

Underwritten and Administered by:



## Interscholastic Sports Accident Insurance

\$1,000,000 Medical Maximum

## Mandatory Student Accident Insurance

\$10,000 - \$25,000 Medical Maximum



**Connecticut Representative:**

6 North Main St.,  
Wallingford, CT 06492  
Telephone: (203) 288-5936  
Fax: (203) 269-9656  
Toll Free (888) 234-9910  
[www.colonnainsurance.com](http://www.colonnainsurance.com)

**Wellfleet Special Risk**

Underwriting information:  
Wellfleet Insurance Company  
Fort Wayne, IN  
As Policy Form Series:  
GE PACC (2020) et al.

**Wellfleet Special Risk**

Administered by information:  
Wellfleet Group, LLC  
P.O. Box 15369  
Springfield, MA 01115-5369



### Highlights of the Sports Accident Plan – Class 1

- \$1,000,000 Accidental Medical & Dental Expense
- \$25,000 Accidental Death
- Up to 156 weeks of coverage for medical expenses from date of accident
- Optional available Coverages for:
  - Intramural & Club Sports (except non-Competitive Ski Club)
  - Band & Majorettes and Pom-pom squads
  - Gym Class
  - Non-sport extra-curricular activities
  - One-day field trips up to \$5,000 per person
- Player roster not required
- An injury will include the following list of conditions which are attributed to exertion from participating in a Covered Activity: tendinitis, bursitis, strains, sprains, shin splints, stress fractures, heat exhaustion, and hernia.

### Highlights of the Sports Mandatory Accident Plan – Class 2

- Options for \$10,000 or \$25,000 Medical Maximum
- \$1,000 Emergency Illness Expense Benefit
- Benefits will be paid if the covered person suffers a covered injury from a covered accident that occurs while the covered person is attending or participating in a covered activity (except interscholastic sports)
- Coverage is included while on the location or premises of the policyholder:
  - During its normal hours;
  - During scheduled functions; and
  - During other periods while the covered person is participating in a sponsored, sanctioned and/or supervised activity of the policyholder

**EFFECTIVE AND TERMINATION DATES:** Coverage for the Sports Accident Plan or Mandatory accident Plan will begin on the date an application and payment of the required premium are received by the authorized agent, but in no event, prior to the opening day of school or authorized sports practice and will terminate at the end of the period for which the last premium was paid (the date the certificate ends).

### The Connecticut Representative

Colonna Insurance Services, LLC has over 40 years of experience in Student Accident Insurance. The agency has been providing numerous school systems in Connecticut with Student Accident Insurance since 1980. The staff at Colonna Insurance Services, LLC will be available to school administrators and parents to answer questions and provide assistance.

### Claims Procedures

Schools will be supplied with simplified claim forms. When injuries are reported the claim form should be completed and sent to: Wellfleet Insurance Company, c/o Wellfleet Group, LLC, PO Box 15369, Springfield, MA 01115-5369

The Claim Department toll free number is (877) 657-5039

### Important Notice – This is an Excess Plan

#### Full Excess Medical Expense

The Company will pay covered expenses, up to the Full Excess Medical Benefit shown in the Schedule of Benefits after the covered person satisfies any deductible, secondary to any other health care plan the covered person may have. Benefits payable will be limited to that part of the covered expense, if any, which is in excess of the total benefit payable for the same injury under any other health care plan:

1. After the covered person satisfies any applicable deductible; and
2. Without regard to any Coordination of Benefits provision in any other health care plan.

If the other health care plan also provides benefits on a full excess basis, benefits under the certificate will be matched with the other health care plan to allow 50% of any covered expenses up to the Full Excess Medical Benefit shown in the schedule of benefits. Benefits paid under the certificate will not exceed:

1. Any applicable maximum; and
2. 100% of the covered expense incurred when combined with benefits paid by any other health care plan.

A covered person's entitlement to any other health care plan will be determined as if the certificate did not exist and will not depend on whether timely application for benefits from any other health care plan is made by or on behalf of the covered person.

Benefits under the certificate will be reduced to the extent that benefits for covered expenses are covered by any other health care plan whether or not a claim is made for such benefits.



## Benefits Under the Plans

The [Schedule of Benefits](#) provides a brief outline of the coverage and benefits provided by this plan. Please see the Certificate for full details.

Coverage is non-contributory to the Covered Person.

<b>COVERED PERSONS:</b> Eligible Class(es) of Covered Persons	Description of class
Class 1 (Sports)	all Sports participants coaches and managers of the policyholder stated on the application
Class 2 (Mandatory)	all eligible students of the policyholder

<b>Accidental Death and Dismemberment Benefits - Class 1 and Class 2</b>	
<b>Principal Sum</b>	\$25,000
Loss must occur within	365 days of the covered accident
Schedule of Covered Losses	
<b>Covered Loss</b>	<b>Benefit</b>
Loss of Life	<b>Principal Sum</b>
Loss of Both Hands or Both Feet	<b>Principal Sum</b>
Loss of One Hand and One Foot	<b>Principal Sum</b>
Loss of Sight of Both Eyes	<b>Principal Sum</b>
Loss of One Hand or foot and Sight of One Eye	<b>50% of Principal Sum</b>
Loss of One Hand or One Foot	50% of <b>Principal Sum</b>
Loss of Thumb and Index Finger of the Same Hand	50% of <b>Principal Sum</b>
Loss of all Four Fingers of the Same Hand	50% of <b>Principal Sum</b>
Loss of all the Toes of the Same Foot	50% of <b>Principal Sum</b>
Loss of Thumb	25% of <b>Principal Sum</b>
Loss of Sight in One Eye	50% of the <b>Principal Sum</b>
Loss of Speech and Hearing (in both ears)	<b>Principal Sum</b>
Loss of Speech	50% of the <b>Principal Sum</b>
Loss of Hearing in both ears	50% of the <b>Principal Sum</b>



## ACCIDENT MEDICAL BENEFITS

Any benefit limits and coinsurances for *Accident Medical Benefits* apply, unless otherwise specified, on a per covered accident basis. Any applicable deductibles must be satisfied within the time periods specified before benefits are payable.

The **covered injury** must result directly and independently of all other causes from a **covered accident**.

Covered Expenses for which benefits are payable are outlined below. Unless otherwise indicated, benefits are payable as a percentage of usual and reasonable charges.

### SCOPE OF COVERAGE APPLICABLE TO ACCIDENT MEDICAL BENEFITS – Class 1 Only

Full Excess Medical Maximum	\$1,000,000 per <b>covered accident</b>
<b>Accident Medical Coinsurance</b>	100% of <b>usual and reasonable charges</b>
Individual <b>disappearing</b> Medical <b>deductible</b>	\$0
<b>Benefit Period -</b> Individual must be covered under this plan at the time of the <b>accident</b> causing the loss	156 weeks from the date of the <b>covered accident</b>
Treatment window - First covered expenses must be incurred within	90 days of the <b>covered accident</b>

### SCOPE OF COVERAGE APPLICABLE TO ACCIDENT MEDICAL BENEFITS – Class 2 Only

Full Excess Medical Maximum	\$10,000 or \$25,000 per <b>covered accident</b> based on coverage selected by the policyholder
<b>Accident Medical Coinsurance</b>	100% of <b>usual and reasonable charges</b>
Individual <b>disappearing</b> Medical <b>deductible</b>	\$0
<b>Benefit Period -</b> Individual must be covered under this plan at the time of the <b>accident</b> causing the loss	156 weeks from the date of the <b>covered accident</b>
Treatment window - First <b>covered expenses</b> must be <b>incurred</b> within	90 days of the <b>covered accident</b>

### ACCIDENT MEDICAL BENEFITS – Class 1 and Class 2

Treatment window - First covered expenses must be incurred within	90 days of the covered accident
<b>Covered Expenses</b>	<b>Coverage and Other Limits</b>
<b>Inpatient Hospital Services</b>	
Hospital Room & Board Expenses and miscellaneous services and supplies. Subject to Semi-Private room rate unless intensive care unit is required.	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
<b>Skilled nursing facility</b>	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
Minimum <b>Inpatient hospital stay</b> prior to confinement in <b>Skilled nursing facility</b> .	3 consecutive days per <b>covered accident</b>
Maximum Number of Skilled nursing facility days	120
<b>Outpatient Facilities</b>	
<b>Ambulatory Medical or Surgical Center</b>	The <b>coinsurance amount</b> shown above after the



	Individual medical <b>deductible</b> is met
<b>Outpatient Hospital Services</b>	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
Emergency Room Expenses	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
Home Health Care	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
Minimum <b>Inpatient hospital stay</b> , including <b>inpatient hospital stays</b> in a skilled nursing or <b>rehabilitation facility</b> , prior to receiving Home Health Care services	3 consecutive days
<b>Home health care</b> must begin within	10 consecutive days after the Minimum <b>Inpatient hospital stay</b>
Maximum Number of <b>home health care</b> visits	120 per <b>covered accident</b>
<b>Rehabilitation Facility</b>	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
Maximum Number of days	90 per <b>covered accident</b>
<b>Physician Services</b>	
Surgery	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
Assistant Surgeon	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
Urgent Care Expenses	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
Second Opinion or Consultation	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
Physician Assistant	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
Anesthesia and its Administration	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
In-Hospital or Office Visits	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
<b>Outpatient X-ray, CT Scan, MRI and Laboratory Tests</b>	
<b>Outpatient</b> X-Rays, CT Scans & MRIs and Laboratory Tests	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
<b>Outpatient Services and Supplies</b>	
<b>Outpatient Physical Therapy</b>	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
Maximum Visits Per Day	1
Maximum <b>physical therapy</b> visits	20 per <b>covered accident</b>
<b>Outpatient Occupational and Speech Therapy</b>	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
Maximum Visits Per Day	1
Maximum <b>Occupational and Speech Therapy</b> visits combined	20 per <b>covered accident</b> combined
<b>Nursing Services- Private Duty Nursing</b>	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
<b>Ambulance Services</b>	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
<b>Durable Medical Equipment and Orthopedic Braces and Appliances</b>	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met



Medical Services and Supplies	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
<b>Prosthetic Devices</b>	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
<b>Dental Services</b>	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
<b>Prescription Drugs</b>	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
<b>Eyeglasses, Contact Lenses, Hearing Aids, Artificial Dental Devices</b>	The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met
<b>Accidental Ingestion of Controlled Drugs</b>	The <b>coinsurance amount</b> shown above up to a maximum of \$500
<b>Other benefits - Class 1 and Class 2</b>	
<b>Deferred Dental Treatment Expense Benefits</b>	The <b>coinsurance amount</b> shown above up to a maximum of \$1,000
<b>Other benefits – Class 1 Only</b>	
<b>Expanded Medical Benefit for Covered Sports Conditions</b>	Same as any other <b>covered loss</b> , subject to the limitations described in the benefit
Covered Sports Conditions	bursitis; sprains; hernia; muscle tears; tendonitis; stress fractures; shin splints; injury to joints and surrounding muscle and tissue; tennis elbow; and repetitive motion injuries
<b>Heart and Circulatory Conditions</b>	Same as any other <b>covered loss</b> , subject to the limitations described in the benefit
Covered Heart and Circulatory Conditions	heat exhaustion
First symptoms must be medically diagnosed within	24 hours of participation in a <b>covered activity</b>
<b>Other benefits – Class 2 Only</b>	
<b>Emergency Illness Travel Expense Benefit</b>	
Emergency Illness Treatment	The <b>coinsurance amount</b> shown above up to a maximum of \$1,000

### How to Apply

1. Complete the enclosed application.
2. Mail to the Connecticut Representative:  
Colonna Insurance Services, LLC  
6 North Main Street, Wallingford, CT 06492
3. For more information call (203) 288-5936 or toll free at (888) 234-9910.





## General Exclusions

In addition to any benefit-specific exclusion, benefits will not be paid for any covered injury, covered loss or covered expense which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the certificate:

1. Any service, treatment or supply that is not considered medically necessary as defined in the certificate.
2. Expenses incurred after the end of the Benefit Period, even if incurred for continuing services or treatment of a covered injury.
3. Benefits provided by a Government plan (except Medicaid and other public assistance plans).
4. Injuries compensable under Workers' Compensation law or any similar law.
5. Declared or undeclared war or act of war.
6. Commission or attempt to commit a felony or an assault.
7. Commission of or active participation in a riot or insurrection. "Active Participation" means voluntarily taking part. "Riot" means a civil disturbance with the intent of causing personal injury and/or property damage to nonparticipants.
8. Treatment of a pre-existing condition as defined herein.
9. Aggravation, during a covered activity, of an injury the covered person suffered before participating in that covered activity, unless we receive a written medical release from the covered person's physician.
10. Practice or play in any sports activity, including travel to and from the activity and practice except as specifically listed in the Schedule of Benefits.
11. Flight in, boarding or alighting from an aircraft, except as:
  - a. A fare-paying passenger on a regularly scheduled commercial or charter airline;
  - b. A passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
12. Travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle.
13. An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) The covered person holds a valid learner's permit and (b) The covered person is receiving instruction from a Driver's Education Instructor.
14. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
15. Travel or activity outside the contiguous United States, Alaska, Hawaii and the territories and possessions of the United States except as provided for qualified covered activity.
16. Voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage.
17. An accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
18. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
19. Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses except due to a covered accident as described elsewhere in the certificate.
20. Hearing aids, or purchase, repair or replacement of, except due to a covered accident as described elsewhere in the certificate.
21. Wheelchairs, braces, appliances, orthopedic braces, or orthotic devices, except due to a covered accident as described elsewhere in the certificate.
22. A cardiovascular accident or stroke resulting, directly and in dependently of all other causes, from exertion, as verified by a physician.
23. Operating any type of vehicle while under the influence of alcohol. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the covered accident occurred.
24. Rest cures, long-term care or custodial care.
25. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
  - a. Cosmetic surgery resulting from a covered accident, if the covered person's initial treatment had begun within 12 months of the date of the covered accident;
  - b. Reconstruction incidental to or following surgery resulting from a covered accident;
  - c. Any unplanned and unintended adverse consequences that may result during the treatment of a covered accident.
26. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) Are deemed to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
27. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
28. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
29. Treatment or services provided by the covered person's immediate family.
30. Personal services, or comfort/convenience items such as television and telephone or transportation.
31. Orthopedic appliances used mainly to protect an injury.
32. Expenses payable by any automobile insurance policy without regard to fault.





33. Services or treatment provided by an infirmary operated by the policyholder.
34. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the covered activity.
35. Treatment or service provided by a private duty nurse.
36. Charges for hot or cold packs.
37. Custodial Care service and supplies.
38. Expenses that are not recommended and approved by a physician.
39. Repair or replacement of existing artificial limbs, eyes and larynx, unless damaged or destroyed in a covered accident.
40. Treatment of an injury resulting from or contributed to by frostbite, fainting or seizures.
41. Participation in any sports activity not specifically authorized, sponsored and supervised by the school whether or not it takes place on policyholder premises.
42. Any expenses in excess of usual and reasonable charges except as provided in the certificate.
43. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning or, any professional sport.
44. Racing or speed contests, skin diving, or sky diving, mountaineering (where ropes or guides are customarily used), parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles), or other hazardous sport or hobby.
45. Non-physical, occupational, speech therapies (art, dance, etc.).
46. Modifications made to dwellings.
47. General fitness, exercise programs.
48. Acupuncture charges.
49. Chiropractic care or spinal manipulation charges.

### Benefit Specific Exclusions

In addition to any general exclusion, benefits will not be paid for any covered injury, covered loss or covered expense which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the certificate:

#### Heart and Circulatory Conditions

Exclusions: The benefits will not be payable if, in the 12 months immediately preceding the covered accident, the covered person was medically diagnosed as having, or received treatment for:

1. a heart or circulatory malfunction; or
2. hypertension, angina or other heart or circulatory condition.

This is a descriptive brochure, not a policy—plans subject to insurance department approval and as described in the Master Policy, Form Series No: CT PARTACC CCIC ADPOL(2018) et al, on file with the policyholder. Policy provides accident insurance only—does not cover sickness. Plan available only in Connecticut.

This document is meant to highlight some, but not all the features Wellfleet Coverage provides. It is not an insurance contract. Wellfleet Workplace Benefits provide limited benefits and is not a substitute for mandated ACA healthcare coverage. Like most supplemental offerings these benefits may have state-specific variations, and some product offerings and details may not be available in all states. Rates are subject to change. Wellfleet reserves the right to raise premium rates with proper notice as noted in the policy and proposal. For complete details contact your Wellfleet Sales Representative.

Wellfleet, Wellfleet Student, Wellfleet Special Risk, and Wellfleet Workplace are marketing names used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC (known in California only as Wellfleet Group, LLC dba Wellfleet Administrators, LLC). All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based upon business and/or regulatory approval and may differ among states.

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CSR-SR-MARCH-2025-03

