

2013 – 2014 STUDENT ACCIDENT INSURANCE COVERAGE

**OPTIONAL SCHOOL TIME ACCIDENT COVERAGE** - Insurance coverage is provided for covered Injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises. Includes participation in: Interscholastic Sports, excluding Senior High (participating with grades 10-12) interscholastic tackle football; Summer Recreation Activities sponsored by the school; One-Day School Field Trips (no Overnight) and School Sponsored Religious Activities. Coverage is provided for traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from their home premises and the school or the site of a covered activity.

**Annual Premium:**                **Gold - \$38.00**                                **Silver - \$18.00**                                **Bronze - \$9.00**

**OPTIONAL 24-HOUR ACCIDENT COVERAGE** - Insurance coverage is provided around the clock, 24 Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away, any place, any time, anywhere. Coverage is provided for participation in Interscholastic Sports, excluding Senior High (participating with grades 10-12) interscholastic tackle football. **Annual Premium:**        **Gold - \$140.00**    **Silver - \$85.00**    **Bronze - \$48.00**

**OPTIONAL FOOTBALL COVERAGE** - Covers Accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is covered when going directly and uninterruptedly to or from such practice or competition as part of a group in transportation furnished or arranged by the Policyholder. Refer to benefits and limitations described inside this brochure. Optional Football Coverage begins on the date of premium receipt and ends on the last day of practice or competition. Ninth Graders who play with 9<sup>th</sup> graders ONLY are not charged extra for football coverage. Their Optional School-Time or Optional 24-Hour Accident Coverage will apply if purchased. **Annual Premium:**        **Gold - \$225.00**                                **Silver - \$125.00**                                **Bronze - \$75.00**  
**Spring/Summer Weight and Conditioning Training Only Rates**        **Gold - \$ 75.00**                                **Silver - \$ 55.00**                                **Bronze - \$35.00**

(for new players who participate in spring training and not already insured under Optional Football Coverage)

**OPTIONAL 24-HOUR DENTAL COVERAGE (Can be purchased separately or with other coverage)** – Insurance coverage is in effect 24 Hours a day. Injury must be treated within 60 days after the Accident occurs. Benefits are payable within 12 months after the date of Injury. The maximum eligible expenses payable per covered Injury is \$25,000. In addition, when the dentist certifies that treatment must be deferred until after the Benefit Period, deferred benefits will be paid to a maximum of \$1,000. The Student must be treated by a legally qualified dentist who is not a member of the student’s Immediate Family for Injury to teeth. Coverage is limited to treatment of sound, natural teeth. **Annual Premium: \$8.00**

**COVERAGE PERIOD** – Coverage under the Optional School-Time Accident Coverage, the Optional 24-Hour Accident Coverage and the Optional 24-Hour Dental Coverage begins on the date of premium receipt but not before the start of the school year activities. Optional School-Time Accident Coverage ends at the close of the regular nine-month school term, except while the student is attending activities exclusively sponsored and solely supervised by the School during the summer. Optional 24-Hour Accident and Dental Coverage ends when school reopens for the following school year. Coverage is available under the plan throughout the school year at the premiums quoted **(no pro rata premiums available).**

SCHEDULE OF BENEFITS			
Coverage for Injuries due to Accident only			
<b>Maximum Benefit:</b>	<b>GOLD</b>	<b>SILVER</b>	<b>BRONZE</b>
School-Time Option	\$100,000	\$75,000	\$50,000
24-Hour Option	\$100,000	\$75,000	\$50,000
Football Option	\$100,000	\$75,000	\$50,000
Injuries Involving Motor Vehicles	\$ 10,000	\$10,000	\$10,000
Death Benefit/Double Dismemberment	\$ 10,000	\$10,000	\$10,000
Single Dismemberment	\$ 5,000	\$ 5,000	\$ 5,000
<b>Loss Period for Medical Benefits</b>	Treatment must begin within 60 days from the date of Injury		
<b>Benefit Period for Medical and AD&amp;D/Loss of Sight Benefits</b>	1 Year	1 Year	1 Year
<b>Excess Coverage Applicability</b>	Full Excess	Full Excess	Full Excess
<b>Hospital/Facility Services - Inpatient</b>			
Hospital Room and Board (Semi-Private Room Rate)	100% RE*	100% RE*	80% RE* / \$200 Maximum**
Hospital Intensive Care	100% RE*	100% RE*	80% RE* / \$200 Maximum**
Inpatient Hospital Miscellaneous	\$10,000 Maximum	\$7,500 Maximum	\$5,000 Maximum
<b>Hospital/Facility Services - Outpatient</b>			
Outpatient Hospital Miscellaneous			
(Except physician services and x-rays paid as below)	\$750 Maximum	80% to \$500 Maximum	\$250 Maximum
Free-standing Ambulatory Surgical Facility	\$2,000 Maximum	80% to \$1,000 Maximum	\$500 Maximum
Hospital Emergency Room Physician	\$75 Maximum	\$50 Maximum	\$50 Maximum
Hospital Emergency Room	\$500 Maximum	80% to \$350 Maximum	80% to \$150 Maximum
<b>Physician's Services</b>			
Surgical	80% RE* to \$3,000 Maximum	80% RE* to \$2,000 Maximum	80% RE* to \$1,000 Maximum
Assistant Surgeon	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits
Anesthesiologist	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits
Physician's Non-surgical Treatment (Except as below)	\$60 per day	\$500 Maximum	\$25 per day
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	\$75/Visit / 5 Visits Maximum	\$40/Visit / 5 Visits Maximum	\$25/Visit / 5 Visits Maximum
<b>Other Services</b>			
Registered Nurses' Services	100% RE*	100% RE*	80% RE*
Prescriptions - outpatient	100% RE*	100% RE*	80% RE*
X-rays, includes interpretation - outpatient	\$300 Maximum	\$250 Maximum	\$200 Maximum
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation - outpatient	\$1,000 Maximum	\$750 Maximum	\$300 Maximum
Ground Ambulance	\$500 Maximum	\$400 Maximum	\$200 Maximum
Air Ambulance	\$1,500 Maximum	\$1,000 Maximum	\$400 Maximum
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	\$500 Maximum	\$300 Maximum	\$150 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$700 Maximum	\$500 Maximum	\$150 Maximum
Dental Treatment to sound, natural teeth due to covered injury	\$2,000 Maximum	\$1,500 Maximum	\$1,000 Maximum
<b>*RE means Reasonable Expense</b>	<b>**Per Day</b>		<b>GER_0413 EFTB</b>

2013 – 2014 ENROLLMENT APPLICATION (please print or type)

Student’s Last Name	Student’s First Name	Student’s Middle Initial	Grade
Address _____		City _____	State _____ Zip _____
Telephone Number _____		Birthdate _____	
School System _____		Name of School _____	
Check your selection:	Gold <input type="checkbox"/> School-Time \$38.00 <input type="checkbox"/> 24-Hour Accident \$140.00 <input type="checkbox"/> Football \$225.00 <input type="checkbox"/> 24-Hour Dental \$8.00		
	Silver <input type="checkbox"/> School-Time \$18.00 <input type="checkbox"/> 24-Hour Accident \$ 85.00 <input type="checkbox"/> Football \$125.00 <input type="checkbox"/> 24-Hour Dental \$8.00		
	Bronze <input type="checkbox"/> School-Time \$ 9.00 <input type="checkbox"/> 24-Hour Accident \$ 48.00 <input type="checkbox"/> Football \$ 75.00 <input type="checkbox"/> 24-Hour Dental \$8.00		
	Spring/Summer Weight and Conditioning Training Only Rates <input type="checkbox"/> Gold - \$75.00 <input type="checkbox"/> Silver - \$55.00 <input type="checkbox"/> Bronze - \$35.00		
Please make check payable to Gerber Life Insurance Company			
			Total Enclosed: _____
Signature of Parent or Guardian _____		Date _____	

Please Return To: The Young Group, Inc.  
256 West Millbrook Road  
Raleigh, NC 27609