

ROCK HILL SCHOOLS

SUMMARY OF STUDENT ACCIDENT INSURANCE ON ALL STUDENTS, ATHLETES & ADULT VOLUNTEERS

Policy Maximum	\$25,000
Accidental Death Benefit	\$10,000
Accidental Paralysis Benefits	\$10,000
Crises Death Benefit	Up to \$100,000
Motor Vehicle Injuries	\$10,000
Benefit Period	One year
Coverage	Full excess or secondary to other insurance
Surgery	80% U&C* to \$2,000
Assistant Surgeon/Anesthesiologist	25% of surgical benefits
Room & Board	100% U&C
Hospital Inpatient Miscellaneous	100% U & C to \$7,500
Ambulatory Surgical Facility	80% U & C to \$1,000
Outpatient Hospital Miscellaneous	80% U & C to \$500
Outpatient Emergency Room	80% U&C to \$350
Emergency Room Physician	100% U & C to \$50
Nurse's Services	100% U & C
Physical Therapy and/or Spinal Manipulation	100% U & C to \$40/visit 5 visits maximum
Physician's Office Visits	100% U & C to \$40/day
Outpatient Prescription drugs	100% U & C
Outpatient Laboratory Tests	Covered under outpatient hospital misc.
X-Rays	100% U & C to \$250
MRI/CT Scan	100% U & C to \$750
Ambulance Ground/Air	100% U & C to \$400/\$1000
Durable Medical Equipment	100% U & C to \$300
Dental Treatment	100% U & C to \$400/ tooth
Replace eyeglasses, hearing aids, contact lenses	100% U & C to \$500
*Usual & Customary	

SPECIAL INSTRUCTIONS:

- This Accident Insurance provides **LIMITED BENEFITS** and is **SECONDARY** to all other insurance. If there is no other insurance available this accident insurance becomes primary and pays according to the schedule of benefits.
- This Accident Insurance provides **LIMITED BENEFITS** for all K-12 Students and Athletes while participating in school-sponsored and school-supervised activities, including travel directly to and from a school-sponsored and supervised activity.
- Parents may want to purchase optional 24 hour Accident Insurance to insure their child outside of school activities. This coverage can be viewed and purchased online at www.k12studentinsurance.com
- In the event of an accident a school official must complete and sign the designated area on the accident claim form and the parent or guardian complete the remainder of the accident claim form. It is the parent or guardian's responsibility to submit the accident claim form to the claims office mailing address found on the top of the accident claim form.
- Questions pertaining to an accident claim should be directed to Health Special Risk claims office at: 866-409-5734 or by email at: K12claims@hsri.com.

