

Accident insurance

Public K-12 schools





Public K-12 accident program

From the blackboard to the ball field, Markel offers a broad range of accident products for K-12 schools. We offer our clients:

Program flexibility: We don't believe that "one size fits all." Each school is unique, and we design programs to deliver the right coverage for your school.

Total program management: From coverage consultations to claims administration, we work together to oversee your student accident program.

Program highlights

Eligibility: All registered students of the insured school for whom premium has been paid. **Coverage is considered primary for all voluntary enrollment and excess for all compulsory enrollment.**

School time coverage: The school time plan provides coverage while an insured student is on school premises during the days and months when school is in session; traveling directly to or from their residence and school in a vehicle supplied by the school; and participating in or attending activities sponsored solely by the school that are continuously supervised by a school official or employee. One-day field trips and religious education classes are also included. All high school interscholastic football activities are excluded, unless the applicable additional premium is paid.

Around the clock coverage: Applies 24 hours a day, whether school is in session or not. The insurance is provided from the effective date of the insured student's coverage to the termination date of the policy. All high school interscholastic football activities are excluded unless the applicable additional premium is paid.

High school interscholastic football: Coverage is provided during play, practice, or travel in connection with interscholastic football in which any ninth-, tenth-, eleventh-, or twelfth-grade student participate. This coverage is included if provided for in the enrollment form and additional premium is paid.

Summer day camp/Off season conditioning: Provides coverage during school sponsored and supervised summer day camps that are conducted on school premises. Off season conditioning provides coverage when under the direct supervision of the coach or a trainer for conditioning and weight training for interscholastic sports which takes place at a designated facility on the premises or in close proximity to the school. It does not provide coverage for play or practice involving bodily contact of any sport. This coverage ends the first day of official practice or the first day of school, whichever comes first.

Optional coverage: Coverage can be purchased by the school to cover the following situations:

1. Student coverage – covers all students for any school sponsored and supervised activity, including sports, excluding football.
2. Sports coverage – cover all students while involved in a school sponsored and supervised sport activity, excluding football.
3. Football coverage – covers all football players while involved in school sponsored and supervised football activities.

Benefit	Low plan	Middle plan	High plan
Plan maximum	\$25,000	\$50,000	\$75,000
Hospital room and board	\$125 per day	\$200 per day	\$350 per day
Room and board - intensive care	\$250 per day/\$1,000 max	\$250 per day/\$1,000 max	\$500 per day/\$2,000 max
Hospital miscellaneous	80% U&C to \$1,000 max	80% U&C to \$1,200 max	80% U&C to \$2,400 max
Licensed nurse	Usual and customary	Usual and customary	Usual and customary
Outpatient emergency room	\$200	\$200	\$350
Outpatient X-ray	\$200	\$250	\$400
Outpatient CT scan/MRI	\$300	\$300	\$500
Ambulance	\$150	\$150	\$300
Surgery	50% U&C to \$1,000	50% U&C to \$1,250	80% U&C to \$1,750
Anesthetist/assistant surgeon	\$250	\$315	\$440
Outpatient consultant	\$40	\$50	\$95
Outpatient physician	\$40/\$25 thereafter	\$40/\$25 thereafter	\$60/\$35 thereafter
Outpatient day surgery	\$350	\$350	\$600
Outpatient physical therapy	\$25 per visit, 10 visit max	\$25 per visit, 10 visit max	\$40 per visit, 10 visit max
Outpatient durable medical equipment & supplies	\$75	\$75	\$150
Dental injury	\$150 per tooth	\$150 per tooth	\$300 per tooth
Outpatient prescription drugs	\$25	\$25	\$50
Replacement of eyeglasses, hearing aids	\$150	\$150	\$300
Motor vehicle limit	\$2,500	\$2,500	\$2,500
Accidental death	\$5,000	\$5,000	\$5,000
Accidental dismemberment	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000

The amount of benefits provided depends on the plan selected, and the premium will vary with the amount of benefits selected. Coverage availability varies by state.

Accidental death, dismemberment, and loss of sight benefit

The accident must take place while the covered student is insured under the policy. Also, the loss must take place within 52 weeks after the accident, not applicable in PA.

Life \$5,000

Loss of one hand, one foot, or the sight of one eye \$5,000

Loss of any combination of two (2) or more of the following: hand, foot, eyesight \$10,000

"Loss" means with regards to hands and feet, actual severance above the wrist or ankle joint; with regard to sight, the entire and irrecoverable loss thereof. Payment will be made for only one of the above losses (the largest) which results from any one accident.

Definitions

Accident means a sudden, unexpected and unintended event, which is identifiable and caused solely by an external physical force resulting in injury to an insured person. Accident does not include a loss due to or contributed to by disease or sickness.

Injury means bodily harm caused solely by an accident which occurs while this policy is in force and is the sole cause of the loss.

Expense means the usual and customary charges for medically necessary treatment, service, or supplies. Such expense shall not include any amount not customarily charged to persons without insurance.

Usual and customary expense (U&C) means an expense which (a) is charged for treatment, supplies, or medical services medically necessary to treat the insured person's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies, or medical services in the locality where the expense is incurred.

Excess coverage means insurance as is afforded by this policy is payable only in excess of any expenses payable by other valid and collectible insurance. In the absence of other valid and collectible insurance, it is our intention that expenses incurred in connection with any covered injury shall be fully payable subject to the terms, conditions and limitations of the policy.

Underwritten by:

Markel

800-431-1270

P.O. Box 2009

Glen Allen, VA 23058-2009

markelinsurance.com

Student accident medical exclusions

The policy does not cover loss nor provide benefits for:

- Sickness
- Expense for treatment on or to the teeth, except for treatment resulting from injury to sound natural teeth;
- Services normally provided without charge by you or your employees;
- Eyeglasses, contact lenses, hearing aids, and examinations for the prescription or fitting thereof except as specifically provided herein;
- Suicide, attempted suicide, or intentionally self-inflicted injury;
- Injury due to participation in a riot or felony;
- Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery made medically necessary due to a covered accident which results in trauma, infection, or other diseases of the involved part;
- Treatment of a deviated nasal septum, including submucous resection and/or other surgical corrections, unless the treatment is due to or arises from a covered injury;
- Air travel, except as a fare-paying passenger on a regularly scheduled flight operated by a commercial airline;
- Injury resulting from any declared or undeclared war;
- Injury while in the armed forces of any country. When an insured person enters such armed forces, we will refund the unearned pro rata premium to the insured person;
- Injury covered by workers' compensation or occupational disease law;
- Treatment provided in a governmental hospital unless the insured person is legally obligated to pay such charges;
- Infections except pyogenic or bacterial infections caused by a covered injury;
- Hernia, unless it results from a covered injury;
- Injury occurring while the insured person is legally intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
- Injury while parachuting or hang gliding; traveling in or on any two-, three-, or four-wheeled all-terrain motor vehicle; jet skiing, skydiving, glider flying, parasailing, sail planing, bungee jumping; operating or riding on any snowmobile; or participating in a rodeo;
- Injury resulting from fighting;
- Play, practice, or travel in connection with interscholastic football in which any ninth-, tenth-, eleventh-, or twelfth-grade students participate, unless the applicable additional premium is paid;
- Motor vehicle accidents covered by medical benefits coverage in automobile "no fault" and traditional automobile "fault" type contracts;
- Blisters, insect bites, frostbite, vegetation, and food poisoning. Any provision of this plan which on its effective date is in conflict with the statutes of the state in which it is issued is hereby amended to conform to the minimum requirements of such statutes.



Student accident insurance 2020-2021

Choose your coverage plan

One-time premium for the 2020-2021 school year.
Coverage availability varies by state.

School time coverage (accident only)

Low plan: \$15.00 Middle plan: \$36.00 High plan: \$66.00

The school time plan provides coverage while an insured student is in or on school premises during the days and months when school is in session; traveling directly to or from their residence and school in a vehicle supplied by the school; and participating in or attending activities sponsored solely by the school that are continuously supervised by a school official or employee. This also includes supplied and supervised travel directly to and from such sponsored activities; and school sponsored and supervised sports, **excluding ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football.**

Around the clock coverage (accident only)

Low plan: \$68.00 Middle plan: \$144.00 High plan: \$266.00

Around the clock coverage applies 24 hours a day, whether school is in session or not. The insurance is provided from the effective date of the insured student's coverage to the termination date of the policy. This coverage includes school sponsored and supervised sports, **excluding ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football.**

Summer day camp/Off season conditioning

Low plan only: \$11.00

Provides coverage during school sponsored and supervised summer day camps that are conducted on school premises. Off season conditioning provides coverage when under the direct supervision of the coach or a trainer for conditioning and weight training for interscholastic sports which takes place at a designated facility on the premises or in close proximity to the school. It does not provide coverage for play or practice involving bodily contact of any sport. This coverage ends the first day of official practice or the first day of school, whichever comes first.

Interscholastic football coverage

- Provides coverage for ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football only.
- **School time and around the clock coverage is not included with this plan option.**

Annual

Low plan: \$109.00 Middle plan: \$294.00 High plan: \$435.00

Spring only

Low plan: \$38.00 Middle plan: \$118.00 High plan: \$174.00

How to enroll

- **Enroll online at <http://market.sevencorners.com> or call 877-444-5014 for enrollment by phone.** Seven Corners, Inc. is Markel's administrator for this program.
- **Payment must be made by credit or debit card.**

Review your benefits

Maximum benefits paid as specified

The policy provides benefits for loss due to a covered Injury up to the maximum benefit as listed below for each Injury. Benefits will be paid for covered medical expenses incurred within 52 weeks from the date of Accident up to the maximum benefit per service as scheduled.

Retain this description of coverage for your personal records

Individual policies will not be issued or sent to you. This brochure is for illustrative purposes only. It is not a contract of insurance. It is intended to provide a general overview of the insurance program.

This is only a partial description of the insurance plan. The benefits which are payable are determined in accordance with the terms, conditions, and exclusions of the policy which is on file with the policyholder (school or district office).

Description of benefits

Benefit	Low plan	Middle plan	High plan
Plan maximum	\$25,000	\$50,000	\$75,000
Hospital room and board	\$125 per day	\$200 per day	\$350 per day
Hospital miscellaneous	80% U&C to \$1,000 maximum	80% U&C to \$1,200 maximum	80% U&C to \$2,400 maximum
Room and board - intensive care	\$250 per day/\$1,000 maximum	\$250 per day/\$1,000 maximum	\$500 per day/\$2,000 maximum
Licensed nurse	Usual and customary	Usual and customary	Usual and customary
Outpatient emergency room	\$200	\$200	\$350
Outpatient x-ray	\$200	\$250	\$400
Outpatient CT Scan/MRI	\$300	\$300	\$500
Ambulance	\$150	\$150	\$300
Surgery	50% U&C up to \$1,000	50% U&C up to \$1,250	80% U&C up to \$1,750
Anesthetist/assistant surgeon	\$250	\$315	\$440
Outpatient consultant	\$40	\$50	\$95
Outpatient physician	\$40 for the first visit/\$25 thereafter	\$40 for the first visit /\$25 thereafter	\$60 for the first visit/\$35 thereafter
Outpatient day surgery	\$350	\$350	\$600
Outpatient physical therapy	\$25 per visit, 10 visit max	\$25 per visit, 10 visit max	\$40 per visit, 10 visit max
Outpatient durable medical equipment & supplies	\$75	\$75	\$150
Dental injury	\$150 per tooth	\$150 per tooth	\$300 per tooth
Outpatient prescription drugs	\$25	\$25	\$50
Replacement of eyeglasses, hearing aids	\$150	\$150	\$300
Motor vehicle accident limit	\$2,500	\$2,500	\$2,500
Accidental death	\$5,000	\$5,000	\$5,000
Accidental dismemberment	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000

Definitions

- Accident means a sudden, unexpected and unintended event, which is identifiable and caused solely by an external physical force resulting in injury to an insured student. Accident does not include a loss contributed to by disease or sickness.
- Injury means bodily harm caused solely by an Accident which occurs while this policy is in force and is the sole cause of the loss.
- Usual and customary expense (U&C) means an expense which (a) is charged for treatment, supplies or medical services medically necessary to treat the insured student's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the expense is incurred.

Additional facts about the policy

1. Student transfer: The policy continues in force anywhere in the world if the insured person should relocate prior to the expiration of coverage. Coverage will not exceed the limits shown in this brochure and must be in accordance with accepted standards of medical practice.
2. Cancellation: Coverage under the policy is non-cancelable, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event an insured enters the military service.
3. Initial enrollment: Coverage is effective on the day following online or phone enrollment, but in no event prior to the opening day of school or the first official day of interscholastic athletics or activities.
4. Late enrollment: There is no premium reduction for any individual who enrolls late in the year.
5. Enrollment: Deadline is 6/14/21.

Accidental death & dismemberment limitations

- The loss must result from an Accident, and must take place while the insured person is insured under the policy. We will not pay for a loss caused in any way by:
- Bodily or mental infirmity or illness;
- Medical or surgical treatment; except for surgery which results from an Accident;
- Taking part in a riot or felony.

How to file a claim

1. Obtain a claim form from your school office or Seven Corners, Inc. (877-444-5014), and answer all questions in detail (including signatures) on the front of the form.
2. Attach all bills to the completed form and mail to Seven Corners, Inc. at the address provided on the claim form.
3. Any bills not filed with the claim form should be sent to the company, identified with the student's name, school district, and date of accident. Bills that cannot be attached to the initial form must be submitted within 90 days of the date of service.

Policy exclusions and limitations

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

- Sickness;
- Expense for treatment on or to the teeth, except for treatment resulting from Injury to sound, natural teeth;
- Services normally provided without charge by the policyholder;
- Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof except as specifically provided herein;
- Suicide, attempted suicide, or intentionally self-inflicted Injury;
- Injury due to participation in a riot or felony;
- Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery made medically necessary due to a covered Accident which results in trauma, infection, or other diseases of the involved part;
- Treatment of a deviated nasal septum, including submucous resection and/or other surgical corrections, unless the treatment is due to or arises from a covered Injury;
- Air travel, except as a fare-paying passenger on a regularly scheduled flight operated by a commercial airline;
- Injury resulting from any declared or undeclared war;
- Injury while in the armed forces of any country. When an insured person enters such armed forces, we will refund the unearned pro-rata premium to the insured person;
- Injury covered by any workers' compensation or occupational disease law;
- Treatment provided in a governmental hospital unless the insured person is legally obligated to pay such charges;
- Infections except pyrogenic or bacterial infections caused by a covered Injury;
- Hernia, unless it results from a covered Injury;
- Injury occurring while the insured person is legally intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
- Injury while parachuting or hang gliding; traveling in or on any two-, three-, or four-wheeled all-terrain motor vehicle; jet skiing, skydiving, glider flying, parasailing, sail planing, bungee jumping; operating or riding on any snowmobile; skiing, snowboarding; or participating in a rodeo;
- Injury resulting from fighting;
- Play, practice, or travel in connection with interscholastic football in which any ninth-, tenth-, eleventh- or twelfth-grade students participate, unless the applicable additional premium is paid;
- Blisters, insect bites, frostbite, vegetation poisoning and food poisoning;
- Motor vehicle accidents covered by medical benefits coverage in automobile "no fault" and traditional automobile "fault" type contracts.





Seguro estudiantil de accidente 2020-2021

Elija su plan de la cobertura

Solo una prima Para el año 2020-2021

Horario escolar (accidente solamente)

Plan bajo: \$15.00 Plan media: \$36.00 Plan alto: \$66.00

El plan de tiempo escolar provee cobertura al estudiante mientras se encuentra dentro de la escuela durante los días y meses en que la escuela se encuentra en sesión; ida y vuelta desde la residencia o desde la escuela en un vehículo proveído por la escuela; participando en/ o atendiendo a actividades patrocinadas exclusivamente por la escuela y supervisadas directa y continuamente por un empleado o representante oficial de la escuela. Esto incluye viajes proveídos y supervisados ida y vuelta de dichas actividades patrocinadas y deportes supervisados y patrocinados por la escuela **excepto el futbol americano de los grados 9no, 10mo, 11 mo y 12 mo.**

Las 24 horas al día (accidente solamente)

Plan bajo: \$68.00 Plan media: \$144.00 Plan alto: \$266.00

Cobertura de las 24 horas se aplica aunque la escuela no se encuentre en sesión. El seguro es proveído a partir de la fecha eficaz de la cobertura del estudiante hasta la fecha de terminación de la póliza. Esta cobertura incluye deportes supervisados y patrocinados por la escuela **excepto el futbol americano de los grados 9mo, 10mo, 11mo y 12mo.**

Campamento de verano/Entrenamiento fuera de temporada

Plan bajo: \$11.00

Provee cobertura para campamentos de verano patrocinados y supervisados por la Escuela y que se llevan a cabo en la Escuela. El entrenamiento fuera de temporada provee cobertura cuando bajo la supervisión directa de un entrenador para acondicionamiento y entrenamiento con pesas para deportes interescolares que lleven a cabo en la escuela o en sus proximidades. No se provee cobertura para el juego o la práctica que implican contacto corporal de cualquier deporte. Esta cobertura termina el primer día de prácticas oficiales o el primer día de escuela, el que venga primero.

Futbol americano

- Provee cobertura de futbol americano para los grados, 10mo, 11mo, & 12mo solamente.
- Cobertura de tiempo escolar y de las 24 horas no están incluidos con la opción del futbol americano.

Otoño y primavera

Plan bajo: \$109.00 Plan media: \$294.00 Plan alto: \$435.00

Primavera

Plan bajo: \$38.00 Plan media: \$118.00 Plan alto: \$174.00

Instrucciones para enlistar

- Enlistar en La Red <http://markel.sevencorners.com> / o llamar por teléfono 877-444-5014. Seven Corners Inc. es el administrador de Markel para este programa.
- Pago se debe hacer con una tarjeta de credito ó debito.

Revise sus beneficios

Beneficios máximos pagados como especificados

Esta póliza provee beneficios debido a una lesión que esté cubierta, hasta el beneficio máximo descrito abajo. Beneficios serán pagados por servicios médicos cubiertos incurridos dentro de 52 semanas empezando el día del accidente hasta el beneficio máximo por servicio como está en la descripción de beneficios.

Retenga esta descripción de cobertura en sus expedientes personales.

Pólizas individuales no serán enviadas. Este folleto es para propósitos ilustrales solamente. No es un contrato de seguros. Es con el propósito de proveer una descripción general del programa de aseguranza. Por favor recuerde solo una póliza de seguros puede dar términos actuales de cobertura.

Esto es solo una descripción parcial del plan de seguro. El pago de beneficios son determinados de acuerdo a los terminos, condiciones y exclusiones de la póliza los cuales están en archivo en la escuela o en el distrito escolar.

Descripción de los beneficios

Beneficios de accidente	Plan bajo	Plan media	Plan alto
Plan maximo	\$25,000	\$50,000	\$50,000
Cuarto/alojamiento de hospital	\$125 por día	\$200 por día	\$350 por día
Miscelaneas de hospital	80% U&C to \$1,000 máximo	80% U&C to \$1,200 máximo	80% U&C to \$2,400 máximo
Cuarto y alojamiento en cuidado intensivo	\$250 por día/\$1,000 máximo	\$250 por día/\$1,000 máximo	\$500 por día/\$2,000 máximo
Enfermera	U&C	U&C	U&C
Sala de emergencia	\$200	\$200	\$350
Rayos x no internado	\$200	\$250	\$400
CT scan/MRI no internado	\$300	\$300	\$500
Ambulancia	\$150	\$150	\$300
Cirugia	50% U&C hasta \$1,000	50% U&C hasta \$1,250	80% U&C hasta \$1,750
Anestesia o cirujano auxiliar	\$250	\$315	\$440
Consultor	\$40	\$50	\$95
Medicos para pacientes no internados	\$40/\$25 primera visita/\$35 después	\$40 primera visita/\$35 después	\$60 primera visita/\$35 después
Cirugia para pacientes no internados	\$350	\$350	\$600
Terapia fisica	\$25 por visita - 10 visitas máximo	\$25 por visita - 10 visitas máximo	\$40 por visita - 10 visitas máximo
Equipo durable medico y de fuentes medicas y suplementos	\$75	\$75	\$150
Accidente dental	\$150 por diente	\$150 por diente	\$300 por diente
Recetas médicas	\$25	\$25	\$50
Espejuetos/protesis de oido	\$150	\$150	\$300
Limite por accidente automovilistico	\$2,500	\$2,500	\$2,500
Muerte accidental	\$5,000	\$5,000	\$5,000
Desmembramiento accidental	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000

Cobertura disponible varia por estado.

Definiciones

- Accidente significa un acontecimiento repentino, inesperado e involuntario, que es identificable y causado solamente por una fuerza física extrema resultando en una lesión a un estudiante asegurado. Accidente no incluye una pérdida contribuida por una enfermedad o dolencia.
- Lesión significa el daño corporal causado solamente por un accidente ocurrido mientras esta póliza esta en vigor y es la única causa de la pérdida.
- Gasto usual y acostumbrado significa: Gasto que (a) se cobra para el tratamiento, servicios médicos y gastos de equipo que son médicamente necesarios para tratar el estudiante asegurado por su condición; y (b) no excede el nivel usual de cargos hechos por tratamientos similares, provisiones o servicios médicos similares en la localidad donde se contrae el gasto.

Hechos adicionales sobre esta póliza

1. Transferencia del estudiante: La póliza continúa en vigor en cualquier parte del mundo si el asegurado se muda antes de la fecha de expiración. La cobertura no excederá los límites demostrados en este folleto y deben estar de acuerdo con estándares aceptados en la práctica médica.
2. Cancelación: La cobertura bajo esta póliza es non-cancelable, y por consiguiente, las primas no se pueden devolver una vez son aceptadas por la compañía. Sin embargo, un reembolso pro rata de la prima será devuelta si la persona asegurada incorpora en el servicio militar.
3. Inscripción inicial: La cobertura es eficaz el día siguiente de inscripción por teléfono o por la red, pero de ninguna manera antes del primer día de escuela o el primer día oficial de actividades atléticas.
4. Inscripciones Tardes: No hay reducción de primas a ningún individuo que se inscribe tarde en el año.
5. Inscripción: Último día es 14/6/21.

Limitaciones accidentales de la muerte y desmembración

- La pérdida debe ser resultado de un accidente, y debe ocurrir mientras que la persona este asegurada por esta póliza. De ninguna manera pagaremos pérdidas por:
- Enfermedad física o mental;
- Tratamiento médico o quirúrgico; con excepción de la cirugía que resulta por un accidente;
- Participación en un alboroto o un crimen

Procedimiento de reclamo de beneficios

1. Obtenga una forma de reclamos en la escuela o en Seven Corners (877-444-5014), y conteste todas preguntas en detalle (incluyendo firmas) al frente de la forma de reclamo .
1. Atache todas las tarifas y la forma de reclamo completada totalmente y envíela a Seven Corners a la dirección proveída en la forma de reclamos.
1. Tarifas submetidas sin forma de reclamos deben ser enviadas a la compañía, identificadas con el nombre del estudiante, distrito escolar y día del accidente. Tarifas que no pueden ser atachadas a la forma de reclamo inicial deben ser sometidas dentro de 90 días desde el primer día de servicio.

Exclusiones y limitaciones

Beneficios no serán pagados por pérdidas o gastos causados, contribuidos ó resultando de:

- Enfermedades
- Gastos de tratamientos de, o para dientes, excepto tratamientos ocasionados por una Lesión a los dientes naturales;
- Servicios normalmente proveídos sin cargos al asegurado;
- Anteojos, audifonos y exámenes para la receta o ajuste de los mismos;
- Suicidio, intento de suicidio o una Lesión auto infligida;
- Lesión por participar en un disturbio;
- Cirugía cosmética. La Cirugía cosmética no incluye cirugía reconstructiva que sea médicamente necesaria debido a un Accidente que ocasione un trauma, infección u otra enfermedad de la parte afectada;
- Tratamiento de tabique nasal desviado Incluyendo La Reseccion Submucosa o otra corrección quirúrgica A menos que el tratamiento es Resultado de una Lesión cubierta;
- Viajes aéreos, excepto como pasajero pagando cuota en una aerolínea comercial;
- Lesión causada por cualquier Guerra declarada o no declarada;
- Lesión mientras esté en las fuerzas armadas en cualquier país. Cuando un Asegurado ingresa a dichas fuerzas armadas, nosotros reembolsaremos al Asegurado la prima no obtenida a la persona asegurada;
- Lesión cubierta por cualquier ley de compensación o por Lesiones en el trabajo o de enfermedad ocupacional;
- Tratamiento proveído en un hospital gubernamental a menos que la persona asegurada sea legalmente responsable por los cargos;
- Infecciones excepto infecciones piogénicas o bacteriales causadas completamente por una Lesión cubierta;
- Hernia, a menos que sea ocasionada por una Lesión cubierta;
- Lesión cuando está legalmente intoxicado o bajo la influencia de algún narcótico a menos que sea administrado bajo recomendación Médica;
- Reclamaciones que ocurran al andar en paracaídas o volar con a la delta o lesiones sufridas al viajar en cualquier vehículo de motor con dos o tres o cuarto ruedas, jetskiing, skydiving, vuelo del planeador, parasailing, sail planing, bungee jumping, operando o guiando un vehiculo de nieve, esquiando, snowboarding, o participando en rodeo;
- Lesión resultando de una pelea;
- Jugar, practicar o viajar en conexión con el futbol americano en la cual los estudiantes de 10, 11 & 12 participan a menos que no se pague una prima adicional;
- Picaduras de insectos, congelación, envenenamiento de vegetación o envenenamiento de tomaña;
- Accidentes automovilísticos cubiertos por el beneficio "sin falta" y el contrato tradicional.



Student Accident Insurance 2020-2021

Beginning July 1st

- **Enroll online at** <http://markel.sevencorners.com>
- **or call 877-444-5014** for enrollment by phone. Seven Corners, Inc. is Markel's administrator for this program.
- **Payment must be made by credit or debit card.**

Choose your coverage plan

One-time premium for the 2020-2021 school year

School time coverage (accident only)

Low plan: \$15.00
Middle plan: \$36.00
High plan: \$66.00

The school time plan provides coverage while an insured student is in or on school premises during the days and months when school is in session; traveling directly to or from their residence and school in a vehicle supplied by the school; and participating in or attending activities sponsored solely by the school that are continuously supervised by a school official or employee. This also includes supplied and supervised travel directly to and from such sponsored activities; and school sponsored and supervised sports, **excluding ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football.**

Around the clock coverage (accident only)

Low plan: \$68.00
Middle plan: \$144.00
High plan: \$266.00

Around the clock coverage applies 24 hours a day, whether school is in session or not. The insurance is provided from the effective date of the insured student's coverage to the termination date on the policy. This coverage includes school sponsored and supervised sports, excluding ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football.

Interscholastic football coverage

Provides coverage for ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football only.

School time and around the clock coverage is not included with this plan option.

Annual

Low plan: \$109.00
Middle Plan: \$294.00
High plan: \$435.00

Spring only

Low plan: \$38.00
Middle plan: \$118.00
High plan: \$174.00

Summer day camp/Off season conditioning

Low plan: \$11.00

Provides coverage during school sponsored and supervised summer day camps that are conducted on school premises. Off season conditioning provides coverage when under the direct supervision of the coach or a trainer for conditioning and weight training for interscholastic sports which take place at a designated facility on the premises or in close proximity to the school. It does not provide coverage for play or practice involving bodily contact of any sport. This coverage ends the first day of official practice or the first day of school.

*Detailed brochure and claims reporting information can be found on the enrollment website.





Seguro estudiantil de accidente 2020-2021

Elija su plan de la cobertura

Solo una prima Para el año 2020-2021

Horario escolar (accidente solamente)

Plan bajo: \$ 15 Plan media: \$36.00 Plan alto: \$66.00

El plan de tiempo escolar provee cobertura al estudiante mientras se encuentra dentro de la escuela durante los días y meses en que la escuela se encuentra en sesión, ida y vuelta desde la residencia o desde la escuela en un vehículo proveído por la escuela, participando en/ o atendiendo a actividades patrocinadas exclusivamente por la escuela y supervisadas directa y continuamente por un empleado o representante oficial de la escuela. Esto incluye viajes proveídos y supervisados ida y vuelta de dichas actividades patrocinadas y deportes supervisados y patrocinados por la escuela **excepto el fútbol americano de los grados 9no, 10mo, 11 mo y 12 mo.**

Las 24 horas al día (accidente solamente)

Plan bajo: \$68.00 Plan media: \$144.00 Plan alto: \$266.00

Cobertura de las 24 horas se aplica aunque la escuela no se encuentre en sesión. El seguro es proveído a partir de la fecha eficaz de la cobertura del estudiante hasta la fecha de terminación de la póliza. Esta cobertura incluye deportes supervisados y patrocinados por la escuela **excepto el fútbol americano de los grados 9mo, 10mo, 11mo y 12mo.**

Campamento de verano/Entrenamiento fuera de temporada

Plan bajo: \$11.00

Provee cobertura para campamentos de verano patrocinados y supervisados por la Escuela y que se llevan a cabo en la Escuela. El entrenamiento fuera de temporada provee cobertura cuando bajo la supervisión directa de un entrenador para acondicionamiento y entrenamiento con pesas para deportes interescolares que lleven a cabo en la escuela o en sus proximidades. No se provee cobertura para el juego o la práctica que implican contacto corporal de cualquier deporte. Esta cobertura termina el primer día de prácticas oficiales o el primer día de escuela, el que venga primero.

Fútbol americano

- Provee cobertura de fútbol americano para los grados, 10mo, 11mo, & 12mo solamente.
- Cobertura de tiempo escolar y de las 24 horas no están incluidos con la opción del fútbol americano.

Anual

Plan bajo: \$109.00 Plan media: \$294.00 Plan alto: \$435.00

Primavera

Plan bajo: \$38.00 Plan media: \$118.00 Plan alto: \$174.00

Instrucciones para enlistar

- Enlistar en La Red <http://markel.sevencorners.com> / o llamar por teléfono 877-444-5014. Seven Corners Inc. es el administrador de Markel para este programa.
- Pago se debe hacer con una tarjeta de crédito ó débito

Procedimiento de reclamo de beneficios

1. Obtenga una forma de reclamos en la escuela o en Seven Corners (877-444-5014), y conteste todas preguntas en detalle (incluyendo firmas) al frente de la forma de reclamo.
2. Atache todas las tarifas y la forma de reclamo completada totalmente y envíela a Seven Corners a la dirección proveída en la forma de reclamos.
3. Tarifas submetidas sin forma de reclamos deben ser enviadas a la compañía, identificadas con el nombre del estudiante, distrito escolar y día del accidente. Tarifas que no pueden ser atachadas a la forma de reclamo inicial deben ser sometidas dentro de 90 días desde el primer día de servicio.

Markel

4600 Cox Road, Glen Allen, VA 23060-9817 (800) 431-1270 (804) 527-2700
www.markelinsurance.com