10th, 11th, and 12th grade interscholastic football.

#### AROUND THE CLOCK COVERAGE (Accident Only)

Economy Plan \$90.00  
 Basic Plan \$158.00  
 Deluxe Plan \$229.00

Around the Clock coverage applies 24 hours a day, whether school is in session or not. The insurance is provided from the effective date of the insured student's coverage to the termination date of the policy. This coverage includes school sponsored and supervised sports, excluding 9th, 10th, 11th, and 12th grade interscholastic football.

#### INTERSCHOLASTIC FOOTBALL COVERAGE (Fall)

Economy Plan \$151.00  
 Basic Plan \$235.00  
 Deluxe Plan \$315.00

#### INTERSCHOLASTIC FOOTBALL COVERAGE (Spring Training Only)

Economy Plan \$53.00  
 Basic Plan \$72.00  
 Deluxe Plan \$110.00

- Provides coverage for 9th, 10th, 11th, & 12th grade interscholastic football only.
- **School Time and Around the Clock coverage is not included with this Premium Payment.**

### COMPLETE YOUR ENROLLMENT FORM

- Complete enrollment form.
- Make check or money order payable to Markel Insurance Company. **Do not send cash.**
- Write your child's name on your check or money order.
- Mail check or money order and completed enrollment form to Markel Insurance Company. **Please do not return to your child's school.**
- Your cancelled check or money order stub will be your receipt and confirmation of payment.
- Keep this brochure for future reference. Individual policies will not be sent to you.

## ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE 2010-2011

School District Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Sex: M  F  SSN: \_\_\_\_\_

Student Address: \_\_\_\_\_ Student Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Make check or money order payable to: Markel Insurance Co.

Amount enclosed: \$ \_\_\_\_\_

Check or money order number: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mail To: Markel Insurance Company  
 Attn: K-12 Accounting Unit  
 P.O. Box 3870  
 Glen Allen, VA 23058-3870  
 Questions: 800-431-1270

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PLAN SELECTION			
Plan	Economy Plan	Basic Plan	Deluxe Plan
School Time	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$37.00	<input type="checkbox"/> \$64.00
Around the Clock	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$158.00	<input type="checkbox"/> \$229.00
Football (Fall)	<input type="checkbox"/> \$151.00	<input type="checkbox"/> \$235.00	<input type="checkbox"/> \$315.00
Football (Spring)	<input type="checkbox"/> \$53.00	<input type="checkbox"/> \$72.00	<input type="checkbox"/> \$110.00

**REVIEW YOUR BENEFITS**  
**Maximum Benefits Paid As Specified Below**

The policy provides benefits for loss due to a covered injury up to the maximum benefit as listed below for each injury. Benefits will be paid for covered medical expenses incurred within 52 weeks from the date of Accident up to the maximum benefit per service as scheduled below:

DESCRIPTION OF BENEFITS			
BENEFIT	ECONOMY PLAN	BASIC PLAN	DELUXE PLAN
Plan Maximum	\$25,000	\$25,000	\$50,000
Hospital Room and Board	\$140 per day	\$250 per day	100% of Semi-private
R&B - Intensive Care	\$250 per day/\$1,000 maximum	\$500 per day/\$2,000 maximum	Incl. in Room and Board
Licensed Nurse	Usual and Customary	Usual and Customary	Usual and Customary
Outpatient Emergency Room	\$125	\$250	80% U&C
Outpatient X-ray	\$250	\$400	80% U&C
Outpatient CT Scan/MRI	Payable under X-ray	Payable under X-ray	80% U&C
Ambulance	\$150	\$300	80% U&C
Surgery	50% U&C up to \$1,250	80% U&C up to \$1,750	80% U&C
Anesthetist/Assistant Surgeon	25% of Surgical	25% of Surgical	25% surgical
Outpatient Consultant	\$44	\$88	80% U&C
Outpatient Physician	\$20	\$35	80% U&C
Outpatient Day Surgery	\$350	\$600	80% U&C
Outpatient Physical Therapy	\$10 per visit, 10 visit max	\$20 per visit, 10 visit max	80% U&C; 10 visit maximum
Outpatient Durable Medical Equipment	\$75	\$150	\$300
Dental Injury	\$150 per tooth	\$300 per tooth	\$5,000
Outpatient Prescription Drugs	\$25	\$50	Included to maximum
Replacement of Eyeglasses, Hearing Aids	\$75	\$100	\$500
Motor Vehicle Limit	\$2,500	\$2,500	\$5,000
Accidental Death	\$3,500	\$3,500	\$5,000
Accidental Dismemberment	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000

This is only a partial description of the insurance plan. The benefits which are payable are determined in accordance with the terms, conditions, and exclusions of the policy which is on file with the school or district office.

**Retain This Description of Coverage For Your Personal Records**

Individual policies will not be issued or sent to you. Keep your cancelled check or money order receipt as evidence of payment. This brochure is for illustrative purposes only. It is not a contract of insurance. It is intended to provide a general overview of the insurance program. Please remember only the insurance policy can give actual terms of coverage.

**Student's Name:** \_\_\_\_\_  
 if premium has been paid, the student whose name appears above has been insured under an accident only policy issued to:  
**School District:** \_\_\_\_\_  
**Coverage:**  Around the Clock  School Time  
 Football  
**Paid by Check #** \_\_\_\_\_ **Amount:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Claims Questions: (877) 794-6769**

## Definitions

- Accident means a sudden, unexpected and unintended event, which is identifiable and caused solely by an external physical force resulting in Injury to an insured student. Accident does not include a loss contributed to by disease or sickness.
- Injury means bodily harm caused solely by an Accident which occurs while this policy is in force and is the sole cause of the loss.
- Usual and Customary Expense means an expense which (a) is charged for treatment, supplies or medical services medically necessary to treat the insured student's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the expense is incurred.

## Additional Facts About the Policy

1. Student Transfer: The policy continues in force anywhere in the world if the insured should relocate prior to the expiration of coverage. Coverage will not exceed the limits shown in this brochure and must be in accordance with accepted standards of medical practice.
2. Cancellation: Coverage under the policy is non-cancelable, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event an insured enters the Military Service.
3. Initial Enrollment: Coverage is effective on the day the enrollment form and premium are received by Markel Insurance Company, but in no event prior to the opening day of school or the first official day of interscholastic athletics or activities.
4. Late Enrollment: There is no premium reduction for any individual who enrolls late in the year.
5. Your cancelled check is your only receipt and notification of coverage.
6. Enrollment: Deadline is 6/15/10

## Accidental Death & Dismemberment Limitations

- The loss must result from an Accident, and must take place while the person is insured under the policy. We will not pay for a loss caused in any way by:
- Bodily or mental infirmity or illness;
- Medical or surgical treatment; except for surgery which results from an Accident;
- Taking part in a riot or felony.

## Policy Exclusions and Limitations

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

- Expense for treatment on or to the teeth, except for treatment resulting from Injury to sound natural teeth;
- Services normally provided without charge by the policyholder;
- Eyeglasses, contact lenses, hearing aids, and examination for the

- prescription or fitting thereof except as specifically provided herein;
- Suicide, attempted suicide or intentionally self-inflicted Injury;
- Injury due to participation in a riot or felony;
- Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery made medically necessary due to a covered Accident which results in trauma, infection or other diseases of the involved part;
- Treatment of a deviated nasal septum, including submucous resection and/or other surgical corrections, unless the treatment is due to or arises from a covered Injury;
- Air travel, except as a fare-paying passenger on a regularly scheduled flight operated by a commercial airline;
- Injury resulting from any declared or undeclared war;
- Injury while in the armed forces of any country. When an insured person enters such armed forces, we will refund the unearned pro rata premium to the insured person;
- Injury covered by any workers' compensation or occupational disease law;
- Treatment provided in a governmental hospital unless the insured person is legally obligated to pay such charges;
- Infections except pyrogenic or bacterial infections caused by a covered Injury;
- Hernia, unless it results from a covered Injury;
- Injury occurring while the insured person is legally intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
- Injury while parachuting or hang gliding; traveling in or on any two, three or four wheeled all terrain motor vehicle; jet skiing, skydiving, glider flying, parasailing, sail planing, bungee jumping; operating, or riding on any snowmobile; skiing, snowboarding; or participating in a rodeo;
- Injury resulting from fighting;
- Play, practice or travel in connection with interscholastic football in which any 9th, 10th, 11th or 12th grade students participate, unless the applicable additional premium is paid;.
- Blisters, insect bites, frost bite, vegetation poisoning and food poisoning;
- Motor vehicle accidents covered by medical benefits coverage in automobile "no fault" and traditional automobile "fault" type contracts.

## How To File A Claim

1. Obtain a claim form from your school office or Co-ordinated Benefit Plans (877-794-6769), and answer all questions in detail (including signatures) on the front of the form.
2. Attach all bills to the completed form and mail to Co-ordinated Benefit Plans at the address provided on the claim form.
3. Any bills not filed with the claim form should be sent to the company, identified with the student's name, school district, and date of accident. Bills that cannot be attached to the initial form must be submitted within 90 days of the date of service.