



MIAMI DADE COUNTY PUBLIC SCHOOLS
Required Student Athletic Accident Insurance Coverage

ELIGIBILITY:

Participating school/district High School athletes, student participants, student managers & student trainers of the following teams / events: Badminton, Baseball, Basketball, Bowling, Cheerleaders, Cross Country, Football, Girls Flag Football, Golf, Lacrosse, Soccer, Softball, Swimming, Tennis, Track & Field, Volleyball, Water Polo and Wrestling.

COVERAGE OPTIONS

AT SCHOOL COVERAGE: Insurance coverage is provided: (a) on school premises during the hours and days when school is in session, (b) on school premises when school is not in session if participating in or attending any school sponsored event or activity; and (c) while attending or participating in school sponsored and supervised activities off school premises (i.e. day field trips) and (d) while participating in interscholastic athletics.

FOOTBALL ONLY: Insurance coverage is provided for High School Football athletes while: (a) practicing for or playing in regularly scheduled football games under the supervision of a regularly employed coach or trainer of the Policyholder school/district; (b) participating in weight lifting and conditioning sessions during the regularly scheduled season; (c) participating in off-season workouts, play-off games & Spring Football Training as defined and sanctioned by the state interscholastic governing body; (d) participating in off-season conditioning sessions under the supervision of a regularly employed coach or trainer of the Policyholder school/district; (e) participating in All Star Games and (f) traveling during a covered event as a member of a group in transportation furnished or arranged by the Policyholder school/district.

COVERAGE PERIOD - Coverage under the At School program begins on the date of premium receipt but not before the start of the school year activities. At School Coverage ends at the close of the regular nine-month school term, except for events sponsored and supervised by the school during the summer. Coverage for interscholastic athletics begins on the date specified by the state interscholastic governing body as the first official day of practice for each fall interscholastic sport and/or activity.

BENEFITS

ACCIDENT MEDICAL EXPENSE: When a covered injury to an Insured results in treatment by a physician or surgeon beginning within 60 days of the date of the accident; we will pay benefits as shown in the Schedule of Benefits, in excess of the Medical Deductible, if any. Only eligible medical expenses incurred by the Insured within 104 weeks from the date of the accident are covered. Benefits for any one accident shall not exceed in the aggregate the maximum Medical Benefit of \$25,000 (\$2,000 for Motor Vehicle Accidents, other than 2 or 3 wheeled).

Excess Coverage: Benefits are payable for covered expenses that are not recoverable from any other insurance policy or service contract.

ACCIDENTAL DEATH AND SPECIFIC LOSS: Benefits are paid for losses incurred within 180 days from the date of Injury. The following benefits (the largest applicable amount) are paid in addition to the medical benefit:

Table with 3 columns: Benefit Description, Basic Plan, and Football Plan. Rows include Loss of Life, Loss of both hands, both feet, sight in both eyes, speech and hearing, Loss of one hand, one foot, sight in one eye, speech or hearing, and Loss of Thumb and Index Finger of the Same Hand.

"Loss" means, with regard to hands and feet, actual severance above the wrist or ankle joint, with regard to sight, speech or hearing the total and irrevocable loss thereof. Loss means, with regard to thumb and index finger of the same hand, severance of two or more entire phalanges of both the thumb and index finger.

DEFINITIONS

"Injury" means accidental bodily Injury: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes.

"Hospital" means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare. Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

"Usual and Customary Charges" are those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

EXCLUSIONS AND LIMITATIONS

This policy does not cover: (1) suicide or attempted suicide, sane or insane; (2) injury sustained as a result of operating, sitting or riding in or upon, or alighting to or from or working on or around any motorcycle or recreational motor vehicle including but not limited to: two or three wheeled motor vehicle, four wheeled all terrain vehicle (ATV); jet ski, ski cycle, snowmobile or off road motorized vehicle not requiring licensing as a motor vehicle; (3) injuries caused by an act of declared or undeclared war; (4) fighting or brawling; except in self defense; (5) injuries covered by workers' compensation or employer's liability laws;

EXCLUSIONS AND LIMITATIONS (continued)

(6) Injuries covered under a mandatory no-fault automobile insurance contract; (7) expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain; (8) injuries resulting from air travel, except while as a passenger for transportation only or while traveling except as described in the policy; (9) the cost of dental treatment, except as specifically provided for injuries to sound, natural teeth; (10) injuries received while under the influence of any controlled substance, unless administered on the advice of a physician; (11) injuries received as a result of being intoxicated (as determined and defined by the laws in the jurisdiction in which the loss or cause of loss was incurred; for the purposes of this exception, the laws governing the operation of motor vehicles while intoxicated will apply to any activity occurring at the time of the accident.); (12) injuries sustained while operating a motor vehicle without possessing a current and valid motor vehicle operator's license (except in a Driver's Education Program); (13) injuries sustained while skiing, scuba diving, surfing, roller skating, riding in a rodeo; (14) injuries sustained while skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding or ballooning; (15) re-injury or complications of a condition for which medical advice or treatment was recommended by a physician or received from a physician within a 6 month period preceding the effective date of individual insurance; or (16) injuries sustained while traveling except as described in the policy.

STUDENT ACCIDENT INSURANCE SCHEDULE OF BENEFITS

INPATIENT	BASIC PLAN No Medical Deductible	MIAMI DADE FOOTBALL PLAN \$250 Medical Deductible*
Room & Board	\$1,000 aggregate maximum per day	\$1,000 per day maximum
Hospital Miscellaneous	100% of U&C	Paid under Hospital Room & Board
Registered Nurse	100% of U&C	100% of U&C
Physician's Nonsurgical Visits	Up to \$45 first day; \$40 per day thereafter (limited to one visit per day)	Up to \$45 first day; \$40 per day thereafter (limited to one visit per day)
OUTPATIENT:		
Day Surgery Miscellaneous	100% of U&C based on the Outpatient Surgical Facility Charge Index	100% of U&C based on the Outpatient Surgical Facility Charge Index
Physician's Nonsurgical Visits	Up to \$45 first day; \$40 per day thereafter (limited to one visit per day)	Up to \$45 first day; \$40 per day thereafter (limited to one visit per day)
Physiotherapy	Up to \$30 per visit/10 visit maximum	Up to \$30 per visit/20 visit maximum
Emergency Room	100% of U&C (treatment must be rendered within 72 hours from time of injury)	100% of U&C (treatment must be rendered within 72 hours from time of injury)
X-Ray Services	\$75 maximum	100% of U&C; \$75 maximum
Cat Scan	\$375 maximum	\$375 maximum
MRI	\$750 maximum	\$750 maximum
Laboratory	No Benefits	No Benefits
Injections	No Benefits	No Benefits
Prescription Drugs	No Benefits	100% of U&C
Orthopedic Braces and Appliances	\$250 maximum	100% of U&C
INPATIENT AND/OR OUTPATIENT:		
Surgeon's Fees	100% of U&C (specified surgery based on the Florida Workers' Compensation Schedule)	100% of U&C (specified surgery based on the Florida Workers' Compensation Schedule)
Anesthetist	100% of U&C	100% of U&C
Assistant Surgeon	100% of U&C	100% of U&C
Ambulance	\$250 maximum	\$250 maximum
Consultant	Paid under Physician's visit	100% of U&C
Dental (injury to sound, natural teeth only)	Up to \$500 per tooth/\$1,000 maximum (includes orthodontia as a result of a covered injury)	Up to \$500 per tooth/\$1,000 maximum (includes orthodontia as a result of a covered injury)
Dental X-Rays	\$15 one tooth/\$40 full mouth	\$15 one tooth/\$40 full mouth
Replacement of Eyeglasses, Contact Lenses and Hearing Aids	100% of U&C (When broken as a result of a covered injury)	100% of U&C (When broken as a result of a covered injury)
Hearing Aids	Paid under Orthopedic Braces and Appliances	Paid under Orthopedic Braces and Appliances
Home Health Care	40 non-surgical visits per policy year (Services must be rendered within 7 days after hospital stay or outpatient surgery. Physician must recommend treatment)	40 non-surgical visits per policy year (Services must be rendered within 7 days after hospital stay or outpatient surgery. Physician must recommend treatment)
Food Poisoning	Paid as any other Injury (Food Poisoning must be caused by school supplied food)	No Benefits

The \$250 Medical Deductible will be waived if: (1) necessary surgery is performed on an Outpatient basis; (2) diagnostic laboratory or X-Ray services are performed on a n Outpatient basis for Pre-Admission Testing within 7 days prior to hospital admission; (3) a mandatory second surgical opinion is obtained for the necessity of non-emergency surgery [note this waiver applies only to charges for second surgical opinion].

PLAN & RATE OPTIONS

(Make your selection on the enrollment form attached).

COVERAGE PLANS	BASIC PLAN RATES	MIAMI DADE FOOTBALL PLAN RATES
High School Football	Not Available	\$76.00
Spring High School Football	Not Available	\$23.00
At School including Interscholastic Athletics excluding Football (Middle & High School)	\$30.00	Not Available

RETAIN THIS DESCRIPTION FOR YOUR RECORDS. Retain this student accident insurance flyer, and your canceled check or money order receipt as your record of coverage. This flyer has been designed to illustrate the highlights of this insurance. All student accident insurance information is subject to the provisions of Policy Form B33MP. Exclusions and Limitations will apply. Should there be any discrepancy between the policy and this student accident information, policy provisions will prevail.