

# 2014–2015 Student Accident Insurance Plans



## Why you need Student Insurance . . .

- Your school does not provide medical insurance to cover injuries to students. Instead, your school suggests this Plan to provide affordable coverage options.
- If you don't have other insurance, this Student Accident Plan is essential.
- Even if you do have other insurance, you will probably have to pay deductibles or co-payments. This Student Accident Plan will help to fill those expensive "gaps."
- Don't wait until you're faced with costly medical bills to think about insurance.
- Read this information and make your selections today!

## Choose from these school approved plans . . .

- **Around-the-Clock Plan**
- **Schooltime-Only Plan**
- plus –
- **Extended Dental Plan**
- **Football Plan**

### UNDERWRITTEN BY:



COMMERCIAL TRAVELERS  
MUTUAL INSURANCE COMPANY  
Commercial Travelers Building  
Utica, NY 13502

### SERVICED BY:

SPECIAL RISKS DIVISION  
COMMERCIAL TRAVELERS BUILDING  
Utica, NY 13502  
800-756-3702

As Policy Form Series No. CTP-7 et al

OLP-MW/MWX/BB 14  
2A

## 1 Choose from these School-Approved Plans:

### Around-the-Clock Plan

The student is insured for full 24-hour a day protection, for school-connected accidents, and at home or away—at play—at camp—on vacation—scouting—amateur sports—youth group activities—or just playing in the neighborhood. Coverage for interscholastic tackle football played in or with grades 10–12 must be purchased separately.

### Schooltime-Only Plan

The student is insured while attending school when school is in session; participating in or attending activities sponsored solely by the school and directly and continuously supervised by a school official or employee, including all sports except interscholastic tackle football played in or with grades 10–12 (unless you purchase football coverage) as well as travel by school-furnished transportation during the school term; traveling to or from the Insured's residence and the school for regular school sessions; and attending religious classes, including travel.

### Football Coverage

Covers injuries caused by accidents occurring while participating in interscholastic tackle football played in or with grades 10–12, or while traveling as a team member in a school-provided vehicle to or from football games or practice, when such travel is sponsored by the school and supervised by school employees. 9th grade tackle football is covered under the Schooltime-Only or Around-the-Clock Plans.

### Extended Dental Plan

Increases the Dental Treatment Benefit for accidental injury to sound natural teeth under the Plans to a maximum of \$1,000.00 per tooth. This extended coverage is effective 24 hours a day even when selected with Schooltime-Only Coverage and ends on the opening day of school for the following Fall term. Premium for the Extended Dental Benefit is \$6.00 under all plans. Extended Dental Coverage may *not* be purchased by itself.

## 2 Additional facts about the Plans:

**Effective and Expiration Dates:** Applicants are covered as of the date the enrollment form and applicable premium are received by the school or authorized agent, but not prior to the opening day of school. The expiration date of coverage under the **Schooltime-Only Plan** is the close of the regular nine month school term, except while the Insured is attending academic classroom sessions, exclusively sponsored and solely supervised by the school during the summer; in such case coverage will terminate at the end of the summer classroom sessions. **Around-the-Clock** coverage ends on the opening day of school for the following Fall term. **Football Coverage** starts the first day of authorized practice, provided premium is paid prior to that date, and expires 7/1/15.

**Student Accident Insurance** covers accidental bodily injury sustained during the term of insurance and which causes loss directly and independently of all other causes. Insurance is good anywhere. For example, if the student buys the Plan at school and the family moves, coverage will continue until the close of the school term at any new public or parochial day school. There is no limit to the number of accidents a student can have paid under the Policy.

### 3 Your choice of benefits

The Policy will pay up to **\$50,000.00** for covered expenses incurred as the result of Accidental Bodily Injury sustained in any one Accident that occurs on or after the effective date of coverage. This first such expense must be incurred within 30 days of the accident and the covered treatment, care or service rendered within 52 weeks of the accident. Benefits for covered expenses shall not exceed the specified amounts. The first \$100 of covered expenses incurred as a result of each covered accident claim will be paid, regardless of any other insurance. If expenses exceed \$100, the claim will then be paid on **\*\*\*AN EXCESS BASIS**, if other insurance or medical service plans are involved (see **LIMITATIONS**). All benefits are per accident, unless otherwise specified.

	Elite Plan	Superior Plan	Economy Plan
<b>Policy Maximum</b> per covered accident	<b>\$50,000.00</b>	<b>\$25,000.00</b>	<b>\$25,000.00</b>
<b>Medical Treatment</b> by a licensed physician, except in connection with surgery or for physiotherapy as defined below	<b>80% of U&amp;C**</b>	<b>\$50.00 per treatment</b>	<b>\$25.00 per treatment</b>
<b>Surgery</b> by a licensed physician (Payable according to CRVS* or U&C**)	<b>80% of U&amp;C Max. \$8,000.00</b>	<b>\$175.00 unit value</b>	<b>\$125.00 unit value</b>
*Example           Osteotomy Fibula Anthroplasty Ankle	<b>N/A N/A</b>	<b>\$735.00 \$1,872.50</b>	<b>\$525.00 \$1,337.50</b>
<b>Anesthesiologist</b> (percent of surgery allowance)	<b>25%</b>	<b>25%</b>	<b>25%</b>
<b>Assistant Surgeon</b> (percent of surgery allowance)	<b>20%</b>	<b>20%</b>	<b>20%</b>
<b>Inpatient Hospital Care and Service</b> when the Insured is confined as an overnight resident patient for room and board (except for hospital intensive care) For hospital intensive care room and board For ancillary medical expenses, including radiology and diagnostic imaging as provided below	<b>Semi-private Room Rate \$1,000 per day  \$2,000.00</b>	<b>\$400.00 per day \$400.00 per day  \$1,500.00</b>	<b>\$200.00 per day \$200.00 per day  \$1,000.00</b>
<b>Outpatient Hospital Care and Service</b> treatment at a hospital emergency room or outpatient department, in addition to benefits for physician's treatments and radiology and diagnostic imaging as otherwise provided	<b>\$300.00</b>	<b>\$150.00</b>	<b>\$100.00</b>
<b>Outpatient Surgical Facility</b> room and supplies	<b>\$900.00</b>	Paid as Outpatient Hospital Care	Paid as Outpatient Hospital Care
<b>Radiology</b> (excluding MRI's and Cat Scans), including reading and interpretation but excluding dental X-rays and X-rays in connection with physiotherapy	<b>80% of U&amp;C to \$250.00</b>	<b>\$180.00</b>	<b>\$90.00</b>
<b>Diagnostic Imaging</b> (MRI's, Cat Scans, etc.)	<b>80% of U&amp;C to \$800.00</b>	<b>\$400.00</b>	<b>\$200.00</b>
<b>Nurse Service</b> upon recommendation of the attending physician, provided by a private duty R.N. or L.P.N. not a member of the Insured's family or household	<b>U&amp;C</b>	<b>U&amp;C</b>	<b>U&amp;C</b>
<b>Dental Treatment</b> for accidental injury to one or more sound natural teeth including charges for braces, crowns, jackets, inlays, fillings, bridges, and root canal therapy	<b>\$400.00 per tooth</b>	<b>\$350.00 per tooth</b>	<b>\$175.00 per tooth</b>
<b>Professional Ambulance Service</b> from the place of accident to a hospital	<b>\$500.00</b>	<b>\$250.00</b>	<b>\$125.00</b>
<b>Physiotherapy</b> by a licensed practitioner, including diathermy, heat treatment, adjustment, manipulation, or massage, when medically necessary	<b>\$50.00 per visit max 5 visits</b>	<b>\$40.00 per visit max 5 visits</b>	<b>\$20.00 per visit max 5 visits</b>
<b>Orthopedic Appliances</b> when ordered by the attending physician	<b>\$250.00</b>	<b>\$150.00</b>	<b>\$75.00</b>
<b>Eyeglasses</b> , contact lenses, and hearing aid replacement, when medical treatment is required for a covered accident	<b>\$200.00</b>	<b>\$50.00</b>	<b>\$25.00</b>

\* "CRVS" is the California Relative Value Studies, Fifth Edition.  
 \*\* "U&C" means usual and customary charges in the area where the treatment or service is provided.  
 \*\*\* Benefits will be paid on a primary basis in TN.

### AD&D Benefits

For loss of:	Life . . . . .	<b>\$ 2,000.00</b>
	Both hands or both feet or both eyes . . . . .	<b>10,000.00</b>
	One hand and one foot, one hand and one eye, or one foot and one eye . . . . .	<b>4,000.00</b>
	One hand or one foot . . . . .	<b>2,000.00</b>
	One eye . . . . .	<b>1,500.00</b>

If within 100 days from the date of a covered accident, injuries cause dismemberment or death, the largest applicable indemnity will be paid, in addition to benefits for medical expense.

## Exclusions

**This plan does not cover, nor is any premium charged for:** (a) Injuries resulting from the practice or play of interscholastic tackle football in or with grades 10–12, unless the proper additional premium per player has been paid. (b) Intentionally self-inflicted injuries. (c) Infection, except pyogenic infection or bacterial infection due to accidental ingestion of contaminated material. (d) Prescriptions, except while hospital confined. (e) Treatment administered by any person employed or retained by the school. (f) Hernia in any form. (g) Illness or disease in any form. (h) Injuries sustained while operating, riding in or on, or alighting from a two- or three-wheeled engine-driven or motorized vehicle, or any vehicle not designed primarily for use on public streets and highways. (i) Injuries sustained as a driver or passenger in or on any other motorized or engine-driven vehicle, except travel in a 4-wheeled passenger vehicle, bus or train to or from school or school sponsored and supervised activities, unless Around-the-Clock Coverage is purchased. (j) Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly-scheduled commercial airline. (k) Injury resulting from intoxication or the use of drugs or narcotics, unless administered on the advice of a physician. (l) Injuries sustained while fighting or brawling. (m) Injuries resulting from war or any act of war, or active participation in any riot or civil commotion. (n) Nuclear reaction or radiation. (o) Reinjury or complications of a condition due to accidental bodily injury occurring prior to the effective date of coverage. (p) Injuries sustained as the result of the Insured's participation in skiing in any form, except when the Around-the-Clock Coverage is purchased.

## Limitations

**Limitations:** (1) No payment shall be made for expenses in excess of \$100.00 per accident for which hospital, medical, surgical or dental benefits are payable or service is available under any other insurance or medical service plan, including HMO's, PPO's, Workers' Compensation, Employer's Liability Act or Law, Automobile No-Fault and similar plans. (Benefits will be paid on a primary basis in TN.) (2) No benefits are payable for any expense resulting from participation in interscholastic athletics for which benefits would be payable, in the absence of insurance hereunder, under any High School Association Catastrophe Sports Accident Policy. (3) Under surgery, the maximum payment for multiple procedures performed within the same operative field shall be limited to 150% of the amount payable for the primary procedure. (4) In the event the Insured Person sustains an injury for which benefits are payable under more than one Student Accident Insurance Plan or like coverage issued by the Company, coverage shall be deemed to be in effect only under one such coverage, the one affording the greater (or greatest) amount of benefits for the injury.

**Note:** Certain exclusions or limitations may be modified to meet individual state requirements.

## How to file a claim

In case of an accident, simplified claim forms are available at the school. Accidents must be reported and bills submitted within 90 days. If the student is insured under the "Around-the-Clock Plan" and school is not in session, or has transferred to another school, a claim form can be obtained from the Administration Office on the cover, or from [www.commercialtravelers.com](http://www.commercialtravelers.com).

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary state approvals. Any provision of the Policy, as described herein, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits. This plan is not available in all states.

## 4 How to apply

- Choose the plan best suited to your needs.
- Complete and sign the attached enrollment form.
- Send check or money order payable to **Commercial Travelers** for the required yearly premium.
- **Return in a sealed envelope to your school. (Do not mail to Commercial Travelers)**

**IMPORTANT** Keep this information as a Summary of Benefits. The Policy is on file at your school. It is subject to Insurance Department approval and will conform to the laws of the state where your school is located. Individual policies will not be sent to you.

**LATE ENROLLMENT** Coverage may be purchased at any time during the school year, but there is no premium reduction for late enrollment.

**CANCELLATION** Coverage is non-cancellable and premiums will not be pro-rated or refunded.

**RETURN OF CHECK BY BANK** Coverage will be immediately invalidated if check is returned by bank for any reason.

CUT AND MAIL

### Enrollment Form

#### Yearly Student Rates—2014–2015—Check Your Selections

COVERAGE OPTIONS	BENEFIT OPTIONS		
	<input type="checkbox"/> Elite Plan	<input type="checkbox"/> Superior Plan	<input type="checkbox"/> Economy Plan
Around-the-Clock	<input type="checkbox"/> \$155.00	<input type="checkbox"/> \$108.00	<input type="checkbox"/> \$69.00
Schooltime-Only	<input type="checkbox"/> \$ 53.00	<input type="checkbox"/> \$ 30.00	<input type="checkbox"/> \$18.00
*Extended Dental	<input type="checkbox"/> \$ 6.00	<input type="checkbox"/> \$ 6.00	<input type="checkbox"/> \$ 6.00
Football-Only	<input type="checkbox"/> \$270.00	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$94.00
Total Payment Enclosed	\$	\$	\$

**\*Note: Extended Dental Coverage is available only in combination with Around-the-Clock or Schooltime-Only Coverage.**

Make Check or Money Order Payable to "**COMMERCIAL TRAVELERS**" **DO NOT SEND CASH**

STUDENT'S LAST NAME *Please print child's name clearly—1 letter to a box* \_\_\_\_\_ STUDENT'S FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
GRADE \_\_\_\_\_ BIRTHDATE (Mo/Day/Yr) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
PARENT'S NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
No. & Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
NAME OF SCHOOL \_\_\_\_\_  
SCHOOL DISTRICT OR ADDRESS (CITY) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I acknowledge I have read the fraud warning on page 6.

SIGNATURE \_\_\_\_\_ (Parent or Guardian) \_\_\_\_\_ Date Signed \_\_\_\_\_

2A EF-MW/MWX/BB-14

IMPORTANT! THIS IS YOUR INSURANCE CARD. IF COVERAGE IS PURCHASED CLIP, FOLD AND CARRY AS YOUR VERIFICATION OF COVERAGE.

This card verifies student accident coverage during the 2014–2015 school year for:

Name of student \_\_\_\_\_

Name of school \_\_\_\_\_

Plan Number MW/MWX-14

Fully Insured & Underwritten by Commercial Travelers Mutual Insurance Company  
Send completed claim form and itemized bills to: COMMERCIAL TRAVELERS,  
Attn: School Claims • 70 Genesee St. • Utica, NY 13502  
[commercialtravelers.com](http://commercialtravelers.com) • 1-800-756-3702

*Possession of this card does not guarantee eligibility. The student must be enrolled in the plan. Eligibility is subject to Verification by Plan Administrator.*

List Medical Conditions:  
\_\_\_\_\_  
\_\_\_\_\_

Family Physician:  
\_\_\_\_\_ Phone ( ) \_\_\_\_\_

Coverage Purchased:

Accident Only Coverage

Around-the-Clock

Schooltime

Dental

Football

**AK, DE, IA, ID, IL, IN, MI, MO, MT, MS, NC, ND, NV, SD, UT, WI & WY:** Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

**AL, AR, DC, LA, MA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**AZ:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies."

**FL:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**GA, NE, KS, TX, VT:** Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

**KY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**ME:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NH:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud.

**NJ:** Any person who includes any false or misleading information on an application or statement of claim for an insurance policy is subject to criminal and civil penalties.

**NM:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**OH:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**VA, WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.