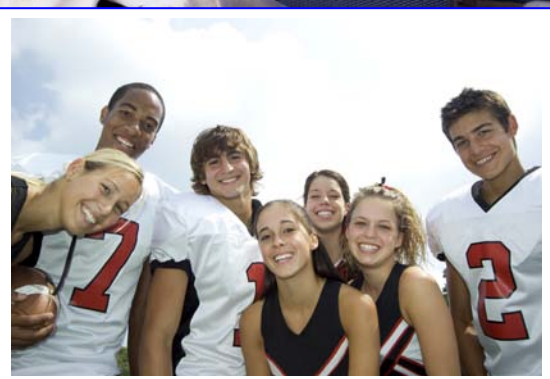


STUDENT ACCIDENT MEDICAL INSURANCE PROGRAM



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Accidents aren't supposed to happen ...BUT THEY DO

STUDENT ACCIDENT MEDICAL INSURANCE

Educators and administrators are looking for an accident medical insurance program that fits their needs. Our plans allow for flexibility in coverage plan design.

TYPES OF COVERAGE

Mandatory Coverage

**All students and/or all athletes can be covered.
Premium is paid by the school.**

School Time Coverage

Insurance coverage can be provided for covered Injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises. Can include: Interscholastic Sports, including Football, One-Day Field Trips and Religious Activities sponsored by the school. Overnight field trips may also be covered.

Interscholastic Sports / Football

Coverage can be provided during tryouts, preseason play, practice, regular and post season play, and for traveling directly (uninterruptedly) to and from a regularly scheduled activity with other members as a group.

Optional Voluntary Coverage

**All students are given the opportunity to enroll.
Premium is paid by the individual student and/or their parent/legal guardian.**

Optional School Time Accident Coverage

Insurance coverage is provided for covered Injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises.

Optional 24-Hour Accident Coverage

Insurance coverage is provided around the clock, 24-Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away, any place, any time.

Optional Interscholastic Football Coverage

Covers Accidents occurring while participating in senior high school interscholastic tackle football practice or competition. Ninth Graders who play with 9th graders ONLY are not charged extra for football coverage. Their School-Time or 24-Hour coverage will apply if purchased.

Optional Extended Dental Coverage

Insurance coverage is provided around the clock, 24-Hours per day. Can be purchased separately or with other coverage. Coverage is limited to sound, natural teeth.

Coverage Period - Coverage under the Optional School-Time Accident Coverage, Optional 24-Hour Accident Coverage and Optional Interscholastic Football Coverage begins on the date of premium receipt but not before the start of the school year activities. Optional Extended Dental Coverage begins on the date of premium receipt. Optional School-Time Accident Coverage ends at the close of the regular nine-month school term, except while the student is attending activities exclusively sponsored and solely supervised by the School during the summer. Optional 24-Hour Accident and Dental Coverage ends when school reopens for the following school year. Optional Interscholastic Football Coverage ends on the last day of practice or competition. Coverage is available under the plan throughout the school year at the premiums quoted (no pro rata premiums available).

Online Enrollment: Parents and students can enroll with any of our voluntary Accident Insurance plans online. This option will save you time and money and will reduce paper waste.

DEFINITIONS

Accident means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Insured is covered under this Policy.

Injury means bodily injury caused by an Accident. The Injury must occur while this Policy is in force and while the Insured is covered under this Policy. The Injury must be sustained as stated on the face page of this Policy, except where specifically stated otherwise in this Policy.

Reasonable Expense means the usual, reasonable and customary fee or charge for the services rendered and the supplies furnished in the area where and at the time such services are rendered or supplies furnished, as determined by Us. Such services and supplies must be recommended and approved by a Physician.

HOSPITAL AND PROFESSIONAL SERVICES

We will pay Reasonable Expenses incurred for a covered Injury. The Injury must be treated within 60 days. Services must be given: (1) by a Physician; (2) for Necessary Treatment; and (3) within the time limit stated in the Schedule of Benefits. Benefits are paid to the maximum stated in the Schedule of Benefits for any one Injury for Reasonable Expenses which are in excess of the Deductible and any Copayment. Benefits are subject to the Coverage and Limitations stated in the Schedule of Benefits, the Exclusions stated below and the other provisions of this Policy.

PROGRAM LIMITS – ACCIDENT MEDICAL (All benefits available are not listed)

Medical Maximum per Injury	\$ varies by request
Deductible(s)	\$ 0 - \$500

Benefit Schedules Vary Based on Program Desired for the following:

- Hospital Room and Board
- Hospital Emergency Room
- Hospital Intensive Care
- Surgical
- Diagnostic Imaging (MRI, CAT SCAN, ETC.)
- Outpatient Physical Therapy.
- Outpatient Orthopedic Appliances and Braces
- Ambulance
- Dental
- Laboratory Tests

Accidental Death & Dismemberment Benefits

- | | |
|-----------------------------------|-----------|
| • Accidental Death – Loss of Life | \$ 10,000 |
| • Accidental Double Dismemberment | \$ 20,000 |
| • Accidental Single Dismemberment | \$ 10,000 |

HOW BENEFITS ARE PAID (Full Excess or Primary Excess Coverage)

Excess Coverage: Benefits will be paid only for such expense that is not recoverable from any Other Plan. We will determine the Amount of benefits provided by Other Plans without reference to any Coordination of Benefits, non-duplication of benefits, or similar provisions. The Amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. The Student Accident plan is secondary to all other policies.

Primary Excess Coverage: If an Injury to the Insured Person results in incurring Covered Medical Expenses for any of the services specified in the Schedule of Benefits, the Company will pay an initial amount as stated in the Policy, subject to the Deductible Amount and Coinsurance Percentage (if any). Additional Covered Medical Expenses will be paid only when they are in excess of amounts payable by any other valid and collectible insurance.

GENERAL EXCLUSIONS

No Benefits are payable for Hospital and Professional Services for the following: (1) Injuries which are not caused by an Accident; (2) Treatment for 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 a two-, three-, or four-wheeled recreational motor vehicle or snowmobile; (4) Re-Injury or complications of a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 6 month period preceding the Policy Effective Date; (5) Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the football and/or sports coverage provision has been paid; (6) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; (7) Treatment performed by a member of the Insured's Immediate Family or by a person retained by the School; (8) Injury caused by war or acts of war; suicide or intentionally self-inflicted Injury, while sane or insane; violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered by or on the advice of a Physician; (9) Medical expenses for which the Insured is entitled to benefits under any (a) Workers' Compensation act; or (b) mandatory no-fault automobile insurance contract; or similar legislation; (10) Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.

IMPORTANT NOTICE: This information is a brief description of the benefits and features provided by Sentry Life Insurance Company. It is not a contract. Full terms and conditions, including benefits, limitations, and exclusions are set forth on policy form 180-1369. One or more other carriers may be utilized to issue the policy. All products described herein may not be available in all states. Please contact Special Markets Insurance Consultants, Inc. for the availability of coverage in your state. Individual life insurance, annuities, pensions and group products are issued and administered by Sentry Life Insurance Company, Stevens Point, WI. **Sentry Life Insurance Company is rated A by A.M. Best.** Policies, coverages, benefits and discounts are not available in New York. See policy for complete coverage details.