

Now partnering to offer school accident medical programs for K-12 grade schools.



## K-12 STUDENT & ATHLETIC

# ACCIDENT INSURANCE



*Trust us to keep your school community safe so you can focus on what matters most.*

School sports, special events and other activities are an important part of students' lives, keeping them healthy, active and socially engaged. With Players Health's Catastrophic Accident coverage, ensure your students and their families are financially prepared if a major incident occurs during a school-sponsored activity.

## THE PROGRAMS AND WHAT THEY COVER



### ATHLETICS AND SCHOOL ACTIVITIES (NO FOOTBALL)

All enrolled students of the policyholder, including all sports activities (no football)



### ATHLETICS AND SCHOOL ACTIVITIES (WITH FOOTBALL)

All interscholastic sports, including interscholastic football and cheerleading



### ALL SCHOOL ACTIVITIES

All interscholastic sports including interscholastic football, band, cheerleading, majorettes, intramural sports, gym classes and non-sport extracurricular activities

Coverage options are available for sports and activities only or all grades and activities. Coverage plans include blanket/base coverage, voluntary coverage and catastrophic coverage.

Combine your school's insurance coverage with athlete safety solutions to ensure your school is taking the proper steps in creating safer environments for your students.



# PROTECT YOUR STUDENTS

# WITH OUR ATHLETE

# SAFETY SUITE



*Trust us to keep your school community safe so you can focus on what matters most.*

Protection doesn't stop at insurance coverage. Ensure your school has the proper policies and procedures in place to prevent catastrophic incidents before they occur.

## PUT THE WELL-BEING OF YOUR STUDENT ATHLETES FIRST



**BACKGROUND CHECKS**



**POLICY REVIEW AND CONSULTATION**



**REPORTING AND INVESTIGATIONS**



**TRAINING AND EDUCATION**



**INJURY MANAGEMENT AND REHAB**

# BLANKET/BASE STUDENT ACCIDENT PLAN COVERAGES

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As described below, the following plans are available:

**Interscholastic Sports Coverage** – for Jr. High School and Sr. High School only, interscholastic athletics and activities.

Interscholastic sports and activities coverage is available, with or without football, for Jr. High School and Sr. High School.

**All School Coverage** – with or without athletics and activities

- Coverage for PK-8; or
- Coverage for PK-12

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**All School Coverage**  
(premium paid by school)

Coverage is in force for each person for whom School Coverage premium has been paid as set forth in the Policy:

- While on the School premises; during the hours and on the days School is in regular session, and during the hours and on the days when School is not in session while the Covered Person is participating in or attending any Sponsored and Supervised School Activity; and
- While away from the School premises; other than traveling, if participating in a Sponsored and Supervised School Activity; and
- While traveling directly to or from the Insured Person's residence and School for regular School sessions, or for any Sponsored and Supervised School Activity in School designated vehicle.

Vocational and field trip Coverage is also included.

**Interscholastic Sports Coverage**

ALL SPORTS/ACTIVITIES

(premium paid by school) GRADES Jr. High School and Sr. High School

Coverage is in force for each Insured Person for whom Sports Coverage premium has been paid as set forth in the Policy:

- While practicing for or competing in interscholastic sports and Supervised and Sponsored Sports Activities which are supervised by the Policyholder; and
- While traveling directly to or from such practice or competition in a School designated vehicle.

Also covered under mandatory sports & activities plans: Off-season conditioning for football, vocational classes, JROTC, FFA, weightlifting, cheerleading, and drill team activities.

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**Excess Insurance Provision**

No benefit of this policy is payable for any expenses incurred for Covered Injury which is paid or payable by: 1) an Other Health Plan, including ERISA or self-funded group Policy; or 2) under an automobile insurance policy. Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured Person for failing to comply with policy provisions or requirements.

**Medical Payments**

The policy provides benefits for loss due to a Covered Injury up to the Total Maximum for all Accident Medical Benefits of \$25,000 for each Covered Accident. Medical treatment must be provided by a qualified, licensed physician and must begin within 90 days from the date of the Covered Accident. Benefits will be payable for Covered Medical Expenses incurred within one or two from the date of the Covered Accident up to the maximum Benefit Amount shown in the Schedule of Benefits.

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**Accidental Death & Dismemberment Benefits**

Covered Loss must occur within 365 days of the Covered Accident.

Loss of Life .....	\$10,000
Loss of Two or More Hands or Feet.....	\$10,000
Loss of Sight of Both Eyes .....	\$10,000
Loss of One Hand or Foot and Sight in One Eye .....	\$10,000
Loss of One Hand and Foot.....	\$5,000
Loss of Sight in One Eye.....	\$5,000
Loss of One Hand or Foot.....	\$5,000
Loss of Thumb and Index Finger of Either Hand .....	\$500

**Exposure and Disappearance ..... Included**

## Policy Exclusions and Limitations

**Benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Benefits Section of the Policy:**

1. Intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
6. A Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
7. Flight in, boarding or alighting from, an Aircraft or any craft designed to fly above the Earth's surface except as a fare-paying passenger on a regularly scheduled commercial airline;
8. Travel in any Aircraft owned, leased or controlled by the Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Subscriber if the Aircraft may be used as the Subscriber wishes for more than 2 straight days, or more than 5 days in any year;
9. Bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
11. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of injuries sustained in a Covered Injury;
12. A cardiovascular, event or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician, while the Insured Person participates in a Covered Activity;
13. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
14. The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officers report, or similar items will be considered proof of the Insured Person's intoxication;
15. Operating any type of vehicle or Conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred;
16. Travel in or on any on-road and off-road motorized vehicle except a golf cart or other vehicle the Company specifically agrees to cover, that does not require licensing as a motor vehicle;
17. Participation in any motorized race or contest of speed;
18. An accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b)

the Insured Person is receiving instruction from a driver's education instructor;

19. Injuries compensable under Workers' Compensation law or any similar law;
20. Participation in any sports activity not specifically authorized, sponsored and supervised by the School, whether or not it takes place on School premises or during normal School hours, during a Covered Activity, including but not limited to snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles;
21. Aggravation, during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity, unless the Company receives a written medical release from the Insured Person's Physician.
22. Participation in any team sport or other athletic activity, except participation in a Covered Activity;
23. Benefits will not be paid for services or treatment rendered by any person who is: a) employed or retained by Subscriber; b) living in the Insured Person's household; c) an Immediate Family Member including Eligible Domestic Partner of either the Insured Person or the Insured Person's Spouse; or d) the Insured Person.

**Excluded Medical Expenses** – The following will not be considered Covered Expenses unless coverage is specifically provided:

- Blood, blood plasma, or blood storage, except expenses by a Hospital for processing or administration of blood.
- Cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Loss.
- Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
- Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, orthopedic braces, or orthotic devices.
- Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
- Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
- Rest cures or custodial care.
- Repair or replacement of existing dentures, partial dentures, braces or bridgework. Orthopedic appliances used mainly to protect an Injury so that the Covered Person can take part in interscholastic and club sports.
- Personal services such as television and telephone or transportation.
- Orthopedic appliances used mainly to protect an Injury so that the Covered Person can take part in interscholastic and club sports
- Expenses payable by any automobile insurance policy without regard to fault.
- Repair or replacement of existing artificial limbs, eyes and larynx.
- Charges for any article of clothing intended for use more than once.
- Treatment of an injury resulting from or contributed to by frostbite, fainting or seizures.

**Covered Injury** means Accidental bodily injury: (1) which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force, and (2) which results directly and independently from all other causes from a Covered Accident and (3) which occurs while such person is participating in a Covered Activity. The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.