

Voluntary Student Accident Insurance

PLAN ADMINISTRATOR

HSR
Health Special Risk, Inc.

Health Special Risk, Inc.
880 Sibley Memorial Highway
Suite 101
Mendota Heights, MN 55118

Toll-free: 866.409.5733
Fax: 972.512.5819
www.healthspecialrisk.com

HSR is an independent licensed insurance agency and is authorized to sell this student accident insurance on behalf of Mutual of Omaha Insurance Company.

Coverage underwritten by: Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175.



OFFERED THROUGH

ifs

Insurance for Students, Inc
5295 Town Center Road, Suite 101
Boca Raton, Florida 33486

Phone: 954.771.5883
Toll-free: 800.356.1235
Fax: 954.772.0872
ifs@insuranceforstudents.com



MIAMI DADE COUNTY PUBLIC SCHOOLS
K-12 Voluntary Student Accident Insurance Coverage

ELIGIBILITY:

All registered students grades PreK-12 of a participating school/district.

COVERAGE OPTIONS

24-HOUR COVERAGE: Provides coverage for injuries incurred 24-Hours a day, 365 days a year, at home, at school and while participating in interscholastic athletics (except injuries incurred while participating in High School Football events/activities).

AT SCHOOL COVERAGE: Insurance coverage is provided: (a) on school premises during the hours and days when school is in session, (b) on school premises when school is not in session if participating in or attending any school sponsored event or activity; and (c) while attending or participating in school sponsored and supervised activities off school premises (i.e. day field trips).

COVERAGE PERIOD - Coverage under the At School and 24-Hour programs begins on the date of premium receipt but not before the start of the school year activities. At School Coverage ends at the close of the regular nine-month school term, except for events sponsored and supervised by the school during the summer.

BENEFITS

ACCIDENT MEDICAL EXPENSE: When a covered injury to an Insured results in treatment by a physician or surgeon beginning within 60 days of the date of the accident; we will pay benefits as shown in the Schedule of Benefits, in excess of the Medical Deductible, if any. Only eligible medical expenses incurred by the Insured within 104 weeks from the date of the accident are covered.

Excess Coverage: Benefits are payable for covered expenses that are not recoverable from any other insurance policy or service contract.

ACCIDENTAL DEATH AND SPECIFIC LOSS: Benefits are paid for losses incurred within 180 days from the date of Injury. The following benefits (the largest applicable amount) are paid in addition to the medical benefit:

Table with 2 columns: Benefit Description and Amount. Rows include Loss of Life (\$1,500.00), Loss of both hands, both feet, sight in both eyes, speech and hearing (\$7,500.00), Loss of one hand, one foot, sight in one eye, speech or hearing (\$1,000.00), and Loss of Thumb and Index Finger of the Same Hand (\$500.00).

"Loss" means, with regard to hands and feet, actual severance above the wrist or ankle joint, with regard to sight, speech or hearing the total and irrevocable loss thereof. Loss means, with regard to thumb and index finger of the same hand, severance of two or more entire phalanges of both the thumb and index finger.

DEFINITIONS

"Injury" means accidental bodily Injury: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes.

"Hospital" means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare.

"Usual and Customary Charges" are those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

EXCLUSIONS AND LIMITATIONS

This policy does not cover: (1) suicide or attempted suicide, sane or insane; (2) injury sustained as a result of operating, sitting or riding in or upon, or alighting to or from or working on or around any motorcycle or recreational motor vehicle including but not limited to: two or three wheeled motor vehicle, four wheeled all terrain vehicle (ATV); jet ski, ski cycle, snowmobile or off road motorized vehicle not requiring licensing as a motor vehicle; (3) injuries caused by an act of declared or undeclared war; (4) fighting or brawling; except in self defense; (5) injuries covered by workers' compensation or employer's liability laws; (6) Injuries covered under a mandatory no-fault automobile insurance contract; (7) expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain; (8) injuries resulting from air travel, except while as a passenger for transportation only or while traveling except as described in the policy; (9) the cost of dental treatment, except as specifically provided for injuries to sound, natural teeth; (10) injuries received while under the influence of any controlled substance, unless administered on the advice of a physician; (11) injuries received as a result of being intoxicated (as determined and defined by the laws in the jurisdiction in which the loss or cause of loss was incurred; for the purposes of this exception, the laws governing the operation of motor vehicles while intoxicated will apply to any activity occurring at the time of the accident.); (12) injuries sustained while operating a motor vehicle without possessing a current and valid motor vehicle operator's license (except in a Driver's Education Program); (13) injuries sustained while skiing, scuba diving, surfing, roller skating, riding in a rodeo; (14) injuries sustained while skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding or ballooning; or (15) 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 effective date of individual insurance.

STUDENT ACCIDENT INSURANCE SCHEDULE OF BENEFITS

<u>INPATIENT:</u>	BASIC PLAN
Room & Board	\$1,000 aggregate maximum per day
Hospital Miscellaneous	100% of U&C
Registered Nurse	100% of U&C
Physician's Nonsurgical Visits	Up to \$45 first day; \$40 per day thereafter (limited to one visit per day)
<u>OUTPATIENT:</u>	
Day Surgery Miscellaneous	100% of U&C based on the Outpatient Surgical Facility Charge Index
Physician's Nonsurgical Visits	Up to \$45 first day; \$40 per day thereafter (limited to one visit per day)
Physiotherapy	Up to \$30 per visit/10 visit maximum
Emergency Room	100% of U&C (treatment must be rendered within 72 hours from time of injury)
X-Ray Services	\$75 maximum
Cat Scan	\$375 maximum
MRI	\$750 maximum
Laboratory	No Benefits
Injections	No Benefits
Prescription Drugs	No Benefits
Orthopedic Braces and Appliances	\$250 maximum
<u>INPATIENT AND/OR OUTPATIENT:</u>	
Surgeon's Fees	100% of U&C (specified surgery based on the Florida Workers' Compensation Schedule)
Anesthetist	100% of U&C
Assistant Surgeon	100% of U&C
Ambulance	\$250 maximum
Consultant	Paid under Physician's visit
Dental (injury to sound, natural teeth only)	Up to \$500 per tooth/\$1,000 maximum (includes orthodontia as a result of a covered injury)
Dental X-Rays	\$15 one tooth/\$40 full mouth
Replacement of Eyeglasses, Contact Lenses and Hearing Aids	100% of U&C (When broken as a result of a covered injury)
Hearing Aids	Paid under Orthopedic Braces and Appliances
Home Health Care	40 non-surgical visits per policy year (Services must be rendered within 7 days after hospital stay or outpatient surgery. Physician must recommend treatment)
Food Poisoning	Paid as any other Injury (Food Poisoning must be caused by school supplied food)

PLAN & RATE OPTIONS

(Make your selection on the enrollment form attached).

COVERAGE PLANS	BASIC PLAN RATES
24-Hour excluding Football (PK-12)	\$66.00
At School excluding Athletics/Football (PK-6)	\$14.00
At School (grades 7-12) excluding Senior High Interscholastic Athletics & Football	\$16.00

RETAIN THIS DESCRIPTION FOR YOUR RECORDS. Retain this student accident insurance flyer, and your canceled check, money order receipt or credit card receipt as your record of coverage. This flyer has been designed to illustrate the highlights of this insurance. All student accident insurance information is subject to the provisions of Policy Form B33MP. Exclusions and Limitations will apply. Should there be any discrepancy between the policy and this student accident information, policy provisions will prevail.



MIAMI DADE COUNTY PUBLIC SCHOOLS K-12 VOLUNTARY STUDENT ACCIDENT INSURANCE ENROLLMENT FORM

Student's Last Name

Student's Date of Birth

Student's First Name

MI

Telephone Number

Student's Social Security Number

Grade

Street #

Address

City

State

Zip Code

Name of School District (Required to Process)

Name of School/Campus

X _____
Signature of Parent or Guardian

Date

E-mail Address

PLEASE CHECK YOUR SELECTION BELOW:

COVERAGE PLANS	BASIC PLAN
24-Hour excluding Football (PK-12)	<input type="checkbox"/> \$66.00
At School excluding Athletics/Activities/Football (PK-6)	<input type="checkbox"/> \$14.00
At School (grades 7-12) excluding Senior High Interscholastic Athletics & Football	<input type="checkbox"/> \$16.00
COMPANY USE ONLY: Check # _____ Amount Rec'd _____	Enclose check for total payment payable to: Health Special Risk TOTAL All Selections HERE: \$ _____

COMPLETE THIS SECTION ONLY IF YOU WISH TO PAY WITH MASTERCARD OR VISA

First Name

MI

Last Name

Street #

Address

City

State

Zip Code

Card Number

Expiration Date (MM/YYYY)

X _____
Cardholder Signature

A 3% administrative charge will be added for Credit Card Orders

Accident Coverage underwritten by: Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175

Once completed, mail this form to:
Health Special Risk, Inc.
P.O. Box 678328
Dallas, TX 75267-8328

For information or to enroll in the **Student Health Plan**, offered through UnitedHealthcare Insurance Company, please visit us at
www.K12StudentInsurance.com

For more information or assistance regarding all Student Insurance, contact our Customer Service Department at **1-866-409-5733**