

LLOYD'S



# Student Accident Insurance

administered by Brokers' Risk

*Lloyd's insures some of the most famous players in professional sports.*

*Why not give your students the same protection?*

# How You're Protected

The Student Accident Policy is issued by Illinois Licensed Underwriters at Lloyd's, London ("Lloyd's") and administered by Brokers' Risk. The Coverage under the Student Accident Policy protects your PreK to 12<sup>th</sup> grade child while attending academic classes during the regular school session against excess<sup>1</sup> medical expenses for an Accidental Injury. This protection extends to your child's travel time directly and without delay to and from your residence to attend regular academic classroom sessions, up to one hour before and one hour after regular classes.

This Coverage also protects your PreK to 12<sup>th</sup> grade child while participating in school activities including school sponsored and school supervised IHSA sanctioned athletic events as well as travel directly and uninterruptedly to and from such school activity. Both the school activity and travel must be solely organized and scheduled by your school, and directly supervised by qualified and authorized school employees while on or off school premises.

This Coverage is subject to the terms, conditions, limitations, and exclusions in the Student Accident Policy including the limit of \$5,000,000 per Eligible Person as shown on the Policy issued to your school or the expiration of the ten (10) year benefit period, whichever occurs first.

<sup>1</sup>"Excess" means that benefits under this Coverage are paid only after all of your child's other insurance, coverage, or benefits have been exhausted.

## What You Get Excess Medical Benefits

Since all families must have insurance or other health plan protection, Student Accident Coverage can help fill the gaps in coverage caused by deductibles, co-pays, or co-insurance.

Student Accident Coverage will pay on an excess basis 80% of covered Usual and Customary Expenses, subject to the following limitations, as well as the other terms, and conditions contained in the Policy, up to the limit of \$5,000,000 per Eligible Person or the expiration of the ten (10) year benefit period, whichever occurs first. This Brochure is intended to summarize the Coverage provided by the Student Accident Policy. The Coverage is subject solely to the terms of the Policy issued to your school:

<b>Anesthesiologist charges</b> .....	<b>up to 20% of the surgery allowance</b>
<b>Assistant surgeon charges</b> .....	<b>up to 20% of the surgery allowance</b>
<b>Multiple surgical procedures within the same operative field</b> .....	<b>150% of amount payable for primary procedure</b>
<b>Inpatient Hospital Stay</b> .....	<b>up to 45 days</b>
<b>Confinement in extended care facility (related to Accidental Injury)</b> .....	<b>up to \$365,000</b>
<b>Combined home health and custodial care (related to Accidental Injury)</b> .....	<b>up to \$100,000</b>
<b>Physician fees for mental or nervous disorder (related to Accidental Injury)</b> .....	<b>up to \$50 per visit/1 visit per day/50 visits per year</b>
<b>Physiotherapy</b> .....	<b>up to \$50 per visit, up to \$1,000 per Accidental Injury</b>
<b>Ambulance</b> .....	<b>up to \$250 per Accidental Injury</b>
<b>Motor vehicle accident</b> .....	<b>up to \$10,000 per Accidental Injury</b>

## Excess Dental Benefits

If dental work is necessary on a tooth as a result of a covered Accidental Injury, Student Accident Coverage will pay, on an excess basis, up to \$250 for treatment of a sound natural tooth.

## Accidental Death & Dismemberment Benefits

<b>Loss of life (due to Accidental Injury; other than heart/circulatory malfunction)</b> .....	<b>\$12,000**</b>
<b>Loss of life (due to Accidental Injury resulting in heart/circulatory malfunction)</b> .....	<b>\$10,000**</b>
<b>Permanent loss of a hand, foot, or an eye, .....</b>	<b>\$1,000**</b>
<b>or any combination thereof</b> .....	<b>\$11,000**</b>
<b>Permanent and complete loss of sight, speech or hearing</b> .....	<b>\$10,000**</b>

\*\* Only one of the accidental death and dismemberment benefits, the greatest value of which, will be paid for any one covered Accidental Injury sustained by an Eligible Person. All dismemberment losses must occur no later than 100 days after the date of the Accidental Injury, and loss of life no later than 730 days after the date of the Accidental Injury.

# How to File a Claim

PLEASE READ CAREFULLY

In case of an Accidental Injury to your child, please carefully follow the steps outlined below:

**The first expense must be incurred no later than 30 days** after the date of the Accidental Injury. Dismemberment losses must occur no later than 100 days after the date of the Accidental Injury, and loss of life no later than 730 days after the date of the Accidental Injury.

## STEP 1:

Provide **written** notice to the Brokers' Risk Student Accident Claims Administrator (Claims Administrator) within **twenty (20) days** after the date of Accidental Injury, or as soon thereafter as is reasonably possible. Print a **Claim Form** from our website: [www.brokersrisk.com/sacf](http://www.brokersrisk.com/sacf). Claim Forms are also available from the school or the Claims Administrator.

## STEP 2:

Submit **itemized bills** to the Claims Administrator immediately as you receive them, but no later than **ninety (90) days** after the date of treatment. All bills must include the provider's Tax ID Number along with the diagnosis and procedure codes.

## STEP 3:

Submit **Explanation of Benefits (EOBs)** from your primary insurance or other plan carrier to the Claims Administrator immediately as you receive them, but **no later than 180 days** after the date of treatment. The EOBs will show how each bill was paid by your other coverage provider(s).

**Coverage will be invalidated and claims denied unless the Claims Administrator receives acceptable and complete claim documentation within the time frames outlined above.**

Benefits will be determined in accordance with the terms, conditions, limitations, and exclusions of the Policy.

### Send all claim information to:

Brokers' Risk c/o Student Accident Claims Administrator  
155 North Wacker Drive, Suite 3700 • Chicago, Illinois 60606

### Questions? Please contact us:

Toll Free: (800) 419-3206 • Fax: (312) 930-7232

## Student Accident Excess Coverage Card

Student's Name: \_\_\_\_\_

The student whose name appears above may have excess accident coverage under a Policy issued to:

School District: \_\_\_\_\_

This card is not a guarantee of coverage or eligibility.

Brokers' Risk c/o Student Accident Claims Administrator  
155 North Wacker Drive, Suite 3700,  
Chicago, Illinois 60606-1731  
Fax: (312) 930-7232

To speak with a claim representative, call: 1 (800) 419-3206

# EXCLUSIONS

PLEASE READ CAREFULLY

Student Accident benefits will not cover, and we will not be responsible for any payment for, nor is any premium charged for, any claim based upon, arising out of, directly or indirectly resulting from or in consequence of the following:

- a. illness, sickness or disease in any form, viral or bacterial or other infection, except an infection which results from an accidental injury or infection which results from an accidental, involuntary or unintentional ingestion of a contaminated substance.
- b. ingestion of a contaminant, pollutant, poison, toxin, or any such material, except an accidental ingestion of a contaminant, pollutant, poison, toxin, or any such material will be covered.
- c. treatment for all types of hernia, Osgood Schlatter disease or Osteochondritis Dessimans.
- d. injury sustained by participation in a riot, or insurrection, or during the commission of a crime, vandalism, or other illegal occupation.
- e. suicide or any self-inflicted injury.
- f. injury sustained as a result of an Eligible Person's participation in a summer camp (including but not limited to, a sports camp or music camp), skiing, snow-boarding, snow-mobiling, motorcycling, skydiving, hang gliding, or travel in any motorized or engine vehicle, except for travel in a four-wheeled passenger vehicle, owned or leased, operated and directly supervised by a qualified and authorized employee of the Named Insured.
- g. injury resulting from the Eligible Person's use of any drug, alcohol, narcotic or intoxicant of any sort unless used as prescribed by the Eligible Person's Physician for the Eligible Person's use.
- h. a Pre-Existing Condition, as defined in Part V: Definitions, clause L. of this Policy.
- i. care by, treatment by or medication received from any person employed by or retained by the Named Insured, or any of his or her family members.
- j. care, treatment or medication for which an Eligible Person is entitled to receive reimbursement under any Workers' Compensation law, or for which the Eligible Person is entitled to benefits from any municipal, state or federal program.
- k. injury to a college student.
- l. the practice or play of ice hockey, whether during gym class, an intramural activity, interscholastic competition, or otherwise.
- m. the practice or play of football in Grades 9-12, whether during an intramural activity, interscholastic competition, or otherwise; except that, subject to this Policy's terms, conditions, limitations and exclusions, coverage will be provided for IHSA sanctioned Grade 9-12 interscholastic tackle football above \$25,000 up to the Annual Limit.
- n. eye glasses, contact lenses, or hearing aids.
- o. accident occurring outside of the United States.
- p. medication or medical supplies which are not prescribed by the Eligible Person's Physician for the Eligible Person's use.
- q. travel or flight in, ascent or descent to or from any aircraft, unless the Eligible Person is a passenger, as a result of an Activity Sponsored by the Named Insured, on a regularly scheduled flight with a commercial airline, or an aircraft chartered solely for the purpose of travel to or from the Activity Sponsored by the Named Insured. The aircraft must have a valid airworthiness certificate from the jurisdiction in which it is operated, and be operated by a duly licensed pilot.
- r. charge which exceeds a Usual and Customary Expense.
- s. additional cost for failure to use preferred providers required by an entity, which issued primary coverage to an Eligible Person.
- t. charge incurred for services or supplies not specifically provided for in this Policy, or that is not for a Necessary Medical Service
- u. cosmetic surgery.
- v. declared or undeclared war, active participation in any riot or civil commotion.
- w. nuclear risk (other than acts of terrorism).

# Additional Limitations

- Student Accident Coverage is available only to students while enrolled in Illinois public school districts that received a Policy.
- Covered benefits and expenses are subject to a per Eligible Person limit of \$5,000,000 or the expiration of the ten (10) year benefit period, whichever occurs first, as stated on the Policy issued to your school, and subject to other terms, conditions, limitations, and exclusions, some of which are outlined in this brochure.
- Keep this brochure as a summary of benefits. The Policy, which contains detailed provisions of the terms, conditions, limitations, and exclusions summarized in this brochure, is on file at your school. You may request a copy of the policy from your school at any time.

## OTHER COVERAGE

No payment will be made for any benefit or expense when the benefit or expense is payable under any other policy, including but not limited to, any individual or group hospital, medical, dental or surgical plan, certificate, policy, or coverage agreement, whether on an indemnity or on a provision of service basis; any Workers' Compensation or Employer's Liability coverage; or coverage provided by an HMO, PPO, a self-insured plan, self-insured pool, Medicaid, or any public assistance program; any coverage provided by the Illinois High School Association (IHSA) or any other association; any automobile insurance or plan, any accident policy or plan, or any catastrophe coverage program.

THE STUDENT ACCIDENT COVERAGE DESCRIBED IN THIS BROCHURE WILL BE  
AT ALL TIMES EXCESS OF ANY OTHER INSURANCE,  
COVERAGE OR BENEFIT, IN WHATEVER FORM OR DESIGNATION,  
EXCEPT FOR ANY ACCIDENTAL DEATH OR  
DISMEMBERMENT INSURANCE OR COVERAGE.



For more information contact your local agent or  
**Alex Spedale** at **(312) 930-6154** or **SpedaleA@BrokersRisk.com**



Coverholder at **LLOYD'S**

155 North Wacker Drive, Suite 3700 • Chicago, Illinois 60606  
Phone: (800) 255-1195 • Fax: (312) 906-8116

The insurance is subject to underwriting review and approval. The description herein is a summary only.  
It does not include all terms, conditions and exclusions of the policy. Please refer to the actual policy for complete details of coverage and exclusions.