



ACCIDENT INSURANCE JUST FOR K-12 SCHOOLS



If an accident occurs as part of your school activities, this excess **Accident Insurance** plan provides coverage to your students for medical expenses associated with accidental injuries, with deductibles as low as \$0.

CUSTOMIZE WHO'S INCLUDED

- Students attending school-sponsored and supervised activities, including summer recreational activities, and travel to and from covered activities
- Student-athletes participating in interscholastic sports tryouts, practice sessions, and games; this option can include or exclude football

WHAT'S COVERED

- Hospital bills, including room and board
- Emergency room and outpatient treatment; ambulance expenses
- Medical or surgical treatment by a licensed doctor
- Prescription drugs and medicines
- Care for dental injuries

Coverage applies on an excess basis, after all other applicable health care plans are exhausted. If no other health care plan or policy exists, benefits will be payable like primary coverage. This policy also includes *Accidental Death*, *Dismemberment*, and *Paralysis* benefits, as well as *Crisis Death* benefits (where allowed).]

OPTIONAL ADD-ON: CATASTROPHIC COVERAGE

Round out your coverage with a catastrophic policy add-on, featuring coverage limits up to \$5 million and catastrophic cash benefits. Ask your agent for more information.

For full coverage description, please visit
www.brotherhoodmutual.com/insurance/accident-medical-insurance

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© Brotherhood Mutual Insurance Company. All rights reserved. Covered expenses must be incurred within the time period specified in the policy forms. This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by QBE Insurance Corporation (QBE) and made available in coordination with Brotherhood Mutual Insurance Company and Brotherhood Mutual Insurance Services, LLC. It is not a contract and does not provide insurance coverage of any kind, nor does it modify the terms of any Brotherhood Mutual policy. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth on policy form, BAM-03-1000 et seq. Any policy QBE offers to issue will be subject to the laws of the jurisdiction in which it is issued. QBE may (1) not be able to offer this coverage in all states and (2) elect at its sole discretion not to offer or quote any specific benefit amount or risk. Please contact your agent or local administrator for the availability of coverage in your state.

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Accidental Death, Dismemberment, and Paralysis Benefits

If a covered injury results in any of the losses specified below within one year from the date of the accident, this policy will pay benefits for the losses listed below in addition to the medical expense benefits. If the same accident causes more than one of these losses, the policy will pay the largest amount that applies:

- Loss of life
- Total paralysis of upper and lower limbs, or upper and lower limbs on one side of body
- Loss of any combination of two: hands, feet, or eyesight
- Loss of one hand, one foot, or sight in one eye

Note: Loss of a hand or foot means complete severance through, or above, the wrist or ankle joint. Loss of sight means the total, permanent loss of sight or the eye. The loss of sight must be irrecoverable by natural, surgical, or artificial means. Severance means the complete separation and dismemberment of the part from the body. Paralysis means loss of use, without severance, of a limb. This loss must be determined by a physician to be complete and nonreversible.

Crisis Death Benefit

A benefit that pays up to \$10,000 to the parents of any student who is the victim of a fatal knife stabbing or gunshot wound with up to \$100,000 payable for any one incident. Students are covered while on school premises during normal school hours or during a school-supervised and sponsored activity at or away from school. This benefit is paid in addition to the *Accidental Death, Dismemberment, and Paralysis* benefit.

The maximum benefit payable is \$100,000. This benefit will be split evenly among all students if more than 10 lives are lost in a covered accident. For purposes of this benefit, normal school hours mean a scheduled period of instruction that includes the half hour before the school day begins and the half hour after the school day ends. This coverage is not provided while a student is traveling to and from school or an offsite activity. Benefits also will not be paid if:

- 1) The act of violence is committed by the student's parent or sibling; or
- 2) The student produced or obtained a gun or knife during the incident, whether used in self-defense or not.

These exclusions vary by state and this benefit is not available in all states.

Additional Benefits

These additional benefits are included with each Base policy:

Heart and circulatory benefits—Extends coverage to include heart and circulatory conditions that first appear during or within 24 hours of a covered activity. If the condition was previously treated or diagnosed as needing treatment, this benefit will not be payable. Applies to both accidental medical and accidental death benefits.

Expanded medical benefits for covered sports conditions—When participation in a covered sports activity results in the aggravation of any of the sports conditions listed below, coverage will be provided as long as participation in the activity was allowed by the treating physician: bursitis, sprains, hernia, muscle tear, tendinitis, and repetitive motion injuries.

Deferred dental benefit—Provides coverage for dental treatment that cannot be completed within the policy benefit period, up to age 21. Within two years of the date of the accident, the covered person must submit a claim for deferred dental expenses. The claim must contain a statement signed by a physician that treatment cannot be completed within the policy benefit period, along with an estimate of the deferred cost and duration.

Medical evacuation and transport expense benefit—Provides a benefit for expenses incurred due to a covered accident when the covered person requires emergency medical evacuation or transportation while 100 or more miles away from home, and medical treatment is not locally available. This benefit is also payable if the covered person cannot return home or to the closest medical facility using the means of transportation the covered person would have used had the accident not occurred, as determined by the covered person's physician.

Repatriation benefit—Provides a benefit for the return of the covered person's remains to his or her place of residence, when the accidental death occurs 100 or more miles away from home. Covered expenses mean reasonable costs pre-approved by the Company for: embalming, cremation, coffin, urn, transportation of the body or remains, and the necessary travel expenses of an escort, such as the reasonable costs for food, hotel room, and economy class transportation.

Catastrophic Policy Add-on

Catastrophic benefits are only payable if the policy deductible is satisfied within two years of the date of the accident. Once the deductible is satisfied, benefits are payable for the usual and customary changes for eligible medical expenses in excess of those paid by any other health care plan, up to the maximum benefit amount and benefit period applicable to the plan selected.

Home health care benefits are limited to \$30,000 per year.

Catastrophic cash benefits can be added to any Catastrophic plan offered. The Catastrophic cash benefit provides a lump sum benefit for brain death, coma, or paralysis. Thereafter, an annual benefit will be paid for up to 10 years, as long as the covered person remains paralyzed or in a coma, or brain death has occurred. Paralysis, coma, or brain death must occur within 180 days from the date of the covered accident, must continue for six consecutive months, and must be diagnosed by a physician as being complete and irreversible.

The Catastrophic Policy add-on is only available with the Student Accident Base Plan offered by the Company.

Exclusions and limitations

Coverage is not provided for any accident which is caused by, or results from, any of the following:

- Intentionally self-inflicted injury, suicide, or any attempted threat while sane or insane
- Commission, or attempt to commit, a felony or an assault; commission of, or active participation in, a riot or insurrection
- Bungee cord jumping, parachuting, skydiving, parasailing, hang gliding, snowboarding, skateboarding, motorcycle racing, or racing rocket-powered, jet-propelled, or nuclear-powered vehicles
- Declared or undeclared war or act of war
- Flight in, boarding, or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline
- Travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle; participation in any motorized

- race or contest of speed
- An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the covered person holds a valid learner's permit and the covered person is participating in a driver's education program
- Sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food
- Travel or activity outside the United States, unless advance written approval is provided
- The covered person being legally intoxicated as determined by the laws of the jurisdiction in which the covered accident occurred
- Voluntary ingestion of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage
- Injuries compensable under workers' compensation laws or any similar law
- An accident which occurs while the covered person is driving a private passenger automobile while intoxicated
- Benefits will not be paid for any hospital stay that is not considered appropriate treatment for the condition and locality
- Overnight supervised and sponsored activities with a duration of more than 10 days, and related travel, are not covered unless advance written approval is provided
- Services or treatment rendered by any person who is employed or retained by the policyholder, living in the covered person's household; or provided by a parent, sibling, spouse, or child of either the covered person or the covered person's spouse

The *Accidental Death, Dismemberment, and Paralysis* aggregate limit of liability is specified in the policy.

Accident Medical Expense Benefit Limitations and Excluded Expenses

- Cosmetic surgery, except for reconstructive surgery needed as the result of a covered injury
- Any elective or routine treatment, surgery, health treatment, or examination
- Blood, blood plasma, or blood storage, except expenses by a hospital for processing or administration of blood
- Examination or prescription for initial eyeglasses, contact lenses, or hearing aids
- Treatment in any veteran's administration, federal, or state facility, unless there is a legal obligation to pay
- Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay
- Rest cures or custodial care
- Repair or replacement of existing dentures, partial dentures, braces, or bridgework
- Personal services such as television, telephone, or transportation
- Expenses payable by any automobile insurance policy without regard to fault
- Services or treatment provided by an infirmary operated by the policyholder
- Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.) that are a normal, foreseeable result of participation in the covered activity
- Treatment or service provided by a private duty nurse
- Treatment of hernia of any kind
- Treatment of injury resulting from a condition that a covered person knew existed on the date of the accident, unless the person received a written medical release from a physician

Any covered expenses payable under the *Accident Medical Expense* benefit will be reduced by 50 percent if the covered person has HMO or PPO coverage and elects not to use that coverage.

Exclusions and limitations vary by state.

Terms of Coverage

Benefits are payable for injuries which result directly and independently of all other causes from a covered accident, while coverage is in effect, up to the plan maximum.

Eligibility: All students who attend kindergarten, elementary, and junior or senior high school are eligible.

Effective date: Coverage becomes effective on the date requested, provided the premium and the application are received and accepted by QBE Insurance Corporation.

Coverage is paid for by the policyholder; 100 percent participation is required.

General Definitions

covered accident—a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all the following conditions:

1. occurs while the covered person is insured under the policy
2. is not contributed to by disease, sickness, or mental or bodily infirmity, and
3. is not otherwise excluded under the terms of this policy

health care plan—any contract, policy, or other arrangement, whether individually purchased or incidental to employment or membership in an association or other group, which provides benefits or services for health care, dental care, disability benefits, or repatriation of remains; a health care plan includes group, blanket, franchise, family, or individual policies; subscriber contracts; uninsured agreements or arrangements; coverage provided through Health Maintenance Organizations, Preferred Provider Organizations, and other prepayment, group practice, and individual practice plans; medical benefits under automobile "fault" and "no-fault" type contracts; medical benefits provided by any governmental plan or coverage or other benefit law, except a state-sponsored Medicaid plan or a plan or law providing benefits only in excess of any private or non-governmental plan; other valid and collectible medical or health care benefits or services

school travel—transportation to or from a supervised and sponsored activity on a school bus; or private passenger automobile driven by a member of the faculty or staff of the school, a parent of the covered person, or other adult with a valid driver's license

usual and customary—all benefit payments will be based on the normal charge, in the absence of insurance, made by the provider of a necessary supply or service, but not more than the prevailing charge in the area for like services by a provider with similar training or experience; or for a supply that is identical or substantially equivalent; where appropriate, usual and customary charge will be based on a relative value schedule appropriate to the area and type of service provided

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