ROCK HILL SCHOOLS

SUMMARY OF STUDENT ACCIDENT INSURANCE ON ALL STUDENTS, ATHLETES & ADULT VOLUNTEERS

Policy Maximum \$25,000 Accidental Death Benefit \$10,000 Accidental Paralysis Benefits \$10,000

Crises Death Benefit Up to \$100,000

Motor Vehicle Injuries \$10,000 Benefit Period One year

Coverage Full excess or secondary to other insurance

Surgery 80% U&C* to \$2,000 Assistant Surgeon/Anesthesiologist 25% of surgical benefits

Room & Board 100% U&C

Hospital Inpatient Miscellaneous

Ambulatory Surgical Facility

Outpatient Hospital Miscellaneous

Outpatient Emergency Room

Emergency Room Physician

100% U & C to \$7,500

80% U & C to \$1,000

80% U & C to \$500

100% U & C to \$350

100% U & C to \$50

Nurse's Services 100% U & C

Physical Therapy and/or Spinal Manipulation 100% U & C to \$40/visit 5 visits maximum

Physician's Office Visits 100% U & C to \$40/day Outpatient Prescription drugs 100% U & C

Outpatient Laboratory Tests Covered under outpatient hospital misc.

X-Rays 100% U & C to \$250 MRI/CT Scan 100% U & C to \$750

Ambulance Ground/Air 100% U & C to \$400/\$1000

Durable Medical Equipment 100% U & C to \$300

Dental Treatment 100% U & C to \$400/ tooth

Replace eyeglasses, hearing aids, contact lenses 100% U & C to \$500

*Usual & Customary

SPECIAL INSTRUCTIONS:

- -This Accident Insurance provides <u>LIMITED BENEFITS</u> and is <u>SECONDARY</u> to all other insurance. If there is no other insurance available this accident insurance becomes primary and pays according to the schedule of benefits.
- -This Accident Insurance provides <u>LIMITED BENEFITS</u> for all K-12 Students and Athletes while participating in school-sponsored and school-supervised activities, including travel directly to and from a school-sponsored and supervised activity.
- -Parents may want to purchase optional 24 hour Accident Insurance to insure their child outside of school activities. This coverage can be viewed and purchased online at www.k12studentinsurance.com
- -In the event of an accident a school official must complete and sign the designated area on the accident claim form and the parent or guardian complete the remainder of the accident claim form. It is the parent or guardian's responsibility to submit the accident claim form to the claims office mailing address found on the top of the accident claim form.
- -Questions pertaining to an accident claim should be directed to Health Special Risk claims office at: 866-409-5734 or by email at: K12claims@hsri.com.

