

Student Accident Insurance

Voluntary Accident Only or Accident and Sickness Insurance



UNDERWRITTEN BY:



COMMERCIAL TRAVELERS
MUTUAL INSURANCE COMPANY
COMMERCIAL TRAVELERS BUILDING
UTICA, NEW YORK 13502

For a copy of the Company's Privacy Notice, go to:
commercialtravelers.com/privacy

MW/MWX-WS-14

SERVICING AGENT:

THOMAS TREVVETT AGENCY, LLC
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Utica, NY 13502
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VOLUNTARY STUDENT PLAN

Up to \$50,000 Maximum Medical Benefit

ACCIDENT ONLY INSURANCE

■ SCHOOLTIME PLAN

Under the basic SCHOOLTIME coverage, all enrolled students for whom the premium has been paid are insured . . .

1. While on the school premises during a period of regular attendance on the days when school is in session.
2. While traveling directly to or from the Insured's residence and school for regular sessions, for such travel time as may be necessary (one hour before school begins and one hour after dismissal, longer if school bus requires).
3. While 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 enrolled under such coverage and the proper premium has been paid), and including supervised travel by school furnished transportation, directly to and from school activities.
4. While attending religious classes either on or away from the school premises, including travel directly to or from the Insured Person's residence or school and the place where such classes are held.

Coverage is effective from the date the parent's application and premium payment are received by the school or the insurance company, but in no event, prior to the opening day of school. Coverage terminates at 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.

■ FOOTBALL COVERAGE

Coverage for accidental bodily injury sustained while participating in interscholastic tackle football, played in or with grades 10–12, including travel to or from a football game or practice, as a team member, when such travel is sponsored by the school and solely supervised by school employees. Coverage is effective on the first day of regularly scheduled school-supervised practice, provided the student is enrolled for Football coverage and the premium is paid prior to commencement of practice. An enrollment list showing the names of all football players to be insured and the premium must be received by the company within five (5) days after the first practice otherwise coverage is effective on the date premium is paid. 9th grade tackle football is covered under the Schoolttime Plan. Coverage expires on July 1 of the year next following the policy effective date.

■ FIELD TRIP AND TRIP/TRAVEL COVERAGE

Optional Accident Only coverage available to cover field trips and other trip or travel activity sponsored by the policyholder. For more information, contact your agent.

THE POLICY WILL PAY UP TO \$50,000 for covered expenses incurred as the result of accidental bodily injury sustained in any one accident which occurs on or after the effective date of coverage. The 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.

ACCIDENT ONLY *or* ACCIDENT AND SICKNESS INSURANCE

■ AROUND-THE-CLOCK PLANS

AROUND-THE-CLOCK coverage extends the basic Schoolttime Plan for a full 24 hours a day, at home or at play—anytime, anywhere, whether school is in session or not. The insured student has continuous protection from the date the parent's application and premium payment are received (or on the opening day of school, if later) to the opening day of the next Fall term.

THE POLICY WILL PAY UP TO \$50,000 for covered expenses incurred as the result of accidental bodily injury which occurs, or, if applicable, sickness first becoming manifest, during the term of coverage. The first such expense must be incurred within 30 days of the accident or sickness, and the covered treatment, care or service rendered within 52 weeks of the accident or date of the first treatment for sickness.

Benefits for covered expenses, listed under the BENEFITS UNDER THE PLANS, will not exceed the specified amounts. Sickness coverage is only available under AROUND-THE-CLOCK PLANS, and does not provide for dental expenses except as a result of a covered accident. Sickness coverage may not be available in TN. Please check with the servicing agent.

BENEFITS UNDER THE PLANS

THE POLICY WILL PAY the first of \$100.00 of eligible expenses incurred as a result of each covered Accident or Sickness, provided the appropriate premium has been paid, regardless of any other insurance. If expenses exceed \$100.00, 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 or sickness, unless otherwise specified.

	Elite Plan	Superior Plan	Economy Plan
POLICY MAXIMUM per covered accident or sickness	\$50,000.00	\$25,000.00	\$25,000.00
DEDUCTIBLE	None	None	None
MEDICAL TREATMENT by a licensed physician, except in connection with surgery or for physiotherapy as defined below	80% of U&C**	\$50.00 per treatment	\$25.00 per treatment
SURGERY by a licensed physician (Payable according to CRVS* or U&C**)	80% of U&C Max. \$8,000.00	\$175.00 unit value	\$125.00 unit value
*Example Osteotomy Fibula	N/A	\$ 735.00	\$ 525.00
Arthroplasty Ankle	N/A	\$1,872.50	\$1,337.50
ANESTHESIOLOGIST (Percent of surgery allowance)	25%	25%	25%
ASSISTANT SURGEON (Percent of surgery allowance)	20%	20%	20%
INPATIENT HOSPITAL CARE AND SERVICE when the Insured is confined as an overnight resident patient for room and board (except for hospital intensive care)	Semi-private Room Rate	\$400.00 per day	\$200.00 per day
For hospital intensive care room and board	\$1,000 per day	\$400.00 per day	\$200.00 per day
For ancillary medical expenses, including radiology and diagnostic imaging as provided below	\$2,000.00	\$1,500.00	\$1,000.00
OUTPATIENT HOSPITAL CARE AND SERVICE 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	\$300.00	\$150.00	\$100.00
OUTPATIENT SURGICAL FACILITY room and supplies	\$900.00	Paid as Outpatient Hospital Care	Paid as Outpatient Hospital Care
RADIOLOGY (excluding MRI's and Cat Scans), including reading and interpretation but excluding dental X-rays and X-rays in connection with physiotherapy	80% of U&C to \$250.00	\$180.00	\$90.00
DIAGNOSTIC IMAGING (MRI's, Cat Scans, etc.)	80% of U&C to \$800.00	\$400.00	\$200.00
NURSE SERVICE 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	U&C	U&C	U&C
DENTAL TREATMENT made necessary by accidental injury to one or more sound natural teeth, including charges for braces, crowns, jackets, inlays, fillings, bridges, and root canal therapy.	\$400.00 per tooth	\$350.00 per tooth	\$175.00 per tooth
PROFESSIONAL AMBULANCE SERVICE from the place of accident to a hospital	\$500.00	\$250.00	\$125.00
PHYSIOTHERAPY by a licensed practitioner, including diathermy, heat treatment, adjustment, manipulation, or massage, when medically necessary	\$50.00 per visit Max. 5 visits	\$40.00 per visit Max. 5 visits	\$20.00 per visit Max. 5 visits
ORTHOPEDIC APPLIANCES when ordered by the attending physician	\$250.00	\$150.00	\$75.00
EYEGLASSES , contact lenses, and hearing aid replacement, when medical treatment is required for a covered accident	\$200.00	\$50.00	\$25.00

*"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.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

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

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 AND LIMITATIONS

This plan does not cover, nor is any premium charged for . . .

Items not covered under Accident-Only or Accident and Sickness Insurance: (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, unless Sickness Coverage is purchased. (d) Prescriptions, except while hospital confined. (e) Treatment administered by any person employed or retained by the school. (f) Hernia in any form, except as may be provided under Sickness Insurance, if purchased. (g) Illness or disease in any form except as may be provided under Sickness Insurance. (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) Loss 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) Loss 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 participating in skiing in any form, except when the Around-the-Clock Coverage is purchased. (q) Dental treatment, except as a result of accidental injury to sound, natural teeth, to the extent provided.

Additional items not covered under Sickness Insurance: (1) Elective surgery. (2) Cosmetic surgery, except as the result of covered sickness or injury. (3) Submucous resection and/or other surgical correction for deviated nasal septum. Necessary treatment of sinusitis is covered. (4) Normal pregnancy; childbirth; elective abortion. (5) Mental or emotional disorders.

LIMITATIONS—ACCIDENT AND SICKNESS

No payment shall be made for expenses in excess of \$100.00 per accident or per sickness 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.)

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.

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.

In the event the Insured Person sustains an injury or incurs a sickness for which benefits are payable under more than one Student Insurance Policy or like coverage issued by the Company, coverage shall be deemed to be in effect only under one such Plan, the one affording the greater (or greatest) amount of benefits for the injury or sickness.

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

PREMIUM RATES

VOLUNTARY STUDENT PLANS

ACCIDENT ONLY

	PREMIUM RATES PER STUDENT		
	Elite Plan	Superior Plan	Economy Plan
SCHOOLTIME PLAN	\$ 53.00	\$ 30.00	\$ 18.00
AROUND-THE-CLOCK PLAN	\$155.00	\$108.00	\$ 69.00
FOOTBALL (in or with Grades 10–12)	\$270.00	\$160.00	\$ 94.00
OPTIONAL EXTENDED DENTAL*	\$ 6.00	\$ 6.00	\$ 6.00
ACCIDENT AND SICKNESS	\$528.00	\$370.00	\$218.00

*Dental Treatment Benefit for accidental injury to sound, natural teeth is increased to a maximum of \$1,000.00 per tooth, effective 24 hours a day when selected with either Schooltime or Around-the-Clock coverage and ends on the opening day of school for the following Fall term.

NOTE: The rates reflected in this brochure were determined for the 2014 underwriting season. Please check with your agent to assure that rates have not been revised.

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, (in FL, a felony in the third degree) and in the state of New York shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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. Any provisions of the Policy, as described in this brochure, 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. All plans are subject to insurance department approval. These plans are not available in all states. Policy Form Series No. CTP-7 et al.