



2018-2019 VOLUNTARY STUDENT ACCIDENT INSURANCE

The Allen J. Flood Companies, Inc.

A Subsidiary of Philadelphia Insurance Companies



**PHILADELPHIA**  
INSURANCE COMPANIES

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Ward's Top 50  
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800.734.9326 | **PHLY.com**

# 2018-2019 VOLUNTARY STUDENT ACCIDENT INSURANCE

## Primary Coverage

### Who is Eligible?

The policy is available to all enrolled students, faculty and administration of a participating school.

### Who Pays the Premium?

Coverage is purchased by the parent or guardian of an enrolled student or by individual faculty or administrative members interested in enrolling in the program.

### Coverage Term

Coverage is effective when the premium is received by the school administrator or the insurance company, or the effective date of the policy, whichever is later. Coverage expires at 12:01 a.m. of the first day of the next school year or the anniversary of the policy, whichever comes earlier. Individual coverage ends when affiliation is ended with the participating school.

**Choice of Two** insurance plans that automatically include extended dental benefits

### 1: School time Accident Coverage

Insurance coverage for the hours and days when school is in session and while attending school-sponsored and supervised activities on or off the school premises.

#### Includes:

- Activities during the school year
- Travel directly to and from school
- School-supervised and sponsored activities, *except* interscholastic sports

### 2. Full time 24-hour Accident Coverage

Insurance coverage is in force around the clock.

#### Includes:

- 24-hour-a-day coverage, including summer, *except* interscholastic sports
- Weekends and vacation periods
- Protection at home, at school, or while away

### PLAN ADMINISTRATOR

The Allen J. Flood Companies, Inc.  
A Member of Philadelphia Insurance Companies  
and Tokio Marine Group  
Two Madison Ave.  
Larchmont, NY 10538  
Tel: 800.734.9326; E-mail: info@ajfusa.com



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## Accident Insurance Protection

Providing a maximum Accident Medical Expense Benefit of \$25,000

### Primary Coverage - pays regardless of other health insurance

Provides for payment of Usual and Customary (U&C) expenses incurred for treatment of an injury caused by a covered accident, subject to the maximum stated in the policy and a \$100.00 deductible. Covered expenses must be for medically necessary treatment, and the first expense must be incurred within 90 days following the covered accident. To be payable, expenses must be incurred within 365 days after the covered accident. All benefits will be based on the normal charge, in the absence of insurance, made by the provider for any medically necessary treatment, but not more than the prevailing charge in the area for like services by a provider with similar training and experience.

## Covered Expenses Per Covered Accident

### Maximum Benefit:

Per covered person, per accident.....\$25,000

### Deductible:

Per covered person, per accident.....\$100.00

### Hospital Services

Daily room & board: average semi-private rate, up to...80 % of U&C  
Intensive care for seven days .....80% of U&C  
Miscellaneous hospital services, while confined  
or when surgery performed .....80% of U&C  
Emergency room (outpatient).....80% of U&C

### Physician's Services

Surgery (Including pre-and post-operative care) .....80% of U&C  
Visits (when no surgery paid), except physiotherapy  
and similar treatments, per visit up to .....80% of U&C  
Anesthetic and asst. surgeon.....35% of surgical benefit  
Consultants, second opinions .....80% U&C  
Laboratory maximum .....80% of U&C

### Lab & X-ray, except dental X-rays

X-ray maximum .....80% U&C

### Additional services

Physiotherapy or similar treatment  
In hospital .....80% U&C  
Out of hospital .....80 % U&C  
Prescribed Orthopedic appliances  
Maximum- In Hospital.....80% U&C  
Out of Hospital .....80% U&C  
Registered or licensed nurse, when prescribed.....80% U&C  
Ambulance to initial treatment facility .....80% U&C  
Prescribed drugs and medicines .....80% U&C

### Dental services (Includes dental X-rays)\*

Treatment, repair, or replacement - each tooth .....80% U&C

If there is more than one way to treat a dental problem, benefits will be paid for the least expensive procedure, provided it meets acceptable dental standards

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## Accidental Death, Dismemberment, or Loss of Sight

Provides for payments of benefits in accordance with the following table when loss results from a covered accident. Loss must occur within 365 days of the accident. If more than one loss results from any accident, only the largest amount will be paid.

Loss of life.....	\$25,000
Both hands or both feet, or the sight of both eyes.....	\$50,000
One hand and the sight of one eye.....	\$50,000
One foot and the sight of one eye.....	\$50,000
One hand or one foot, or the sight of one eye.....	\$25,000

\*Loss\* means with regard to hands and feet, complete severance through or above the wrist or ankle joint; with reference to the eye, total, permanent loss of all vision that is irrecoverable by natural, surgical or artificial means. "Severance" means the complete separation and dismemberment of the part from the body.

## Dental coverage is in effect 24 Hours a day

Dental benefits are automatically extended to provide payment of covered expenses to a maximum of \$50,000. This additional benefit provides payment for the U&C expenses incurred within two years from the date of the covered accident for treatment, repair and replacement of each injured natural tooth, including examination, diagnosis, x-ray, restorative treatment, endodontics and oral surgery, plus for the replacement of caps, crown, dentures and orthodontic appliances.

**Limitations:** Dental services will only be covered under this benefit and not under the Accident Medical Plan. When certified by a dentist that treatment must be deferred until after the two-year benefit period, benefits will be paid to a maximum of \$1,000 per covered accident. If there is more than one way to treat a dental problem, covered benefits will be paid for the least expensive procedure provided if it meets acceptable dental standards.

All claims for deferred dental benefits must be submitted no later than 30 days after the end of the two-year benefit period.

**Claims procedure:** In case of accident, notify the school immediately. Secure a claim form from your school. Attach bill(s) to the completed claim form and mail to the address indicated on the claim form. **Claims for benefits must be filed within 90 days from date of loss, or as soon as reasonably possible.**

Coverage Chosen: (Select only one)	Annual Premium
School time with Extended Dental	\$12.00
24-Hour Coverage with Extended Dental	\$74.00

**\$50,000 Maximum Extended Dental Benefit**

## Primary Accident Medical Coverage –

Pays regardless of any other health care plan you may have

## Questions regarding this plan? Contact us:

### Contact:

The Allen J. Flood Companies  
800.734.9326  
E-mail: [info@ajfusa.com](mailto:info@ajfusa.com)

Ask for our K12 Department

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## COMMON EXCLUSIONS

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss that, 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 Description of Benefits Section:

1. Intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
2. Commission of a felony for which the Covered Person has been convicted under State or Federal law.
3. Voluntary commission of or voluntary active participation in a riot or insurrection.
4. Bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. Declared or undeclared war or act of war;
6. Flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface: except as a fare-paying passenger on a regularly scheduled commercial airline;
7. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
8. Participation in any motorized race or contest of speed;
9. An accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in Driver's Education Program;
10. 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;
11. Travel or activity outside the United States, Canada, or Mexico;
12. Travel in any aircraft owned, leased or controlled by the Policyholder or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder, if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;

13. The Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;

We will not pay benefits for:

14. Services or treatment rendered by a physician, nurse or any other person who is:
  - a. employed or retained by the Policyholder;
  - b. providing homeopathic, aroma-therapeutic or herbal therapeutic services;
  - c. living in the Covered Person's household;
  - d. who is a parent; sibling; spouse; or child of the Covered Person;
15. Any hospital stay or days of a hospital stay that are not appropriate for the condition and locality.
16. A Covered Person's Covered Loss if:
  - a. He was driving a private passenger automobile at the time of the Covered Accident that resulted in the Covered Loss; and
  - b. He was intoxicated, as that term is defined by the law of the jurisdiction in which the Covered Accident occurred.

## After selecting the school-approved insurance plan that's best for you:

Complete the enrollment form and print it out

Enclose a check or money order

Do not send cash

Return enrollment form and check or money order to:

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**Two Madison Ave**  
**Larchmont, NY 10538**

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## 2018-2019 Enrollment Form

School Name										<b>Annual Premium</b>
School District Name			Grade/Dept							<b>Coverage Chosen: (Select only one)</b>
Person to be Insured										School Time with Extended Dental \$12.00
Address										24-Hour Coverage with Extended Dental \$74.00
City,		State,	Zip							Date: Amount enclosed: (Do not send cash)
Phone Number		E-mail Address								
Date of Birth										
Parent Signature										<b>Please include check or money order payable to:</b> Allen J. Flood Companies
Student accident insurance chosen for:	Student	Faculty	Admin							There is no obligation to purchase this insurance plan.

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