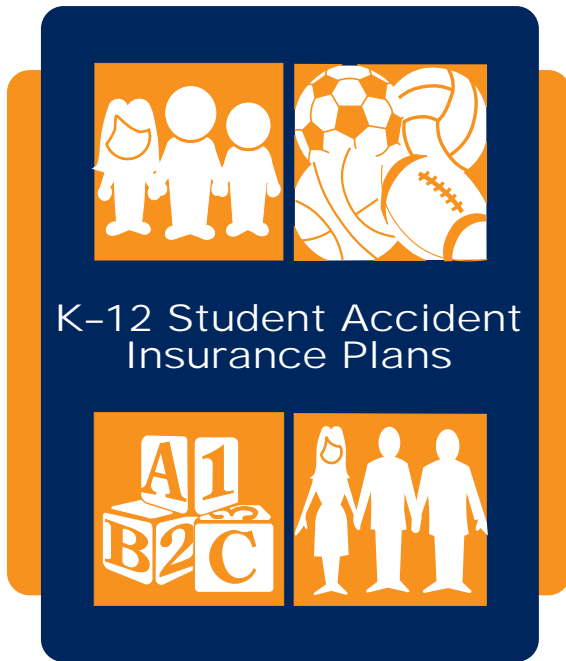


2018–2019 Student Accident Insurance Plans



Why you need Student Insurance . . .

- Your school does not provide medical insurance to cover injuries to students. Instead, your school suggests this Plan to provide affordable coverage options.
- If you don't have other insurance, this Student Accident Plan is essential.
- Even if you do have other insurance, you will probably have to pay deductibles or co-payments. This Student Accident Plan will help to fill those expensive "gaps."
- Don't wait until you're faced with costly medical bills to think about insurance.
- Read this information and make your selections today!

Choose from these school approved plans . . .

- **Around-the-Clock Plan**
- **Schooltime-Only Plan**
- plus –
- **Extended Dental Plan**

- THE POLICY DOES NOT PROVIDE BENEFITS FOR SICKNESS
- NO COVERAGE PROVIDED FOR INJURIES RESULTING FROM THE PRACTICE OR PLAY OF INTERSCHOLASTIC SPORTS

UNDERWRITTEN AND ADMINISTERED BY:



COMMERCIAL TRAVELERS
LIFE INSURANCE COMPANY

COMMERCIAL TRAVELERS
LIFE INSURANCE COMPANY
Commercial Travelers Building
Utica, NY 13502

As Policy Form Series No. CTP-7 (CT) (Rev. 08) et al

OLP-CTSA 18
4A

CONNECTICUT REPRESENTATIVE:



P.O. Box 4245 Hamden, CT 06514
Telephone (203) 288-5936
Toll-Free 1-888-234-9910
www.colonnainsurance.com

1 Choose from these School-Approved Plans:

Around-the-Clock Plan

The student is insured for full 24-hour a day protection, for school-connected accidents, and at home or away—at play—at camp—on vacation—scouting—amateur sports—youth group activities—or just playing in the neighborhood.

Schooldtime-Only Plan

The student is insured while attending school when school is in session; participating in or attending activities sponsored solely by the school and supervised by a school official or employee, including school-supervised travel to and from the Insured's residence and the school for regular school sessions; and attending religious services, including travel.

Extended Dental Plan

Increases the Dental Treatment Benefit under the Plans to a maximum of \$25,000 for accidental injury to sound, natural teeth. This optional benefit cannot be purchased separately, but must be purchased with either Schooldtime or Around-the-Clock coverage. Optional Dental coverage is effective 24 hours a day even when selected with Schooldtime Coverage and provides coverage until the first day of the next Fall term. Treatment must begin within 100 days from the date of the accident. Benefits are payable only for covered expenses which are incurred within 24 months immediately following the date of the accident. However, if the dentist certifies that treatment must be deferred beyond the 24 month period, the Company will pay up to \$250 of the expense incurred for such deferred treatment. This benefit will pay up to a maximum of \$600 per accident for cost of dental prosthesis. The maximum payable under the Policy, however, as a result of any one accident will not exceed \$250,000 in the aggregate for all covered expenses, including benefits under this Dental Benefit.

2 Additional facts about the Plans:

Effective and Expiration Dates: Applicants are covered as of the date they submit an application and the required premium, but not prior to the first day of school. The expiration date of coverage (except for those applying for **Around-the-Clock** coverage) shall be the close of the regular nine month school term, except while the Insured is attending academic classroom sessions, exclusively sponsored and solely supervised by the school during the summer; in such case coverage will terminate at the end of the summer classroom sessions. **Around-the-Clock** coverage ends on the opening day of school for the following Fall term.

Student Accident Insurance covers accidental bodily injury sustained during the term of insurance and which causes loss directly and independently of all other causes. Insurance is good anywhere. For example, if the student buys the Plan at school and the family moves, the benefits would continue until the close of the school term at any new public or parochial day school. There is no limit to the number of accidents a student can have paid under the Policy. **Teachers and Administrative Employees** (excluding cafeteria and maintenance) **are also eligible to enroll. This Plan provides primary coverage. Eligible expenses are paid regardless of any other insurance coverage you may have.**

3 Your choice of benefits

THE POLICY WILL PAY, for expenses incurred as the result of a covered injury sustained in any one accident which occurs on or after the effective date of coverage, **UP TO \$250,000** for the following treatment, care and services within 52 weeks after the date of accident, not to exceed the specified amounts, provided that the first such expense must be incurred within 90 days after the accident.

	Superior Plan	Economy Plan
POLICY MAXIMUM , per covered accident	\$250,000	\$250,000
DEDUCTIBLE	None	None
MEDICAL TREATMENT by a licensed physician for the practice of medicine, osteopathy, dentistry, chiropractic, or podiatry, for an injury not requiring surgery or other medical treatment as covered below	\$80.00 first visit \$50.00 thereafter Max 10 visits	\$40.00 first visit \$25.00 thereafter Max 10 visits
CONSULTANT'S FEE when requested by the attending physician	\$250.00	\$125.00
SURGERY by a licensed physician (Payable according to CRVS*). The charge is deemed to including pre- and post-operative care	\$300.00 unit value Max \$12,000	\$150.00 unit value Max. \$5,000
ANESTHETIST	30% of surgery allowance	30% of surgery allowance
HOSPITAL CARE AND SERVICE when the Insured is confined as a resident patient for at least 24 hours, for a semi-private room For ancillary medical expenses, including radiology, incurred in treatment while hospital confined	\$800.00 per day \$7,500.00	\$300.00 per day \$2,500.00
OTHER HOSPITAL EXPENSES if the Insured is not confined as a resident patient for at least 24 hours, for Emergency Room, Outpatient Care and Laboratory Fees If outpatient surgery is required	\$300.00 \$700.00	\$125.00 \$250.00
RADIOLOGY when not hospital confined, including (but not limited to) X-rays, Magnetic Resonance Imaging, and Computerized Axial Tomography	\$800.00	\$300.00
NURSE SERVICE upon recommendation of the attending physician for services provided by a Registered graduate private duty Nurse (R.N.) during the period of hospital confinement	U&C**	U&C**
DENTAL TREATMENT (including X-rays) for accidental injury to one or more sound, natural teeth, including charges for braces, crowns, jackets, fillings, bridges, and root canal therapy.	\$500.00 per tooth	\$150.00 per tooth
DRUGS & MEDICATIONS administered in a doctor's office or by a prescription (including hypodermic needles or syringes). If hospital confined, included in HOSPITAL CARE AND SERVICE	\$400.00	\$150.00
EYEGLASSES replacement of broken eyeglasses, broken frames or broken lenses resulting from a covered accident, only in conjunction with an injury requiring medical or surgical treatment. Routine refractions or routine eye exams are not covered under the Policy	\$300.00	\$150.00
ORTHOPEDIC APPLIANCES when ordered by an attending physician	\$800.00	\$250.00
OTHER MEDICAL TREATMENT Physiotherapy, Occupational Therapy or similar treatment, including adjustment, manipulation or massage in any form, diathermy, bone growth stimulation, ultrasonic, microtherm or heat treatment in any form	\$70.00 per visit Max 10 visits	\$35.00 per visit Max. 5 visits
MEDICAL EXPENSES incurred by accidental ingestion or consumption of a controlled drug as mandated by Section 38a-492 of the Connecticut General Statutes.		
EMERGENCY AMBULANCE SERVICE Medically necessary transportation from the place of a covered accident to the hospital. Benefit payable up to the maximum allowable rate established by the Department of Public Health in accordance with §199-177.		
HOME HEALTH AGENCY for home health care services as mandated by Section 38a-493 of the Connecticut General Statutes.		
MEDICAL OR HOSPITAL DENTAL PROCEDURES EXPENSE general anesthesia, nursing and related hospital services provided in conjunction with inpatient, outpatient or one-day dental services if the following conditions are met: 1) Services are deemed medically necessary by the treating dentist or oral surgeon; and the patient's primary care physician. 2) The patient is either (a) a child who is determined by a licensed dentist, in conjunction with a licensed physician who specializes in primary care, to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a hospital; or (b) a person who has a developmental disability, as determined by a licensed physician who specializes in primary care, that places the person at serious risk. The expense of such anesthesia, nursing and related hospital services will be considered a medical expense and will not be subject too any limits on dental benefits.		

**CRVS" is the California Relative Value Studies, Fifth Edition. Examples: Fractured wrist \$300; suturing superficial face wound \$112.50; arthroscopy for knee injury \$810.

***U&C" means the usual and customary charges in the area where the treatment or service is provided.

AD&D Benefits

For loss of:

Life	\$ 2,500.00
Both hands or both feet or entire sight of both eyes	10,000.00
One hand and one foot, one hand and entire sight of one eye, or one foot and entire sight of one eye	10,000.00
One hand or one foot or entire sight of one eye	2,000.00
Thumb and index finger of one hand	2,500.00

If within 365 days of a covered accident, an injured person suffers more than one loss as a result of any one accident, only the largest benefit will be paid, in addition to any other benefits for medical expense.

Exclusions

This plan does not cover, nor is any premium charged for: (a) Injuries resulting from the practice or play of interscholastic sports, unless the proper additional premium has been paid therefor. (b) Illness or disease in any form. (c) Intentionally self-inflicted injuries; suicide (sane or insane) or attempted suicide. (d) Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline. (e) Incurred medical expenses to the extent they are covered under Workers' Compensation or Employer's Liability Act or Law. (f) Dental care or treatment, except as provided for injury to sound, natural teeth. (g) Treatment administered by any family member or person employed or retained by the school. (h) Eye examinations, eyeglasses, contact lenses, hearing aids or prescriptions or fittings therefor, except as provided by the Policy. (i) Injuries occurring before coverage is in force. (j) That part of medical expenses payable by an automobile insurance policy. (k) Loss incurred while the Insured is serving in the Armed Forces or units auxiliary thereto. (l) Injuries resulting from war or any act of war (whether declared or undeclared); participation in a felony, riot or insurrection. **"Participation"** shall include promoting, inciting, inspiring to promote or incite, aiding, abetting and all forms of taking part in, but shall not include actions taken in defense of public or private property or actions taken in defense of the person of the Insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order, including but not limited to police officers and firemen. **"Riot"** shall include all forms of public violence, disorder or disturbance of the public peace by three or more persons assembled together, whether or not acting with a common intent and whether or not damage to person or property or lawful act or acts is the intent or the consequence of such disorder.

Limitations

Under surgery, the maximum payment for multiple procedures performed within the same operative field shall be limited to 150% of the amount payable for the primary procedure.

In the event the Insured Person sustains an injury for which benefits are payable under more than one Student Accident Insurance Policy or like coverage issued by the Company, coverage shall be deemed to be in effect only under one such Plan, the one affording the greater (or greatest) amount of benefits for the injury.

How to file a claim

In case of an accident, simplified claim forms are available at the school. Accidents must be reported and bills submitted within 30 days or as soon thereafter as reasonably possible. If the student is insured under the "Around-the-Clock Plan" and school is not in session, or has transferred to another school, a claim form can be obtained from the Administration Office on the cover, or from www.studentplanscenter.com.

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary state approvals. Any provision of the Policy, as described herein, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits. This plan is not available in all states.

4 How to apply

- Choose the plan best suited to your needs.
- Complete and sign the attached enrollment form.
- Send check or money order payable to **Colonna Insurance Services, LLC** for the required yearly premium.
- Mail to: **Colonna Insurance Services, LLC**, P.O. Box 4245, Hamden, CT 06514.

IMPORTANT Keep this information as a Summary of Benefits. The Policy is on file at your school. It is subject to Insurance Department approval and will conform to the laws of the state where your school is located. Individual policies will not be sent to you.

LATE ENROLLMENT Coverage may be purchased at any time during the school year, but there is no premium reduction for late enrollment.

CANCELLATION Coverage is non-cancellable and premiums will not be pro-rated or refunded.

RETURN OF CHECK BY BANK Coverage will be immediately invalidated if check is returned by bank for any reason. A service fee of \$25.00 will be charged.

CUT AND MAIL

Enrollment Form for Student Accident Insurance—Check Box for Plans Selected

PLAN 1—AROUND-THE-CLOCK Students, Preschool–Grade 12	One-time payment of:	<u>Without Extended Dental Benefit</u>		<u>With Extended Dental Benefit</u>	
		<input type="checkbox"/> Superior \$136.00	<input type="checkbox"/> Economy \$68.00	<input type="checkbox"/> Superior \$144.00	<input type="checkbox"/> Economy \$76.00
PLAN 2—SCHOOLTIME ONLY Students, Preschool–Grade 12	One-time payment of:	<input type="checkbox"/> \$ 28.00		<input type="checkbox"/> \$ 14.00	
		<input type="checkbox"/> \$ 36.00		<input type="checkbox"/> \$ 22.00	

PLEASE PRINT CHILD’S NAME CLEARLY 1 LETTER TO A BOX

First Name										Last Name										DATE OF BIRTH			GRADE			
																				Month	-	Day	-	Year		

PARENT’S NAME _____ **PHONE NUMBER** () _____

HOME ADDRESS _____
No. & Street City State Zip

NAME OF SCHOOL _____ **SCHOOL DISTRICT OR ADDRESS (CITY)** _____
City State Zip

Make Check or Money Order Payable to
“COLONNA INSURANCE SERVICES, LLC”
 DO NOT ENCLOSE CASH

X _____
Signature of Parent or Guardian Date Signed

CTSA-18 4A

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

IMPORTANT! THIS IS YOUR INSURANCE CARD. IF COVERAGE IS PURCHASED CLIP, FOLD AND CARRY AS YOUR VERIFICATION OF COVERAGE.

This card verifies student accident coverage during the 2018–2019 school year for:

Name of student _____

Name of school _____

Plan Number CTSA

Fully Insured & Underwritten by **Commercial Travelers Life Insurance Company**

Send completed claim form and itemized bills to: COMMERCIAL TRAVELERS,
 Attn: School Claims • 70 Genesee St. • Utica, NY 13502
studentplanscenter.com • 1-800-756-3702

Possession of this card does not guarantee eligibility. The student must be enrolled in the plan. Eligibility is subject to Verification by Plan Administrator.

List Medical Conditions:

Family Physician: _____ Phone () _____

Coverage Purchased:

Accident Only Coverage

Around-the-Clock Dental

Schooltime