



Student Athlete Accident Insurance Program

Interscholastic Sports Accident Coverage

IMPORTANT: This brochure provides only a brief summary of the Program available under policy series C11695DBG-FL. The Program provides insurance for covered accidents incurred while insureds are participating in Covered Activities.



Offered through:
Insurance for Students, Inc.
1690 South Congress Ave, Suite 101
Delray Beach, FL 33445
Phone: 954.771.5883
Toll-free: 800.356.1235
Fax: 954.772.0872
ifs@insuranceforstudents.com



Plan Administrator:
Health Special Risk, Inc.
8400 Bellevue Drive, Suite 150,
Plano, TX 75024
Phone: 866.409.5733, Ext. 5660
Fax: 972.512.5819
K12insurance@hsri.com
www.k12studentinsurance.com



Insurance underwritten by:
**National Union Fire Insurance
Company of Pittsburgh, Pa.**
with its principal place of
business in New York, NY
("the Company")

Student Athlete Accident Insurance Coverage

Eligibility

Class 1	All registered students of the Miami Dade County Public Schools ("the Policyholder") enrolled in the Optional Fall Football Plan . (Grades: 9-12)
Class 2	All registered students of the Policyholder enrolled in the Optional Spring Only Football Plan . (Grades: 9-12)
Class 3	All registered students of the Policyholder enrolled in the Optional At School including Interscholastic Athletics excluding Football . (Grades: 7-12)

Covered Activities

Class 1: (Fall Football Plan)

While participating in interscholastic football games that are sponsored and supervised by the Policyholder. This includes related athletic tryouts, preseason and postseason play, practice sessions, and state interscholastic governing body approved on- and off-season physical conditioning. This includes adult-supervised, direct and uninterrupted travel with other members of the team to and from such activities in a vehicle designated by the Policyholder.

Class 2: (Spring Only Football Plan)

While participating in interscholastic football games that are sponsored and supervised by the Policyholder. This includes related athletic tryouts, preseason and postseason play, practice sessions, and state interscholastic governing body approved on- and off-season physical conditioning. This includes adult-supervised, direct and uninterrupted travel with other members of the team to and from such activities in a vehicle designated by the Policyholder. The spring football season is defined by the state high school athletic association.

Class 3: (At School including Interscholastic Athletics excluding Football)

While on the Policyholder's premises during the hours and on the days when the Policyholder is in session (excluding interscholastic football and including interscholastic sports), including one hour before and after; or while participating in or attending an authorized and sponsored activity of the Policyholder away from the Policyholder's premises (including one day domestic educational field trips); or while participating as a member of a team (excluding interscholastic football) during a supervised, scheduled and approved official season practice or game of the Policyholder, including band members, cheerleaders, drill team, pep squad, majorettes, participants of intramural sports, gym classes, power lifting, managers, trainers and non-sport extracurricular activities (including vocational agriculture, FHA, FFA, ROTC, choir, orchestra, and academic contests such as drama or math). This includes direct and uninterrupted group travel to and from such activities in a vehicle designated by the Policyholder and to or from the student's residence to attend regular Policyholder sessions. Excludes: Policyholder supervised and sponsored trips and related travel more than one day in duration unless reported in advance of travel and additional premium is paid.

Covered interscholastic sports include: Baseball, Badminton, Basketball, Bowling, Boxing, Cross Country, Equestrian, Football (unless otherwise specified as excluded in the Covered Activities on the Master Application for Blanket Accident Insurance Policy), Golf, Gymnastics, Hockey, Lacrosse, Rifle, Rugby, Skating, Soccer, Softball, Swimming, Tennis, Track & Field, Volleyball, Water Polo, and Wrestling.

Definitions

Covered Activity (ies) means those activities set out in the Covered Activities section, with respect to which Insureds are provided accident insurance under the Policy.

Immediate Family Member means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Injury means bodily injury: 1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under the Policy is in force; 2) which occurs while such person is participating in a Covered Activity; and 3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

Insured means a person: 1) who is a member of an eligible class of persons as described in the Eligibility section; 2) for whom premium has been paid; 3) while covered under the Policy; and 4) who has enrolled for coverage under the Policy, if required.

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 Charge(s) as used in the Accident Medical Expense Benefit means a charge which is the smallest of: 1) the actual charge of the Covered Service; 2) the charge usually made for a Covered Service by the provider who furnishes it; 3) the negotiated rate, if any; and 4) the survey by FAIR Health of prevailing charges made for a Covered Service in the geographic area by those of similar professional standing, the results of which are used to develop a range of fees for each service.

"Geographic area" means the three digit zip code in which the service, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charges for a like treatment, service, procedure, device, drug or supply.

With respect to item (d) above, Usual and Customary Charges means the 80th percentile of the payment system in effect on the Effective Date shown in the Policy.

Usual and Customary Charge(s) as used in the Accidental Needlestick and Splatter Exposure Benefit means a charge which: 1) is made for a Screening Test(s); 2) does not exceed the usual level of charges for similar supplies or medical services in the locality where the expense is incurred; and 3) does not include charges that would not have been made if no insurance existed.

Insured's Effective and Termination Dates

An Insured's coverage under the Policy begins on the latest of: 1) the Policy Effective Date; or 2) the date the person becomes a member of an eligible class of persons as described in the Eligibility section. An Insured's coverage under the Policy ends on the earliest of: 1) the date the Policy is terminated; 2) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Eligibility section; or 3) the date the Insured requests, in writing, that his or her coverage be terminated. The Policy effective and termination dates are contained in the Policy on file with the Policyholder.

Benefits

Accidental Death Benefit

If Injury to the Insured results in death within 180 days of the date of the accident that caused the Injury, the Company will pay 100% of the Accidental Death Maximum Amount shown on the Schedule of Benefits.

Accidental Dismemberment Benefit

If Injury to the Insured results, within 180 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Accidental Dismemberment Maximum Amount shown on the Schedule of Benefits specified for that Loss:

For Loss Of	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"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.

If more than one loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance

If by reason of an accident occurring while an Insured's coverage is in force under the Policy, the Insured is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy. If the body of an Insured has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured has suffered accidental death within the meaning of the Policy.

Accident Medical Expense Benefit

If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges, incurred for Medically Necessary Covered Accident Medical Services

received due to that Injury, up to the \$25,000 Accident Medical Expense Maximum Amount per Insured for all Injuries caused by the same accident, subject to the sub-limits shown in the below schedule. Benefits are then payable for charges incurred within 104 weeks after the date of the accident causing the Injury.

Excess Provision

Benefits are payable up to the applicable maximum for covered Accident Medical Expense (AME) services that are not recoverable from another plan providing AME benefits. If the Insured is not covered by another plan providing AME benefits, the Excess provision shall not apply.

Penalty for Non-Compliance

In the event that an Insured is eligible under the Policy for benefits in excess of other coverage and the Insured has other coverage that is primary under a health maintenance organization, preferred provider organization or similar health service program, a penalty will apply if he or she does not use the facilities or services of the health maintenance organization, preferred provider organization or similar health service program. In such case, the benefits otherwise payable under the Excess Provision in the Policy will be reduced by 50%. This reduction shall not apply to emergency treatment required within 24 hours of an accident when the accident occurs outside the geographic area served by a health maintenance organization, preferred provider organization or similar health service program.

Accidental Needlestick and Splatter Exposure Benefit

If, as a direct result of an Incident, an Insured suffers a Needlestick and/or Splatter Exposure the Company will pay the benefits listed below, subject to the following conditions: 1) an Incident report which documents the details of the Incident and nature of the Needlestick and/or Splatter Exposure incurred by the Insured. The Insured must file the Incident report with the Policyholder as soon as reasonably possible after the Needlestick and/or Splatter Exposure but in no event later than 72 hours following the Insured's needlestick and/or splatter exposure during an Incident; and 2) evidence that, within 7 days of an Incident, the Insured received a Screening Test from an authorized facility legally qualified to administer such Screening Test.

Screening Test Benefit

The Company will pay the Usual and Customary Charges incurred by the Insured for any Screening Tests performed due to a covered Incident, up to the Screening Test Maximum Amount shown in the Schedule of Benefits. If a Usual and Customary Charge payable under the Screening Test Benefit is also payable under one or more other benefits under the Policy, such charge will be paid under only one benefit, the one with the largest benefit amount.

Indemnity Benefit

If an Insured is diagnosed by a Physician as having contracted a medical condition within 26 weeks of the date of the Incident which caused the Insured's Needlestick and/or Splatter Exposure, and such condition is determined by a Physician to have resulted from the Insured's Needlestick and/or Splatter Exposure, the Company will pay the Indemnity Benefit Maximum Amount shown in the Schedule of Benefits.

If more than one Needlestick and/or Splatter Exposure results from one Incident, the Indemnity Benefit will be paid for only one Needlestick and/or Splatter Exposure per Incident.

In no event will benefits be provided for or as a result of a Needlestick and/or Splatter Exposure during an Incident or any medical conditions arising therefrom, under any provision of the Policy, except as specifically provided in this Benefit.

Class Eligibility	Covered Activities	Annual Premium
Class 1	Fall Football Plan (Grades 9-12)	\$63
Class 2	Spring Only Football Plan (Grades 9-12)	\$18
Class 3	At School Time including Interscholastic Athletes excluding Football (Grades: 7-12)	\$18

Schedule of Benefits

Benefits	Class 1 & 2 Limits	Class 3 Limits
Accidental Death Benefit	\$1,000	\$1,500
Incurral Period	180 Days	
Accidental Dismemberment Benefit	\$1,000	\$1,500
Incurral Period	180 Days	
Accidental Needlestick and Splatter Exposure Benefit		
Screening Test Benefit Maximum Amount	\$500 per Incident	
Indemnity Benefit Maximum Amount	\$1,000 per Incident	
Accident Medical Expense Benefit	\$25,000	
Deductible (Integrated)	\$0 per accident	
Benefit Period	104 Weeks	
Incurral Period	90 Days	
Expanded Medical Benefit: <i>Included*</i>		
Physical Therapy	Maximum Visits: 20	Maximum Visits: 10
	Maximum Per Visit: \$30	
Ambulance	\$250	
Dental Maximum	\$500 per tooth per accident, \$1,000 per accident	

***Expanded Medical Benefit.** Accident Medical Expense benefits are payable for the Usual and Customary Charges for Covered Accident Medical Services including any expense for or resulting from heat related problems including but not limited to heat exhaustion, heat prostration, and heat stroke, while participating in a Covered Activity. The benefits payable under this Benefit are also subject to the Accident Medical Maximum Amount.

Exclusions

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily injury:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism;
2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
3. the Insured's commission of or attempt to commit a crime;
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy;
6. participation in any team sport or any other athletic activity, except participation in a Covered Activity;
7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded);
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer;
9. the Insured being under the influence of intoxicants;
10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician;
11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;



12. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
13. any condition for which the Insured is paid benefits under any Workers' Compensation Act or similar law;
14. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground;
15. any loss incurred while outside the United States, its Territories or Canada;
16. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing durable medical equipment unless due to a covered Injury;*
17. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum;*
18. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless due to a covered Injury; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury;*
19. new hearing aids or hearing examinations unless due to a covered Injury; or repair or replacement of existing hearing aids unless due to a covered Injury;*
20. rental of durable medical equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of durable medical equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);*
21. any charge for medical care for which the Insured is not legally obligated to pay;*
22. care, treatment or services provided by an Insured or by an Immediate Family Member;*
23. routine physical exam and related medical services;*
24. personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, or guest meals while confined in a hospital or for items taken away or home from the hospital, except durable medical equipment;*
25. Pre-existing Conditions;*
26. elective treatment or surgery;*
27. experimental or investigational treatment or procedures;*
28. care, treatment or services provided by persons retained or employed by the Policyholder or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder or for which a charge is not made;*
29. mental illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;*
30. educational or vocational testing or training;*
31. treatment of Osgood-Schlatter's disease;*
32. detached retina unless due to an Injury;*
33. diagnostic tests or treatment, except due to infection which occurs directly from an accidental cut or wound or ingestion of contaminated food;*
34. plastic or cosmetic surgery, except due to a covered Injury;*
35. charges that are payable under motor vehicle medical benefits;
36. any inpatient hospital or ambulatory surgical center services or charges, not including emergency room services or charges, except as specifically provided;*
37. hernia;*
38. any condition for which the Insured is paid benefits under any Workers' Compensation Act or similar law.*

*Applicable to Accident Medical Expense Benefit only.

Limitation on Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit.

IMPORTANT: This program provides accident insurance only. It does not provide basic hospital, basic medical, or comprehensive/major medical coverage, and does not satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act.

This brochure provides only brief descriptions of the coverages available under Policy Series C11695DBG-FL. The issued Policy will contain reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage will be contained in the issued Policy. If there are any conflicts between this brochure and the issued Policy, the Policy shall govern in all cases. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 1271 Ave of the Americas FL 37, New York, NY 10020-1304. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all states.

Terms capitalized in this document are defined terms in this brochure or in the Policy.



Student Accident Insurance Program

Voluntary school time accident or 24-hour accident coverage
(Excluding Interscholastic Football)

IMPORTANT: This brochure provides only a brief summary of the Program available for sale under policy series C11695DBG-FL. The Program provides insurance for covered accidents incurred while insureds are participating in Covered Activities.



Offered through:
Insurance for Students, Inc.
1690 South Congress Ave, Suite 101
Delray Beach, FL 33445
Phone: 954.771.5883
Toll-free: 800.356.1235
Fax: 954.772.0872
ifs@insuranceforstudents.com



Plan Administrator:
Health Special Risk, Inc.
8400 Belleview Drive, Suite 150,
Plano, TX 75024
Phone: 866.409.5733, Ext. 5660
Fax: 972.512.5819
K12insurance@hsri.com
www.k12studentinsurance.com



Insurance underwritten by:
**National Union Fire Insurance
Company of Pittsburgh, Pa.**
with its principal place of
business in New York, NY
("the Company")

Student Accident Insurance Coverage

Eligibility

Class 1	All registered students of the Miami Dade County Public Schools ("the Policyholder") enrolled in the Optional Voluntary 24 Hour Plan . (Grades: PreK-12)
Class 2	All registered students of the Policyholder enrolled in the Optional Voluntary School Time Plan . (Grades: PreK-12)

Covered Activities

Class 1: (Voluntary 24 Hour Plan)

24 hours while at or away from home, weekends and vacation periods (including summer vacation), school breaks, and summer school. Excludes: interscholastic football. For Insureds enrolled in the Optional Voluntary School Time Plan, school time activities are excluded. For Insureds enrolled in the Optional Voluntary School Time and Sports Plan, school time activities and interscholastic sports are excluded.

Class 2: (Voluntary School Time Plan)

While on the Policyholder's premises during the hours and on the days when the Policyholder is in session (excluding interscholastic football and excluding interscholastic sports), including one hour before and after; or while participating in or attending an authorized and sponsored activity of the Policyholder away from the Policyholder's premises (including one day domestic educational field trips). This includes direct and uninterrupted group travel to and from such activities in a vehicle designated by the Policyholder and to or from the student's residence to attend regular Policyholder sessions. Excludes: Policyholder supervised and sponsored trips and related travel more than one day in duration unless reported in advance of travel and additional premium is paid.

Definitions

Covered Activity (ies) means those activities set out in the Covered Activities section, with respect to which Insureds are provided accident insurance under the Policy.

Immediate Family Member means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Injury means bodily injury: 1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under the Policy is in force; 2) which occurs while such person is participating in a Covered Activity; and 3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

Insured means a person: 1) who is a member of an eligible class of persons as described in the Eligibility section; 2) for whom premium has been paid; 3) while covered under the Policy; and 4) who has enrolled for coverage under the Policy, if required.

Medically Necessary as used in the Accident Medical Expense Benefit 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 Charge(s) as used in the Accident Medical Expense Benefit means a charge which is the smallest of: 1) the actual charge of the Covered Service; 2) the charge usually made for a Covered Service by the provider who furnishes it; 3) the negotiated rate, if any; and 4) the survey by FAIR Health of prevailing charges made for a Covered Service in the geographic area by those of similar professional standing, the results of which are used to develop a range of fees for each service.

"Geographic area" means the three digit zip code in which the service, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charges for a like treatment, service, procedure, device, drug or supply.

With respect to item (d) above, Usual and Customary Charges means the 80th percentile of the payment system in effect on the Effective Date shown in the Policy.

Usual and Customary Charge(s) as used in the Accidental Needlestick and Splatter Exposure Benefit means a charge which: 1) is made for a Screening Test(s); 2) does not exceed the usual level of charges for similar supplies or medical services in the locality where the expense is incurred; and 3) does not include charges that would not have been made if no insurance existed.

Insured's Effective and Termination Dates

An Insured's coverage under the Policy begins on the latest of: 1) the Policy Effective Date; 2) the date for which the first premium for the Insured's coverage is paid; 3) the date the person becomes a member of an eligible class of persons as described in the Eligibility section; or 4) the date written enrollment is received by the Company. An Insured's coverage under the Policy ends on the earliest of: 1) the date the Policy is terminated; 2) the end of the period for which premiums have been paid; 3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Eligibility section; or 4) the date the Insured requests, in writing, that his or her coverage be terminated. The Policy effective and termination dates are contained in the Policy on file with the Policyholder.

Benefits

Accidental Death Benefit

If Injury to the Insured results in death within 180 days of the date of the accident that caused the Injury, the Company will pay 100% of the Accidental Death \$1,500 Maximum Amount.

Accidental Dismemberment Benefit

If Injury to the Insured results, within 180 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Accidental Dismemberment \$1,500 Maximum Amount specified for that Loss:

For Loss Of	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

“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.

If more than one loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance

If by reason of an accident occurring while an Insured's coverage is in force under the Policy, the Insured is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy. If the body of an Insured has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured has suffered accidental death within the meaning of the Policy.

Accident Medical Expense Benefit

If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges, incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the \$25,000 Accident Medical Expense Maximum Amount per Insured for all Injuries caused by the same accident, subject to the sub-limits shown in the below schedule. Benefits are payable for charges incurred within 104 weeks after the date of the accident causing the Injury.

Accident Medical Expense Benefit	\$25,000
Expanded Medical Benefit	Included*
Physical Therapy	Maximum Visits: 10 Maximum Per Visit: \$30
Ambulance	\$250
Dental Maximum	\$500 per tooth per accident, \$1,000 per accident

***Expanded Medical Benefit.** Accident Medical Expense benefits are payable for the Usual and Customary Charges for Covered Accident Medical Services including any expense for or resulting from heat related problems including but not limited to heat exhaustion, heat prostration, and heat stroke, while participating in a Covered Activity. The benefits payable under this Benefit are also subject to the Accident Medical Maximum Amount.

Excess Provision

Benefits are payable up to the applicable maximum for covered Accident Medical Expense (AME) services that are not recoverable from another plan providing AME benefits. If the Insured is not covered by another plan providing AME benefits, the Excess provision shall not apply.

Penalty for Non-Compliance

In the event that an Insured is eligible under the Policy for benefits in excess of other coverage and the Insured has other coverage that is primary under a health maintenance organization, preferred provider organization or similar health service program, a penalty will apply if he or she does not use the facilities or services of the health maintenance organization, preferred provider organization or similar health service program. In such case, the benefits otherwise payable under the Excess Provision in the Policy will be reduced by 50%. This reduction shall not apply to emergency treatment required within 24 hours of an accident when the accident occurs outside the geographic area served by a health maintenance organization, preferred provider organization or similar health service program.

Accidental Needlestick and Splatter Exposure Benefit

If, as a direct result of an Incident, an Insured suffers a Needlestick and/or Splatter Exposure the Company will pay the benefits listed below, subject to the following conditions: 1) an Incident report which documents the details of the Incident and nature of the Needlestick and/or Splatter Exposure incurred by the Insured. The Insured must file the Incident report with the Policyholder as soon as reasonably possible after the Needlestick and/or Splatter Exposure but in no event later than 72 hours following the Insured's Needlestick and/or Splatter Exposure during an Incident; and 2) evidence that, within 7 days of an Incident, the Insured received a Screening Test from an authorized facility legally qualified to administer such Screening Test.

Screening Test Benefit

The Company will pay the Usual and Customary Charges incurred by the Insured for any Screening Tests performed due to a covered Incident, up to the Screening Test \$500 Maximum Amount. If a Usual and Customary Charge payable under the Screening Test Benefit is also payable under one or more other benefits under the Policy, such charge will be paid under only one benefit, the one with the largest benefit amount.

Indemnity Benefit

If an Insured is diagnosed by a Physician as having contracted a medical condition within 26 weeks of the date of the Incident which caused the Insured's Needlestick and/or Splatter Exposure, and such condition is determined by a Physician to have resulted from the Insured's Needlestick and/or Splatter Exposure, the Company will pay the \$1,000 Indemnity Benefit Maximum Amount.

If more than one Needlestick and/or Splatter Exposure results from one Incident, the Indemnity Benefit will be paid for only one Needlestick and/or Splatter Exposure per Incident.

In no event will benefits be provided for or as a result of a Needlestick and/or Splatter Exposure during an Incident or any medical conditions arising therefrom, under any provision of the Policy, except as specifically provided in this Benefit.

Exclusions

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily injury:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism;
2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
3. the Insured's commission of or attempt to commit a crime;
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy;
6. participation in any team sport or any other athletic activity, except participation in a Covered Activity;
7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded);
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer;
9. the Insured being under the influence of intoxicants;
10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician;
11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
12. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
13. any condition for which the Insured is paid benefits under any Workers' Compensation Act or similar law;
14. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground;
15. any loss incurred while outside the United States, its Territories or Canada;
16. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing durable medical equipment unless due to a covered Injury;*
17. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum;*
18. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses,

- unless due to a covered Injury; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury;*
19. new hearing aids or hearing examinations unless due to a covered Injury; or repair or replacement of existing hearing aids unless due to a covered Injury;*
20. rental of durable medical equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of durable medical equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);*
21. any charge for medical care for which the Insured is not legally obligated to pay;*
22. care, treatment or services provided by an Insured or by an Immediate Family Member;*
23. routine physical exam and related medical services;*
24. personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, or guest meals while confined in a hospital or for items taken away or home from the hospital, except durable medical equipment;*
25. Pre-existing Conditions;*
26. elective treatment or surgery;*
27. experimental or investigational treatment or procedures;*
28. care, treatment or services provided by persons retained or employed by the Policyholder or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder or for which a charge is not made;*
29. mental illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;*
30. educational or vocational testing or training;*
31. treatment of Osgood-Schlatter's disease;*
32. detached retina unless due to an Injury;*
33. diagnostic tests or treatment, except due to infection which occurs directly from an accidental cut or wound or ingestion of contaminated food;*
34. plastic or cosmetic surgery, except due to a covered Injury;*
35. charges that are payable under motor vehicle medical benefits;
36. any inpatient hospital or ambulatory surgical center services or charges, not including emergency room services or charges, except as specifically provided;*
37. hernia;*
38. any condition for which the Insured is paid benefits under any Workers' Compensation Act or similar law.*

*Applicable to Accident Medical Expense Benefit only.

Limitation on Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit.

IMPORTANT: This program provides accident insurance only. It does not provide basic hospital, basic medical, or comprehensive/major medical coverage, and does not satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act.

This brochure provides only brief descriptions of the coverages available under Policy Series C11695DBG-FL. The issued Policy contains reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage will be contained in the issued Policy on file with the Policyholder. If there are any conflicts between this brochure and the issued Policy, the Policy shall govern in all cases. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 1271 Ave of the Americas FL 37, New York, NY 10020-1304. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all states.

Terms capitalized in this document are defined terms in this brochure or in the Policy.

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SM-13498-22-FL (P24)

Student Accident Insurance Program

Voluntary School Time Accident or 24-Hour Accident Coverage (Excluding Interscholastic Football)

PROPOSED INSURED'S INFORMATION

Last name: _____ First name: _____ M. I.: _____

Date of Birth: _____ Grade: _____ Student ID number: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Email address: _____ Telephone number: _____

Name of school: _____

By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as detailed in this Student Accident Insurance Program brochure. There is no obligation to purchase this insurance plan.

Signature of parent/guardian: _____

Date: _____

Email address of parent/guardian: _____

ANNUAL PREMIUM

Please check desired Covered Activity. See page 2 for Covered Activity details. Only select one option.

Covered Activities	Annual Premium
☐ Voluntary 24 Hour Plan (Grades: PreK-12)	☐ \$63.00
☐ Voluntary School Time Plan (Grades PreK-6)	☐ \$13.00
☐ Voluntary School Time Plan ((Grades 7-12)	☐ \$14.00

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS. MAKE MONEY ORDER OR CHECK PAYABLE TO:

Health Special Risk, Inc.

Total enclosed: _____ Check number: _____

CUT ALONG DOTTED LINE AT RIGHT, AND MAIL TO:

Health Special Risk, Inc.

P.O. Box 957824

St. Louis, MO 63195-7824

For more information or assistance regarding all Student Insurance,
contact our Customer Service Department at 1-866-409-5733

IF YOU WISH TO PAY WITH MASTERCARD OR VISA**:

Go to www.K12StudentInsurance.com

**A 5% administrative charge will be added for Credit Card Orders





Programa de seguro de accidentes para estudiantes

Cobertura voluntaria de accidentes para horario escolar o de 24 horas (excluido el fútbol interescolar)

IMPORTANTE: Este folleto proporciona solo un resumen breve del Programa disponible para la venta en virtud de la serie de Pólizas C11695DBG-FL. El Programa proporciona un seguro para los accidentes cubiertos en los que se incurra mientras las Aseguradas participan en Actividades cubiertas.



Ofrecido a través de:
Insurance for Students, Inc.
1690 South Congress Ave, Suite 101
Delray Beach, FL 33445
Teléfono: 954.771.5883
Teléfono gratuito: 800.356.1235
Fax: 954.772.0872
ifs@insuranceforstudents.com



Administrador del plan:
Health Special Risk, Inc.
8400 Belview Drive, Suite 150,
Plano, TX 75024
Teléfono: 866.409.5733, Ext. 5660
Fax: 972.512.5819
K12insurance@hsri.com
www.k12studentinsurance.com



Asegurado por:
**National Union Fire Insurance
Company of Pittsburgh, Pa.**
con su sede principal de negocios
ubicada en Nueva York, NY
("la Compañía")

Cobertura de seguro por accidentes para estudiantes

Elegibilidad

Clase 1	Todos los estudiantes matriculados de las escuelas públicas del condado de Miami-Dade (“el Titular de la póliza”) inscritos en el Plan opcional voluntario de 24 horas . (Grados: PreK-12)
Clase 2	Todos los alumnos matriculados del Titular de la póliza inscritos en el Plan opcional voluntario para horario escolar . (Grados: PreK-12)

Actividades cubiertas

Clase 1: (Plan voluntario de 24 horas)

24 horas mientras se está en casa o fuera de ella, fines de semana y períodos de vacaciones (incluidas las vacaciones de verano), recesos escolares y escuela de verano. Excluye: fútbol interescolar. En el caso de las Aseguradas inscritas en el Plan opcional voluntario para horario escolar, quedan excluidas las actividades de horario escolar. Para las Aseguradas inscritas en el Plan opcional voluntario para horario escolar y deportes, quedan excluidas las actividades de horario escolar y los deportes interescolares.

Clase 2: (Plan voluntario para horario escolar)

Mientras se encuentre en las instalaciones del Titular de la póliza durante las horas y los días en que el Titular de la póliza esté en sesión (incluidos el fútbol interescolar y los deportes interescolares), que incluye una hora antes y después; o mientras participe o asista a una actividad autorizada y patrocinada por el Titular de la póliza fuera de las instalaciones del Titular de la póliza (incluidas las excursiones educativas nacionales de un día). Esto incluye los desplazamientos en grupo, directos e ininterrumpidos, hacia y desde dichas actividades en un vehículo designado por el Titular de la póliza y hacia o desde la residencia del estudiante para asistir a las sesiones regulares del Titular de la póliza. Excluye lo siguiente: Viajes supervisados y patrocinados por el Titular de la póliza y viajes relacionados de más de un día de duración, a menos que se informe con antelación al viaje y se pague una prima adicional.

Definiciones

Actividades cubiertas se refiere a las actividades establecidas en la sección Actividades cubiertas, con respecto a las cuales las Aseguradas reciben un seguro de accidentes de acuerdo con la Póliza.

Familiar directo se refiere una persona que está emparentada con la Asegurada de alguna de las siguientes maneras: cónyuge, cuñado, cuñada, yerno, nuera, suegra, suegro, padre o madre (incluye al padrastro o la madrastra), hermano o hermana (incluye al hermanastro o la hermanastra), o hijo (incluye al adoptado legalmente o al hijastro).

Lesión significa lesión corporal: 1) que se produzca como resultado directo de un accidente imprevisto que ocurra mientras la cobertura de la persona lesionada en virtud de la Póliza está en vigor; 2) que ocurra mientras dicha persona esté participando en una Actividad cubierta; y 3) que de manera directa (independientemente de la enfermedad, incapacidad mental, dolencia corporal o cualquier otra causa) cause una pérdida cubierta.

Asegurada hace referencia a una persona: 1) que es miembro de una clase elegible de personas según se describe en la sección Elegibilidad; 2) por la cual se ha pagado la prima; 3) mientras esté cubierta por la Póliza; y 4) que se haya inscrito para recibir cobertura de acuerdo con la Póliza, si es necesario.

Medicamento necesario como se usa en el Beneficio de gastos médicos por accidentes significa un Servicio médico por accidente cubierto que: 1) es esencial

para el diagnóstico, el tratamiento o la atención de la Lesión para la que se prescribe o realiza; 2) cumple con las normas de la práctica médica generalmente aceptadas; y 3) es ordenado por un médico y realizado bajo su cuidado, supervisión u orden.

Médico se refiere a un profesional autorizado de las artes curativas que actúa dentro del ámbito de su licencia y que no es: 1) la Asegurada; 2) un Familiar directo; o 3) retenido por el Titular de la póliza.

Cargos usuales y acostumbrados, como se utiliza en el Beneficio de gastos médicos por accidentes, se refieren a un cargo que es el más pequeño de los siguientes: 1) el cargo real del Servicio cubierto; 2) el cargo que habitualmente cobra por un Servicio cubierto el proveedor que lo presta; 3) la tarifa negociada, si la hubiera; y 4) la encuesta realizada por FAIR Health sobre las tarifas vigentes para un Servicio cubierto en la zona geográfica por parte de quienes tienen un nivel profesional similar, cuyos resultados se utilizan para elaborar una gama de tarifas para cada servicio.

“Zona geográfica” se refiere al código postal de tres dígitos en el que se prestan los servicios, procedimientos, dispositivos, medicamentos, tratamientos o suministros, o una zona mayor, si es necesario, para obtener una sección representativa de los cargos por un tratamiento, servicio, procedimiento, dispositivo, medicamento o suministro similar.

Con respecto al punto (d) anterior, los Cargos usuales y acostumbrados se refieren al percentil 80 del sistema de pago en vigor en la Fecha de entrada en vigor que figura en la Póliza.

Cargos usuales y acostumbrados, como se utilizan en el Beneficio por exposición accidental a pinchazos y salpicaduras, se refieren a un cargo que: 1) se realiza para Pruebas de detección; 2) no supera el nivel habitual de los cargos por suministros o servicios médicos similares en la localidad donde se incurre en el gasto; y 3) no incluye los cargos que no se habrían realizado si no existiera un seguro.

Fechas de entrada en vigor y de término de la Asegurada

La cobertura de una Asegurada conforme a la póliza comienza a partir de lo que ocurra primero: 1) la Fecha de entrada en vigor de la póliza; 2) la fecha en la que se paga la primera prima para la cobertura de la Asegurada; o 3) la fecha en que la persona se convierte en miembro de una clase de personas elegibles, según se describe en la sección Elegibilidad; o 4) la fecha en la que se recibe la inscripción por escrito de la Compañía. La cobertura de una Asegurada conforme a la póliza finaliza a partir de lo que ocurra primero: 1) la fecha de finalización de la Póliza; 2) el final del período para el que se han pagado las primas; 3) la fecha en la que la Asegurada deja de ser miembro de algunas clases de personas elegibles, tal y como se describe en la sección Elegibilidad; o 4) la fecha en la que la Asegurada solicita, por escrito, que se ponga fin a su cobertura. Las fechas de entrada en vigor y de finalización de la póliza figuran en la Póliza que obra en poder del Titular de la póliza.

Beneficios

Beneficio por muerte accidental

Si la Lesión de la Asegurada tiene como resultado el fallecimiento en el plazo de los 180 días siguientes a la fecha del accidente que causó la Lesión, la Compañía pagará el 100 % de la Cantidad máxima de USD 1500 por muerte accidental.

Beneficio por desmembramiento accidental

Si la Lesión de la Asegurada tiene como resultado, en el plazo de los 180 días siguientes a la fecha del accidente que causó la Lesión, cualquiera de las Pérdidas especificadas a continuación, la Compañía pagará el porcentaje de la Cantidad máxima de USD 1500 por desmembramiento accidental especificado para esa Pérdida:

Por pérdida de	Porcentaje de la Cantidad máxima
Ambas manos o ambos pies	100 %
Vista de ambos ojos	100 %
Una mano y un pie	100 %
Una mano y la vista de un ojo	100 %
Un pie y la vista de un ojo	100 %
Habla y audición en ambos oídos	100 %
Una mano o un pie	50 %
Vista de un ojo	50 %
Habla o audición en ambos oídos	50 %
Audición en un oído	25 %
Pulgar e índice de la misma mano	25 %

Por “pérdida” de una mano o un pie se entiende el corte completo a través de la articulación de la muñeca o el tobillo, o por encima de esta. Por “pérdida” de la vista de un ojo se entiende la pérdida total e irrecuperable de la vista de ese ojo. Por “pérdida” de la audición en un oído se entiende la pérdida total e irrecuperable de toda la capacidad de oír en ese oído. Por “pérdida” del habla se entiende la pérdida total e irrecuperable de toda la capacidad de hablar. Por “pérdida” de los dedos pulgar e índice se entiende la separación completa a través de la articulación metacarpofalángica de ambos dedos, o por encima de esta.

Si se sufre más de un tipo de pérdida como consecuencia del mismo accidente, solo se pagará una cantidad: la que sea mayor.

Exposición y desaparición

Si por razón de un accidente ocurrido mientras la cobertura de la Asegurada esté en vigor de acuerdo con la Póliza, la Asegurada está inevitablemente expuesta a los elementos y como resultado de dicha exposición sufre una pérdida por la cual un beneficio es pagadero en virtud de la Póliza, la pérdida estará cubierta según los términos de la Póliza. Si el cuerpo de una Asegurada no se ha encontrado en el plazo de un año a partir de la desaparición, aterrizaje forzoso, varamiento, hundimiento o naufragio de un medio de transporte en el que la persona era ocupante mientras estaba cubierta por la Póliza, se considerará, con sujeción a todos los demás términos y disposiciones de la Póliza, que la Asegurada ha sufrido una muerte accidental en el sentido de la Póliza.

Beneficio de gasto médico por accidente

Si una Asegurada sufre una Lesión que, dentro de los 90 días siguientes a la fecha del accidente que causó la Lesión, necesita que sea tratada por un Médico, la Compañía pagará los Cargos usuales y acostumbrados, incurridos por los Servicios médicos cubiertos por accidentes médicamente necesarios recibidos debido a esa Lesión, hasta la Cantidad máxima de gastos médicos por accidentes de USD 25 000 por Asegurada para todas las Lesiones causadas por el mismo accidente, sujeto a los sublímites que se muestran en el siguiente cuadro. Los beneficios son pagaderos por los cargos en los que se incurre en el plazo de las 104 semanas posteriores a la fecha del accidente que causó la Lesión.

Beneficio de gasto médico por accidente	USD 25 000
Beneficio médico ampliado	Incluido*
Terapia física	Número máximo de visitas: 10
	Máximo por visita: USD 30
Ambulancia	USD 250
Máximo dental	USD 500 por diente y por accidente, USD 1000 por accidente

*** Beneficio médico ampliado.** Los beneficios de Gastos médicos por accidentes son pagaderos por los Gastos usuales y acostumbrados de los servicios médicos por accidentes cubiertos, incluido cualquier gasto por, o que sea el resultado de, problemas relacionados con el calor, incluidos, pero sin limitarse al agotamiento por calor, postración por calor y golpe de calor, mientras se participa en una Actividad cubierta. Los beneficios pagaderos según este beneficio también están sujetos a la Cantidad máxima médica por accidente.

Disposición de excedente

Los beneficios se pagan hasta alcanzar el máximo aplicable para los servicios de Gastos médicos por accidentes (Accident Medical Expense, AME) cubiertos que no se puedan recuperar de otro plan que proporcione beneficios de AME. Si la Asegurada no está cubierta por otro plan que ofrezca beneficios de AME, no se aplicará la disposición sobre excedente.

Penalización por incumplimiento

En el caso de que una Asegurada sea elegible de acuerdo con la Póliza para beneficios de excedente en otras coberturas y la Asegurada tenga otra cobertura que sea primaria en virtud de una organización de mantenimiento de la salud, una organización de proveedores preferidos o un programa de servicios de salud similar, se aplicará una penalización si no utiliza las instalaciones o los servicios de la organización de proveedores preferidos o programa de servicios de salud similar, se aplicará una penalización si no utiliza las instalaciones o los servicios de la organización de mantenimiento de la salud, la organización de proveedores preferidos o el programa de servicios de salud similar. En tal caso, los beneficios pagaderos en virtud de la Disposición de excedente de la Póliza se reducirán en un 50 %. Esta reducción no se aplicará a los tratamientos de urgencia que se necesiten dentro de las 24 horas siguientes al accidente cuando este se produzca fuera de la zona geográfica atendida por una organización de mantenimiento de la salud, una organización de proveedores preferidos o un programa de servicios de salud similar.

Beneficio por exposición accidental a pinchazos y salpicaduras

Si, como resultado directo de un Incidente, una Asegurada sufre una Exposición a pinchazos o salpicaduras, la Compañía pagará los beneficios que se indican a continuación, con sujeción a las siguientes condiciones: 1) un informe de Incidente que documente los detalles del Incidente y la naturaleza de la Exposición a pinchazos o salpicaduras sufrida por la Asegurada. La Asegurada debe presentar el informe del Incidente al Titular de la póliza tan pronto como sea razonablemente posible después de la Exposición a pinchazos o salpicaduras, pero en ningún caso más tarde de 72 horas después de la Exposición a pinchazos o salpicaduras de la Asegurada durante un Incidente; y 2) la prueba de que, dentro de los 7 días de un Incidente, la Asegurada recibió una Prueba de detección de un centro autorizado y legalmente calificado para administrar dicha Prueba de detección.

Beneficio de la Prueba de detección

La Compañía pagará los Cargos usuales y acostumbrados incurridos por la Asegurada por cualquier Prueba de detección realizada debido a un Incidente cubierto, hasta la Cantidad máxima de USD 500 de la Prueba de detección. Si un Cargo usual y acostumbrado pagadero bajo el Beneficio de la Prueba de detección también es pagadero en virtud de uno o más beneficios de la Póliza, dicho cargo se pagará en virtud de un solo beneficio, el de mayor cantidad.

Beneficio de indemnización

Si una Asegurada es diagnosticada por un Médico de haber contraído una enfermedad médica dentro de las 26 semanas de la fecha del Incidente que causó la Exposición a pinchazos o salpicaduras de la Asegurada, y dicha enfermedad es determinada por un Médico como resultado de la exposición a pinchazos o salpicaduras de la Asegurada, la Compañía pagará la Cantidad máxima de indemnización de USD 1000.

Si se produce más de una Exposición a pinchazos o salpicaduras a partir de un Incidente, el Beneficio de indemnización se pagará solo por una Exposición a pinchazos o salpicaduras por Incidente.

En ningún caso se proporcionarán beneficios por Exposición a pinchazos o salpicaduras o como resultado de una durante un Incidente o cualquier enfermedad médica derivada de ella, en virtud de cualquier disposición de la Póliza, excepto como se establece específicamente en este Beneficio.

Exclusiones

No se proporcionará cobertura de acuerdo con la Póliza y no se efectuará ningún pago por cualquier pérdida que resulte total o parcialmente de los siguientes riesgos excluidos, o que contribuya a ellos, o como consecuencia natural y probable de cualquiera de estos, incluso si la causa próxima o precipitante de la pérdida es una lesión corporal accidental:

1. suicidio o todo intento de suicidio, o Lesión que se cause a sí mismo a propósito, o todo intento de Lesión que se cause a sí mismo a propósito o autoerotismo;
2. enfermedad, incapacidad mental o dolencia corporal, ya sea que la pérdida resulte directa o indirectamente de cualquiera de ellas;
3. la perpetración o el intento de perpetrar un delito por parte de la Asegurada;
4. infecciones de cualquier tipo, independientemente de cómo se hayan contraído, excepto las infecciones bacterianas causadas directamente por el botulismo, el envenenamiento por ptomaína o un corte o herida accidental independiente y en ausencia de cualquier enfermedad, dolencia o afección subyacente, incluida, entre otras, la diabetes;
5. guerra declarada o no, o cualquier acto de guerra declarada o no, excepto si está específicamente previsto en la Póliza;
6. la participación en deportes de equipo o cualquier otra actividad atlética, excepto la participación en una Actividad cubierta por la Póliza;
7. servicio activo a tiempo completo en las fuerzas armadas, la Guardia Nacional o los cuerpos de reserva organizados de cualquier país o autoridad internacional (se reembolsará la prima no devengada por cualquier período en el que la Asegurada no esté cubierta debido a su estado de servicio activo) (no se excluye la Pérdida causada durante el servicio de corta duración en la Guardia Nacional o de la reserva con fines de capacitación regular);
8. viaje o vuelo en cualquier vehículo (incluido entrar o salir de él, o subir o bajar de este) utilizado para la navegación aérea, si la Asegurada está: a. viajando como pasajero en cualquier aeronave que no esté destinada o autorizada para el transporte de pasajeros; b. desempeñándose, aprendiendo a desempeñarse o instruyendo a otros como piloto o miembro de la tripulación de cualquier aeronave; o c. viajando como pasajero en una aeronave de propiedad, alquilada u operada por el Titular de la póliza o el empleador de la Asegurada;
9. que la Asegurada esté bajo la influencia de sustancias tóxicas;
10. que la Asegurada se encuentre bajo la influencia de drogas, a menos que las tome bajo la indicación de un Médico y de acuerdo con sus indicaciones;
11. el tratamiento médico o quirúrgico de una enfermedad, dolencia, incapacidad mental o dolencia corporal, independientemente de que la pérdida se derive de manera directa o indirecta del tratamiento;
12. accidente o evento cerebrovascular; accidente o evento cardiovascular; infarto de miocardio o ataque al corazón; trombosis coronaria; aneurisma.
13. cualquier enfermedad por la que la Asegurada recibe beneficios conforme a alguna Ley de indemnización laboral o ley similar;
14. que la Asegurada monte o conduzca cualquier tipo de vehículo de motor en el marco de una competición de velocidad, incluida la prueba de dicho vehículo en una pista, circuito de carreras o campo de pruebas;
15. cualquier pérdida sufrida fuera de los Estados Unidos, sus territorios o Canadá;
16. reparación o sustitución de miembros artificiales, ojos artificiales u otros aparatos protésicos existentes o el alquiler de equipos médicos duraderos existentes, a menos que se deba a una Lesión cubierta;*
17. reparación, reemplazo o nueva aplicación de dentaduras postizas, puentes, prótesis dentales, bandas, brackets u otras prótesis dentales, coronas, fundas dentales, incrustaciones intracoronarias o incrustaciones extracoronarias, empastes o cualquier otro tratamiento de los dientes o encías, excepto la reparación o reemplazo de dientes naturales sanos, dañados o perdidos como resultado de una Lesión hasta la Cantidad dental máxima;*
18. anteojos o lentes de contacto nuevos o exámenes oculares relacionados con la corrección de la visión o con el ajuste de anteojos o lentes de contacto, a menos que

se deban a una Lesión cubierta; o la reparación o sustitución de anteojos o lentes de contacto existentes, a menos que se deban a una Lesión cubierta;*

19. nuevos audífonos o exámenes auditivos, a menos que se deban a una Lesión cubierta; o reparación o sustitución de audífonos existentes, a menos que se deban a una Lesión cubierta;*
20. alquiler de Equipo médico duradero donde el costo total del alquiler excede el costo de compra habitual para equipo similar en la localidad donde se incurre en el gasto (pero si, a criterio de la Compañía, se espera que los beneficios de gastos médicos por accidente para el alquiler de Equipo médico duradero excedan el costo de compra habitual para equipos similares en la localidad donde se incurre en el gasto, la Compañía puede, pero no está obligada a, elegir considerar dicho gasto de compra como un Gasto médico cubierto por accidente habitual en lugar de dicho gasto de alquiler);*
21. cualquier cargo de atención médica que la Asegurada no esté legalmente obligada a pagar;*
22. atención, tratamiento o servicios brindados por una Asegurada o por un familiar directo;*
23. examen físico de rutina y servicios médicos relacionados;*
24. artículos de comodidad o conveniencia, como, entre otros, cargos por teléfono del hospital, alquiler de televisión o comidas para invitados mientras están confinadas en un hospital o por los artículos que se lleven a casa desde el hospital, excepto el equipo médico duradero;*
25. enfermedades preexistentes;*
26. tratamiento electivo o cirugía;*
27. tratamiento o procedimientos experimentales o de investigación;*
28. atención, tratamiento o servicios prestados por personas contratadas o empleadas por el Titular de la póliza o por los suministros, las recetas o los medicamentos pagados o reembolsados por el Titular de la póliza o por los que no se cobra;*
29. enfermedades mentales, asesoramiento psicológico o psiquiátrico de cualquier tipo, enfermedades o trastornos mentales y nerviosos y curas de reposo;*
30. exámenes o capacitación educativos o vocacionales;*
31. tratamiento de la enfermedad de Osgood-Schlatter;*
32. desprendimiento de retina, a menos que se deba a una Lesión;*
33. pruebas diagnósticas o tratamiento, salvo que se deba a una infección que se produzca directamente por un corte o herida accidental o por la ingesta de alimentos contaminados;*
34. cirugía plástica o estética, salvo que se deba a una Lesión cubierta;*
35. cargos pagaderos en el marco de los beneficios médicos para vehículos de motor;
36. cualquier servicio o cargo de hospitalización o de centro quirúrgico ambulatorio, sin incluir los servicios o cargos de la sala de urgencias, salvo lo dispuesto específicamente;*
37. hernia;*
38. cualquier enfermedad por la que la Asegurada recibe beneficios conforme a alguna Ley de indemnización laboral o ley similar.*

* Aplicable únicamente al Beneficio de gastos médicos por accidentes.

Límites de los beneficios múltiples

Si una Asegurada sufre de una o más pérdidas en el mismo accidente para el cual haya cantidades pagaderas en virtud de los siguientes Beneficios previstos en la Póliza, la cantidad máxima pagadera por todos los Beneficios combinados no superará la cantidad pagadera por una de estas pérdidas, el mayor: Beneficio por muerte accidental, Beneficio por desmembramiento accidental.

IMPORTANTE: Este programa ofrece seguro contra accidentes únicamente. No ofrece cobertura hospitalaria básica, médica básica, ni médica integral o de alta complejidad y no satisface los requisitos de “cobertura mínima esencial” de la Ley de Protección al Paciente y Cuidado de Salud Asequible (*Patient Protection and Affordable Care Act*).

Este folleto proporciona solo descripciones breves de las coberturas disponibles en la Serie de pólizas C11695DBG-FL. La Póliza emitida contiene reducciones, limitaciones, exclusiones, definiciones y disposiciones de cancelación. Los detalles completos de la cobertura aparecerán en la Póliza emitida que obra en poder del Titular de la póliza. Si existiera algún conflicto entre este folleto y la Póliza emitida, la Póliza prevalecerá en todos los casos. Asegurado por National Union Fire Insurance Company of Pittsburgh, Pa., una compañía Aseguradora de Pennsylvania, cuya sede principal de negocios está ubicada en 1271 Ave of the Americas FL 37, New York, NY 10020-1304. Actualmente, dicha compañía cuenta con la autorización correspondiente para realizar negocios en todos los estados y el Distrito de Columbia. NAIC No. 19445. Es posible que la cobertura no esté disponible en todos los estados.

Los términos que aparecen en mayúsculas en este documento son términos definidos en este folleto o en la Póliza.

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SM-13498-22-FL (P24)

Programa de seguro de accidentes para estudiantes

Cobertura voluntaria de accidentes para horario escolar o de 24 horas (excluido el fútbol interescolar)

INFORMACIÓN DE LA ASEGURADA PROPUESTA

Apellido: _____ Nombre: _____ Inicial del segundo nombre: _____
Fecha de nacimiento: _____ Grado: _____ Número de identificación del estudiante: _____
Dirección de domicilio: _____
Ciudad: _____ Estado: _____ Código postal: _____
Dirección de correo electrónico: _____ Número de teléfono: _____
Nombre de la escuela: _____

Al firmar a continuación, reconozco que he leído, entendido y aceptado los términos y condiciones de esta cobertura tal y como se detalla en este folleto del Programa de seguro de accidentes para estudiantes. No hay obligación de adquirir este plan de seguro.

Firma del padre/tutor: _____
Fecha: _____
Dirección de correo electrónico del padre/tutor: _____

PRIMA ANUAL

Marque la Actividad cubierta deseada. Consulte la página 2 para obtener información detallada sobre las Actividades cubiertas. Seleccione solo una opción.

Actividades cubiertas	Prima anual
☐ Plan voluntario de 24 horas (Grados: PreK-12)	☐ USD 63,00
☐ Plan voluntario para horario escolar (Grados: PreK-6)	☐ USD 13,00
☐ Plan voluntario para horario escolar (Grados: 7-12)	☐ USD 14,00

CONSERVE UNA COPIA DE ESTE FORMULARIO PARA SUS ARCHIVOS. HAGA UN GIRO POSTAL O UN CHEQUE A NOMBRE DE:
Health Special Risk, Inc.

Total incluido: _____ Número de cheque: _____

CORTE POR LA LÍNEA DE PUNTOS DE LA DERECHA Y ENVÍE POR CORREO A:

Health Special Risk, Inc.
P.O. Box 957824
St. Louis, MO 63195-7824
Para obtener más información o asistencia en relación con todos los seguros para estudiantes, comuníquese con nuestro Departamento de Atención al Cliente llamando al 1-866-409-5733

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