

# Gallagher Bollinger Voluntary Coverage K-12 Sachem CSD

## 24 Hour Student Coverage

This is a brief description of the NY K-12 voluntary coverage available to Sachem CSD. This is 24 hour year round coverage for students.

## Summary of Coverage

Accidental Death: \$10,000  
 Accidental Dismemberment: \$20,000  
 Accident Medical Expense Maximum: \$25,000 (Primary)

*\*See Schedule of Benefits below which outline the limits per procedure/expense.*

Benefit Period: 5 Years

## \*Schedule of Benefits

Covered Medical Benefit	Limits (Coverage Maximums)
Physician's Surgical Procedures	\$1,500
Outpatient Surgical Room (Includes Ambulatory Surgical Facility)	\$500
Anesthesia	30% of Surgery
Physician's non-surgical treatment	\$250
Registered Nurse	\$250
Non-Emergency Inpatient/Outpatient X-Rays	\$150
Diagnostic Imaging	\$500
Ambulance Expenses	\$500
Hospital Room/Boarding	\$1,000
Ancillary or Miscellaneous Inpatient Hospital	\$2,000
Outpatient Diagnostic X-Rays and Laboratory Test	\$500
Medical Emergency Care	\$50
Physiotherapy	\$250; 5-visit max
Prescription Drugs	100% U&C
Rehabilitative Limb Braces, Wheelchairs and other Medical Equipment/Appliances	\$1,000
Eyeglasses, Contacts or Hearing Aids	\$750
Accident Dental	\$2,500

## Cost of Coverage

Rate per student: \$88 (Excludes coverage while playing scholastic football)

Rate per student: \$216 (Includes coverage while playing scholastic football)

## Online Enrollment Voluntary Student Accident Insurance

With our online enrollment option, parents may purchase Student Accident coverage at their convenience from any computer.

Following the easy step by step instructions, they're done in minutes!

- ☐ Visit us on the web at [www.BollingerSchools.com](http://www.BollingerSchools.com)
- ☐ Under the *Parents* section click *Purchase Coverage*
- ☐ Simply enter the name of your District, Parish, Diocese or School Name and select your state.
- ☐ Click *View Insurance Products /Purchase Coverage*.
- ☐ From here you can either click on *Buy Online Now* to purchase coverage online with a credit / debit card or
- ☐ Click on *Print and Pay by Check* to submit the completed forms and payment by mail.

Access our website at your convenience 24 hours a day, 7 days a week!  
Visit us at:

[www.BollingerSchools.com](http://www.BollingerSchools.com)

## Submitting Claims

Claim forms and how to submit them are on our website: [www.BollingerSchools.com](http://www.BollingerSchools.com)

## General Exclusions

A loss will not be a Covered Loss if it is caused by, contributed to, or results from:

1. suicide, attempted suicide or intentionally self-inflicted injury
2. war or any act of war, whether declared or undeclared.
3. service in the Armed Forces or units auxiliary thereto.
4. the Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.
5. aviation except as a fare-paying passenger on a regularly scheduled charter flight operated by a scheduled airline.
6. the Insured's participation in any interscholastic sports unless mentioned in the Covered Activities.
7. any condition for which the Insured is entitled to benefits under any state or federal Workers' Compensation, Employers' Liability or Occupational Disease law or mandatory Automobile No Fault Auto Coverage.
8. any loss incurred while outside the United States, its possessions or the countries of Canada and Mexico.

## Accident Medical Expense Exclusions

In addition to the General Exclusions, We will not cover expenses under this additional benefit for:

1. Fighting or brawling except in self-defense.
2. Any expense for which benefits are payable under Catastrophic Accident Insurance Program of the State High School Interscholastic Activities Association, or any state equivalent.
3. Reinjury of the same body part within 6 months of the Covered Accident unless previously cleared by a Physician to practice or play
4. Cosmetic, plastic or restorative surgery unless Medically Necessary for the treatment of the Covered Injury.
5. Any medical expenses related to pregnancy unless Medically Necessary for the treatment of the Covered Injury.
6. Any expenses for a Pre-existing Condition.
7. Covered Injury for which the Insured is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or any statutory mandated coverage.
8. Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.
9. Treatment by any immediate family member or member of the Insured's household.
10. Expenses incurred for dental care, treatment, repair or replacement of sound natural teeth unless Medically Necessary for the treatment of the Covered Injury.

11. Expenses incurred for eye examinations, eye glasses, contact lenses or hearing aids or the fitting, repair or replacement of these items unless Medically Necessary for the treatment of the Covered Injury.
12. A hernia.
13. Routine physical examinations and related medical services, or elective treatment or surgery or experimental or investigative treatments or procedures.
14. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders.
15. Expenses which the Insured is not legally obligated to pay.
16. Expenses for Custodial Services or services provided by a private duty nurse unless such expenses are incurred as a result of a Covered Injury.
17. Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the Covered Injury has caused further impairment of the underlying bodily condition.
18. Treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not a result of a Covered Injury.
19. Treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including but not limited to Osgood-Schlatter Disease.

## Disclaimer

The purpose of this document is to provide a summary of the coverage. If there is a discrepancy between this document and the policy, the policy will govern.