

IMPORTANT NOTICE

To Polk County Parents

A one time payment per school term protects your student all year long!
Even if you have insurance this can help pay your high deductibles and co-pays.

✓ 24 HOUR EXTENDED PLAN FOR ONLY \$40 PER SCHOOL TERM.

Dear Parents,

The Polk County School Board has purchased a supplemental student accident insurance policy to cover all Polk County students while at school or when they are participating in activities that are exclusively sponsored, scheduled and funded by the Polk County School Board during the current school term. This policy also covers all interscholastic sports participants during practice and competition sanctioned by the FHSAA. This school time policy coverage ends on the last day of school in May, 2020. This policy will not pay for 100% of all medical expenses, is NOT "Primary Insurance" and is in effect only during school activities directly supervised by a Polk County employee.

The Polk County School Board is very interested in providing a safe environment for all students. However, accidents do happen every day at school. Accidents that happen at school are generally NOT the fault of the school nor are such accidents the responsibility of the district to provide medical treatment. You are encouraged to provide medical health insurance to pay medical expenses for student injuries.

Parents can extend coverage for accidents that may occur while away from school and during all vacation periods including the 2020 summer months by purchasing the "Extended 24 Hour Protection Plan". The cost is \$40.00.

To enroll, complete and forward the application to:

SCHOOL INSURANCE OF FLORIDA, P.O. Box 784268 Winter Garden, FL 34778. Toll free 1-800-432-6915.

OR

***Enroll online at www.schoolinsuranceonline.com**

SUMMARY OF THE ACCIDENT INSURANCE POLICY BENEFITS AND LIMITATIONS

If an eligible student is injured accidentally during a covered activity and the injury requires treatment within 60 days after the date of injury by a licensed physician, the policy will pay specified medical benefits up to \$25,000.00 in the aggregate incurred within one year from the date of injury subject to the following policy limits:

Doctor Visits / Consultations

Pays up to \$60 for the first day of care and up to \$45 for each day of follow-up

Surgery Fees

Pays benefits as listed in the Florida Workers Compensation Fee Schedule, (Part A 2004 edition)

Anesthesiologist Fee

Pays up to \$1,000 as listed in the Florida Workers Compensation Fee Schedule, (Part A 2004 edition)

In-Patient Hospital Expenses

Pays up to \$1,000 per day for semi-private room and all other in- hospital charges (except personal convenience items, T.V., phone, etc.).

Emergency Room Charges

Pays up to \$500, (applies to injuries requiring emergency treatment)

Out-Patient or 'Same-Day Surgery' Hospital Expenses

Pays up to \$2,500 for the hospital or facility charges in the aggregate when major surgery is performed on an out-patient basis

Out-Patient X-rays, MRI and CAT Scans, (including interpretation or reading fees)

Pays a maximum of \$300 for all x-rays and \$600 for all other necessary imaging tests such as MRI or Cat Scans in the aggregate.

Out-Patient Therapy / Manipulations / Adjustments and similar treatment visits

Pays up to \$40 per day for up to 10 days of treatment

Orthopedic Appliances / Casting / Braces / Crutches \ Drugs

Pays up to \$300 in the aggregate

Implantable Devices

Maximum not to exceed \$500

Dental Benefit for Accidental Injury

Pays up to \$750 per injured tooth (orthodontic procedures & treatment of previously damaged teeth not covered)

Licensed Ambulance Service

Pays up to \$750 for initial trip to the closest medical facility, (air or ground)

Motor Vehicle Related Injuries

Maximum Benefit for motor vehicle related injuries is \$2,000 in the aggregate

OPTION TO EXTEND COVERAGE TO 24 HOUR PROTECTION: Parents may elect to purchase additional insurance protection to cover injuries that may occur 24 hours a day, seven days a week including all vacation periods and the 2020 summer months. The cost to enroll in the 24 Hour protection is \$40.00. **TO ENROLL YOUR CHILD IN THE EXPANDED 24-HOUR PROTECTION PLAN, please fill out and mail the enrollment form below with your check payable to SCHOOL INSURANCE OF FLORIDA.**

COVERAGE EFFECTIVE AND TERMINATION DATES: Coverage under the school time plan becomes effective on the first day of classes for the regular school term as designated by the Polk County School Board. Coverage under the school time accident insurance policy purchased by the Polk County School Board terminates on the last day of school in May, 2020. If the 24 Hour Extended Coverage Option is purchased, 24 Hour protection becomes effective at 11:59 P.M. EST on the date the enrollment application and payment is received in School Insurance of Florida's office. The 24 Hour Extended Coverage terminates on the last day of summer in August, 2020.

IMPORTANT NOTE: This student accident policy is NOT 'Primary Insurance' and is not intended to replace family health insurance. The policy has limitations and exclusions and is designed to provide secondary or excess coverage. This policy will NOT pay any expenses that could be covered by other family insurance or an HMO or PPO. The accident insurance policy does not guarantee 100% reimbursement for all medical expenses incurred. The Polk County School Board does not assume responsibility for payment of medical expenses that are not covered by the student accident policy or for benefits that could be received from other sources of coverage or insurance. You must file with any other insurance first, before filing for benefits under the school policy.

CLAIM FILING INSTRUCTIONS: Immediately report any school related accidents to the school coach or principal's office to obtain claim filing instructions. Please remember...If you have any other sources of coverage such as an employer's policy, HMO, PPO, Blue Cross, Champus, you must first file a claim with your other insurance source. If you have questions concerning this policy, do not call the school. Contact the agency that handles payment of claims: SCHOOL INSURANCE OF FLORIDA, P.O. Box 784268 Winter Garden, FL 34778. Phone toll free 1-800-432-6915. www.schoolinsuranceonline.com

>Please read other side for additional policy details and limitations<

ENROLL ONLINE!

Visit our website www.schoolinsuranceonline.com to enroll online.

POLK SCHOOLS SUMMARY OF STUDENT INSURANCE
Underwritten by Reliance Standard Life Insurance, 1100 East Woodfield Road, Two Woodfield Lake, Schaumburg, IL.

EXCESS INSURANCE

The Certificate of Insurance summarizes the policy provisions and benefits. This policy will not pay 100% of all incurred medical expenses. Policy limits and exclusions apply. Policy benefits are payable, subject to the limits specified on the front page, for accidental bodily injury resulting from a covered school related accident (or if the 24 Hour Option is purchased.). The company will pay the reasonable cost of covered eligible medical charges not to exceed the maximum benefits listed in the policy (summarized in this form). The maximum benefit payable for any one covered accident is \$25,000.00. First medical treatment by a licensed physician or dentist for a covered accident must be obtained within sixty (60) days from the original date of the covered accident to be eligible for policy benefits. The company will pay for covered medical charges for treatment and care rendered within 52 weeks after the date of a covered accident.

POLICY DEFINITIONS: "Covered Accident" means bodily injury of the insured that results directly and independently of all other causes from a covered accident occurring while the policy is in force. Self-inflicted injuries caused by prolonged over exertion, stress or strain, or disease process or aggravation of an existing condition is expressly excluded from coverage under the accident policy. "Covered Charges" means reasonable charges which are not in excess of usual and customary charges; not in excess of the maximum benefit amount payable for services specified below; services and supplies which are not excluded from coverage; and services and supplies which are a medical necessity for treatment of the covered accident. "Pre-Existing Condition" means any physical condition for which the existence of symptoms would cause a normally prudent person to seek medical care or advice. Physical condition includes any complication or residual of a prior illness, condition or disease the person was advised or treated for in the six (6) months before the effective date of the Insured's coverage under the policy. "Hospital" means a licensed or properly accredited general hospital which is open at all times and operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients under the supervision of one (1) or more legally qualified physicians available at all times with continuous, twenty-four (24) hour nursing services by Registered Nurses on duty or call. "Hospital" does not mean a facility that is primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating mental or nervous disorders, alcoholics or drug addicts. "At-School Accident Coverage" applies while a covered person is in attendance at the school during the hours and on the days that school is in session; participating in activities, except as a spectator, which are exclusively school-funded, school-sponsored, school-supervised and scheduled by the school on or away from school premises, during or after school hours; traveling directly and without interruption to or from the covered person's residence and the school for regular school sessions or such travel time not to exceed one (1) hour before the regular school classes begin and not more than one (1) hour after school is dismissed; while a covered person is participating in a school-scheduled, school-sanctioned interscholastic sports practice or competition at or away from school premises. "24-Hour Accident Coverage" extends coverage to twenty-four (24) hours per day while a covered person is at home, school or on vacation. Under the 24-hour coverage plan, the same benefits, limitations and exclusions of the "Basic At-School Coverage" plan will apply. Additional policy terms and provisions apply which are stated in the Master Blanket Accident Insurance Policy issued to the school district and on file for your review. "Effects of Other Coverage" means the insurance coverage provided under the policy shall be "EXCESS" to any other collectible insurance or plans, including but not limited to auto P.I.P. and auto medical payments, HMOs or PPOs, subject to limits stated in the policy. Third party subrogation rights are reserved. Total payments by all insurance plans, including HMOs or PPOs, shall never exceed the total medical expenses incurred.

EXCLUSIONS - WHAT THE POLICY DOES NOT COVER

1. Participation in any organized sports camps, league practices or competitions that are not exclusively funded, sponsored, scheduled and supervised by the Member school district Board of Education to which the Policy is issued. Participation in organized classes, practices or competitions in boxing, wrestling, self-defense, or martial arts, including but not limited to Karate, Aikido, Tae Kwon Do, Jujitsu, Kung Fu, kickboxing or weapons training unless the organized program is exclusively sponsored, funded, and scheduled by the Member school district Board of Education to which the Policy is issued, and directly supervised by a Member school employee.
2. Damage to other than whole, sound, vital and natural teeth or to existing dental bridges, crowns, restorations or braces; orthodontic procedure and services. Treatment for injury or function of tooth caused either by decay, infection or the breakdown of a dental restoration.
3. Pathological fractures, stress fractures, boils, athlete's foot, impetigo or similar skin infection, rashes, poisonous vegetation reactions, warts, blisters, calluses, cramps, muscle spasms, allergies or allergic reactions, ingrown nails, appendicitis, hernia of any kind, however caused; infections occurring other than as a result of such injury; detached retina; or psychiatric care.
4. Any form of illness, sickness or disease including but not limited to the following: Perthes' Disease, Osgood-Schlatter's Disease, Osteomyelitis, Osteochondritis, Osteogenesis Imperfecta, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Hysterical Reactions, or similar conditions.
5. Any form of fighting or brawling or criminal or felonious assault or the Insured being engaged in an illegal occupation.
6. Services or treatment rendered as a part of the member school service by a hospital, physician, or person employed or retained by the member, or by a person related to the Insured by blood or marriage.
7. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine-driven vehicle; except that eligible medical expenses not collectible from other valid coverage will be payable up to \$2,000.00.
8. Intentionally self-inflicted injury.
9. War or any act of war (raids by air, land or sea shall be deemed act of war), civil disobedience, plots or insurrection.
10. Injuries sustained by the Insured for which benefits are payable under any Workers' Compensation or Employer Liability Laws, or while engaging in activity for monetary gain from sources other than the Member.
11. Aviation in any form except while the Insured is riding as a passenger in a licensed airplane provided by an incorporated passenger carrier on a regularly scheduled passenger flight and route.
12. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snowmobile, all-terrain vehicle, or two (2) or three (3) wheeled motor vehicle.
13. The use of or while under the influence of drugs unless administered as prescribed by a physician.
14. The existence or aggravation of physical or mental infirmity, condition or disease, whether infectious, congenital, secondary or acquired in origin. Conditions or the aggravation of conditions that originated prior to the Insured's Effective Date.
15. Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association sponsored catastrophe sports accident policy or trust fund is expressly excluded from coverage.
16. Snow skiing, snow tubing, snowboarding, water skiing, wake boarding, surf boarding, hydro-sliding, jet skiing or using any "personal watercraft" as defined by Florida statutes. Injury as a result of skate boarding.
17. Prescription drugs, injections, miscellaneous supplies and medications, except those administered while hospital-confined or when treated in the emergency room.
18. Any expense for which a benefit is not listed.

A certificate of insurance summarizes the provisions and benefits of the policy # 09-0114 (filed form # LRS-8985-0100-FL). Any difference between the policy and the certificate will be settled according to the provisions of the policy. Only full time students enrolled in the Polk County School District are eligible to receive benefits under this policy.

HOW TO FILE A CLAIM: (Para reportar un reclamo, Comuniquese con la oficina de la escuela). Obtain a claim reporting form from your school. Complete the form and mail to School Insurance of Florida, P. O. Box 784268, Winter Garden, FL 34778-4268. Phone 1-800-432-6915. www.schoolinsuranceofflorida.com

FLORIDA LAW STATES: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an enrollment form containing any false or incomplete, or misleading information is guilty of a felony of the third degree.

Address all claims and inquires to : School Insurance of Florida
P.O. Box 784268, Winter Garden, Florida 34778 PHONE: 1-800-432-6915

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HOW TO ENROLL: 1) (Cómo inscribirse) Complete the enrollment form; 2) Make check or money order for correct amount payable (Envíe su cheque con el formulario) to School Insurance of Florida; 3) Write the student's name and school in the memo section of your check or money order; 4) Place both the completed application and your check or money order payment in an envelope and mail to School Insurance of Florida. Keep your cancelled check or money order receipt as your confirmation of payment. Insurance cards will not be sent to you unless you request an I.D. card by enclosing another self-addressed, stamped envelope for us to mail the I.D. card back to you. Keep the top portion of this form for your records. No premium refunds after the first day of coverage. **Enroll online and receive immediate I.D. confirmation by using a valid email.**

Mail to : School Insurance of Florida
P.O. Box 784268, Winter Garden, Florida 34778

ENROLL ONLINE! www.schoolinsuranceonline.com