

STUDENT/ATHLETIC ACCIDENT PROGRAM



COVERAGE AVAILABLE TO STUDENTS FOR SCHOOL SPONSORED SPORTS AND ACTIVITIES

THE MAKSIN GROUP

Two Aquarium Drive, Suite 200

Camden, NJ 08103

(800) 375-6826

(856) 858-3581

Fax: (856) 858-1121

This brochure provides only brief descriptions of the coverages available under Policy Series C11695DBG. The Policy contains reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern in all cases. Coverage may not be available in all states.

Underwritten By

National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY

IMPORTANT NOTE: The plan provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical for sickness coverage.

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Eligibility: Any enrolled student who attends preschool, kindergarten, elementary, junior or Senior High School (public or private), is eligible. (Any enrolled student participating in a Senior High School interscholastic sport may be considered a Senior High School athlete, regardless of his/her grade level.) Boarding school students, faculty members, administrative personnel, volunteer workers, and all other school employees are also eligible.

Accident Medical Expense: When a covered injury to an insured results in treatment by a physician beginning within 90 days after the date of the accident, the Company will pay benefits as shown in the Schedule of Benefits. Only Covered Accident Medical Service(s) expenses incurred by the insured within the benefit period are covered. The benefit period begins on the date of the accident. The policyholder selects the duration of the benefit period and it applies to all accidents covered by the policy.

Full Excess: Benefits are payable to the applicable maximum for Covered Accident Medical Service(s) expenses that are not recoverable from another Plan Providing Accident Medical Expense Benefits, the excess provision shall not apply, and benefits are payable to the limits described in this brochure. **(Not available in all states)**

Primary Excess Over \$100: Benefits are payable for the first \$100.00 of Covered Accident Medical Service(s) expenses. Thereafter, benefits are payable to the applicable maximum for covered expenses above \$100.00 that are not recoverable from another Plan Providing Accident Medical Expense Benefits. If the insured is not covered by another Plan Providing Accident Medical Expense Benefits, the excess provision shall not apply, and benefits are payable to the limits described in this brochure. (Primary Excess is available in amounts over \$100, \$200, \$300, \$400 and \$500.) **(Not available in all states)**

Primary: Benefits are payable up to the policy maximum for Covered Accident Medical Service(s) expenses. Primary is available under voluntary student plans only.

COVERAGE

Compulsory

School Time Accident Coverage For All Students - Premiums are paid by the school. Insurance coverage for covered injuries occurring during the hours and days when school is in session and while participating in school sponsored and supervised activities occurring on or off School Premises • Also covers travel to and from school Premises • May include participation in interscholastic Sports including Interscholastic Football, Summer Activities and travel to and from school.

Interscholastic Football and/or Interscholastic Sports Accident Coverage - Premiums are paid by the school. Insurance coverage for covered injuries during participation in games, tryouts, preseason play, and postseason play • Also covers travel to and from such activities in transportation furnished or arranged by the school if specified by the policy. Includes non-athletic one-day field trips for all students (\$10,000 maximum). (Overnight field trips, field trips of more than one day, and out-of-state field trips may be covered for an additional premium.)

Voluntary (This coverage is not available in all states.)

Optional School Time Accident Coverage - Insurance coverage for covered injuries occurring during the hours and days when school is in session and while participating in school sponsored and supervised activities occurring on or off School Premises • May also cover travel during such activities in transportation furnished or arranged by the school if specified by the policy • May include participation in Interscholastic Sports including Interscholastic Football, Summer Activities and travel to and from school.

Optional 24-Hour Accident Coverage - Insurance coverage for covered injuries in force around the clock 24 Hours Per Day • May include weekends and vacation periods including the entire summer • Protected at home or while away.

Optional Extended Dental Coverage - By selecting this optional benefit and by adding an additional premium, dental benefits covered under the policy will be extended to provide payment for the Usual and Customary charges incurred within two years from the date of covered accident to a maximum benefit of \$50,000. Extended Dental coverage is in effect 24 hours a day even when selected with School Time Only coverage. In addition, when the dentist certifies that treatment will continue until after the benefit period, benefits will be paid to a maximum of \$600. If there is more than one way to treat a particular dental problem, benefits will be paid for the least expensive procedure if it meets accepted dental standards.

ACCIDENT MEDICAL EXPENSE INSURANCE

NO DEDUCTIBLE TO SATISFY • UP TO A TWO YEAR BENEFIT PERIOD AVAILABLE

	BENEFIT SCHEDULE			
	BASE PLAN MAXIMUM BENEFITS (per Injury)			
	PLAN AAA	PLAN A	PLAN B	PLAN B
INSURANCE PLAN MAXIMUMS				
1. Compulsory (Students and/or Athletes)	Up to \$1,000,000	Up to \$1,000,000	Up to \$1,000,000	Up to \$1,000,000
2. Voluntary	Not Available	Not Available	Up to \$500,000	Up to \$500,000
INPATIENT HOSPITAL SERVICES				
1. Daily Room and Board: Semi-Private while Hospital Confined	100% U & C	80% U & C*	Average semi-private not to exceed \$500/day U & C	Average semi-private not to exceed \$250/day U & C
2. Intensive Care Room and Board	100% U & C	80% U & C*	not to exceed \$500/day up to 7 days U & C	not to exceed \$350/day up to 7 days U & C
3. Miscellaneous Services: During Hospital Confinement, including all services billed by the facility	100% U & C	80% U & C* not to exceed \$3,500	not to exceed \$3,000	not to exceed \$2,500
OUTPATIENT HOSPITAL SERVICES				
1. Emergency Room: When Hospital Confinement is not required, including all services billed by the facility	100% U & C	80% U & C*	U & C not to exceed \$350	U & C not to exceed \$300
2. Ambulatory Medical Centers and Outpatient Operating Room	100% U & C	80% U & C* not to exceed \$2,500	U & C not to exceed \$2,000	U & C not to exceed \$1,500
PHYSICIAN'S SERVICES				
1. Surgery, including pre- and post-operative care: When a covered injury requires 2 or more covered surgical procedures which are performed through the same approach and at the same time or immediate succession, the Company will pay full value for the most expensive procedure and 50% of the value for the 2nd procedure performed and 25% of the value for any additional procedures performed.	100% U & C	80% U & C*	U & C up to the Unit Value multiplied by \$145	U & C up to the Unit Value multiplied by \$135
2. Anesthesia (including administration) and Assistant Surgeon when medically necessary	100% U & C	80% U & C*	30% of Surgery Benefit	30% of Surgery Benefit
3. Physician's visits other than for Physiotherapy or similar treatment when no surgery benefit is paid: Beginning on the first day treatment is rendered	100% U & C	80% U & C*	\$55.00 - First Visit \$30.00 - Thereafter	\$40.00 - First Visit \$20.00 - Thereafter
4. Consultant and second opinions when required by attending Physician for confirming or determining a diagnosis, but not for treatment	100% U & C	80% U & C*	U & C not to exceed \$125	U & C not to exceed \$100
X-RAY, MRI AND LABORATORY SERVICES				
1. X-rays including fee for interpretation and/or reading of x-rays (Dental x-rays are payable under dental services benefits shown below.)	100% U & C	80% U & C* up to 5 visits	Maximum of \$400	Maximum of \$200
2. Laboratory services	100% U & C	80% U & C*	Maximum of \$175	Maximum of \$150
3. MRI/CatScan	100% U & C	80% U & C*	Maximum of \$500	Maximum of \$350
ADDITIONAL SERVICES				
1. Physiotherapy or similar treatment including Diathermy, Ultrasound, Microtherm, Manipulation, Massage and Heat: While Hospital Confined	100% U & C	80% U & C*	Included in Misc. Services	Included in Misc. Services
Out of Hospital	100% U & C	80% U & C*/up to 5 visits	\$50/visit up to 5 visits U & C	\$30/visit up to 5 visits U & C
2. Registered or licensed Nurse in or out of Hospital when medically necessary and prescribed by a Physician	100% U & C	80% U & C*	U & C not to exceed \$800	U & C not to exceed \$500
3. Ambulance to initial treatment facility	100% U & C	80% U & C*		
4. Durable Medical Equipment when prescribed by a Physician including rental of crutches or a wheelchair In Hospital	100% U & C	80% U & C*	Included in Misc. Services	Included in Misc. Services
Out of Hospital	100% U & C	80% U & C*	U & C not to exceed \$500	U & C not to exceed \$250
5. Drugs and medications, when prescribed by a Physician	100% U & C	80% U & C*	U & C not to exceed \$200	U & C not to exceed \$100
6. Eye Glasses, Contact Lenses and Hearing Aids: Replacement of broken glasses and/or frames, contact lenses and hearing aids resulting from a covered injury requiring medical or surgical treatment	100% U & C	80% U & C*	U & C not to exceed \$200	U & C not to exceed \$100
DENTAL SERVICES				
Treatment, repair or replacement of each injured natural tooth: This will include Expenses Incurred for initial braces when required for treatment of a Covered Injury, examination, diagnosis, X-Rays, restorative treatment, endodontics, and oral surgery, and treatment for gingivitis resulting from trauma.	100% U & C	80% U & C*	U & C not to exceed \$500/tooth	U & C not to exceed \$250/tooth
EXTENDED DENTAL SERVICES				
1. Replacement of caps, crowns, dentures or orthodontic appliances (including braces) when damaged in a covered accident	100% U & C	80% U & C*	AVAILABLE ONLY ON VOLUNTARY PLANS UNDER OPTIONAL EXTENDED DENTAL BENEFIT	AVAILABLE ONLY ON VOLUNTARY PLANS UNDER OPTIONAL EXTENDED DENTAL BENEFIT
2. When a dentist certifies, within the benefit period, that treatment will continue beyond the expense incurral period, an ADDITIONAL amount will be paid	\$1,000	\$800	AVAILABLE ONLY ON VOLUNTARY PLANS UNDER OPTIONAL EXTENDED DENTAL BENEFIT	AVAILABLE ONLY ON VOLUNTARY PLANS UNDER OPTIONAL EXTENDED DENTAL BENEFIT

*of the benefits payable under this plan

ALL PLANS NOT AVAILABLE IN ALL STATES • Tailor made plans available upon request.

ACCIDENTAL DEATH AND DISMEMBERMENT AND PARALYSIS * BENEFITS

If Injury to the Insured results within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the Maximum Amount shown below for that Loss:

For Loss Of:	Life	\$15,000
	Both Hands or Both Feet	\$30,000
	Sight of Both Eyes	\$30,000
	One Hand and One Foot	\$30,000
	One Hand and the Sight of One Eye	\$30,000
	One Foot and the Sight of One Eye	\$30,000
	Speech and Hearing in Both Ears	\$30,000
	One Hand or One Foot	\$15,000
For Loss Of:	The Sight of One Eye	\$15,000
	Speech or Hearing in Both Ears	\$15,000
	Hearing in One Ear	\$7,500
	Thumb and Index Finger of the Same Hand	\$7,500
	*Quadruplegia	\$30,000
	*Triplegia	\$22,500
	*Hemiplegia	\$15,000
	*Uniplegia	\$7,500

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. "Quadruplegia" means the complete and irreversible paralysis of both upper and both lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. "Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg.

*Paralysis Benefits are available upon request for an additional premium.

If more than one Loss, other than for Loss due to Paralysis, is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid. If the Insured suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

Heart and/or Circulatory Benefit – If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a Covered Activity, the Company will pay an Accidental Death Benefit of \$10,000 provided that: (1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 48 hours after such participation; and (2) such Insured has not, prior to the date of such participation in the Covered Activity, been diagnosed with, or has received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident. (Not available in all states)

DEFINITIONS

Deductible – means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services, otherwise payable under the program, that must be incurred by the Insured before Accident Medical Expense benefits become payable. Accident Medical Expense benefits are not payable for charges applied to the Deductible.

Durable Medical Equipment – refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Hospital – means a facility that: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except if there is a legal obligation to pay.

Injury – means bodily injury caused by an accident that: (1) occurs while the Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Insured – means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) for whom premium has been paid; and (3) while covered under the Policy.

Medically Necessary – means a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Physician – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

Usual and Customary Charges (U & C) – means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, service or supplies in the locality where the expense is incurred; (3) is a negotiated fee; and (4) does not include charges that would not have been made if no insurance existed.