



# Student Accident Insurance 2016-2017

## Choose your coverage plan

One-time premium for the 2016-2017 school year

### School time coverage (accident only)

Low plan: \$15.00      Middle plan: \$36.00      High plan: \$66.00

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 ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football.**

### Around the clock coverage (accident only)

Low plan: \$68.00      Middle plan: \$144.00      High plan: \$266.00

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 ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football.**

### Interscholastic football coverage

- Provides coverage for ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football only.
- **School time and around the clock coverage is not included with this plan option.**

### Annual

Low plan: \$109.00      Middle plan: \$294.00      High plan: \$435.00

### Spring only

Low plan: \$38.00      Middle plan: \$118.00      High plan: \$174.00

### Summer day camp/Off season conditioning

Low plan: \$11.00

Provides coverage during school sponsored and supervised summer day camps that are conducted on school premises. Off season conditioning provides coverage when under the direct supervision of the coach or a trainer for conditioning and weight training for interscholastic sports which takes place at a designated facility on the premises or in close proximity to the school. It does not provide coverage for play or practice involving bodily contact of any sport. This coverage ends the first day of official practice or the first day of school.

### How to enroll (enrollment website will be available beginning July 1st)

- **Enroll online at <http://markel.sevencorners.com> or call 877-444-5014 for enrollment by phone.**  
Seven Corners, Inc. is Markel's administrator for this program.
- **Payment must be made by credit or debit card.**

\*Detailed brochure and claims reporting information can be found on the enrollment website.

### Markel

4600 Cox Road, Glen Allen, VA 23060-9817 (800) 431-1270 (804) 527-2700

[www.markelinsurance.com](http://www.markelinsurance.com)



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## Choose your coverage plan

One-time premium for the 2016-2017 school year  
Coverage availability varies by state.

### School time coverage (accident only)

Low plan: \$15.00      Middle plan: \$36.00      High plan: \$66.00

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### Interscholastic football coverage

- Provides coverage for ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football only.
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Low plan: \$109.00      Middle plan: \$294.00      High plan: \$435.00

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**Summer day camp/Off season conditioning:** Provides coverage during school sponsored and supervised summer day camps that are conducted on school premises. Off season conditioning provides coverage when under the direct supervision of the coach or a trainer for conditioning and weight training for interscholastic sports which takes place at a designated facility on the premises or in close proximity to the school. It does not provide coverage for play or practice involving bodily contact of any sport. This coverage ends the first day of official practice or the first day of school, whichever comes first.

## How to enroll

- **Enroll online at <http://markel.sevencorners.com> or call 877-444-5014 for enrollment by phone.** Seven Corners, Inc. is Markel's administrator for this program.
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## Review your benefits

### Maximum benefits paid as specified

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.

### Retain this description of coverage for your personal records

Individual policies will not be issued or sent to you. 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.

**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 policyholder (school or district office).**

## Description of benefits

Benefit	Low plan	Middle plan	High plan
Plan maximum	\$25,000	\$50,000	\$75,000
Hospital room and board	\$125 per day	\$200 per day	\$350 per day
Hospital miscellaneous	80% U&C to \$1,000 maximum	80% U&C to \$1,200 maximum	80% U&C to \$2,400 maximum
Room and board - intensive care	\$250 per day/\$1,000 maximum	\$250 per day/\$1,000 maximum	\$500 per day/\$2,000 maximum
Licensed nurse	Usual and customary	Usual and customary	Usual and customary
Outpatient emergency room	\$200	\$200	\$350
Outpatient x-ray	\$200	\$250	\$400
Outpatient CT Scan/MRI	\$300	\$300	\$500
Ambulance	\$150	\$150	\$300
Surgery	50% U&C up to \$1,000	50% U&C up to \$1,250	80% U&C up to \$1,750
Anesthetist/assistant surgeon	\$250	\$315	\$440
Outpatient consultant	\$40	\$50	\$95
Outpatient physician	\$40 for the first visit/\$25 thereafter	\$40 for the first visit /\$25 thereafter	\$60 for the first visit/\$35 thereafter
Outpatient day surgery	\$350	\$350	\$600
Outpatient physical therapy	\$25 per visit, 10 visit max	\$25 per visit, 10 visit max	\$40 per visit, 10 visit max
Outpatient durable medical equipment & supplies	\$75	\$75	\$150
Dental injury	\$150 per tooth	\$150 per tooth	\$300 per tooth
Outpatient prescription drugs	\$25	\$25	\$50
Replacement of eyeglasses, hearing aids	\$150	\$150	\$300
Motor vehicle accident limit	\$2,500	\$2,500	\$2,500
Accidental death	\$5,000	\$5,000	\$5,000
Accidental dismemberment	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000

## 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 (U&C) 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 person 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 following online or phone enrollment, 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. Enrollment: Deadline is 6/13/17.

## Accidental death & dismemberment limitations

- The loss must result from an Accident, and must take place while the insured 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:

- Sickness;
- 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 there of 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 ninth-, tenth-, eleventh- or twelfth-grade students participate, unless the applicable additional premium is paid;
- Blisters, insect bites, frostbite, 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 Seven Corners, Inc. (877-444-5014), 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 Seven Corners, Inc. 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.

