

KidGuard®



The simplest, most cost effective way to help
Escambia County Public School District
protect its most important assets.

Administered by:

Scholastic Insurance of Florida, LLC
D.B.A. School Insurance of Florida
P.O Box 784268, Winter Garden, FL 34778
800-432-6915 | FAX 407-798-0296

Underwritten by: Reliance Standard Life (A+ Rated)
RSL-FK2021-2023



2024-2025 Student Accident Insurance Summary and Premium Rates

OPTIONAL SCHOOL TIME ACCIDENT COVERAGE – School Time Insurance coverage is provided for covered Injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored, school supervised, school scheduled and funded activities on or off school premises during the regular school term. Excludes participation in school Sports that are covered by another policy. Includes One-Day School Field Trips (excludes trips of 7 or more consecutive nights); School Sponsored Religious Activities and summer school classes for educational credit. Coverage is provided for traveling to and from school scheduled activities, as a member of a group, in transportation furnished or arranged by the Policyholder and traveling directly to or from their home premises and the school or the site of a covered activity. **Private travel, coverage at home or during the summer is not covered except as outlined above.**

<u>School Time Options (excluding school sports):</u>	<u>Basic Plan A</u>	<u>Plan B</u>
	\$10	\$14

OPTIONAL 24-HOUR ACCIDENT COVERAGE - Insurance coverage is provided for school time activities as defined above PLUS coverage expands to weekends and vacation periods, while at home and the summer months (only one summer may be included in coverage). Students are protected while at home or away from home, any place, anytime, anywhere in the USA.

<u>24 Hour Premium Options</u>	<u>Basic Plan A</u>	<u>Plan B</u>
24-Hour Excluding School Sports:	\$62	\$87

OPTIONAL 24-HOUR DENTAL COVERAGE - Expanded Insurance coverage is in effect 24 Hours a day. Injury must be treated within 60 days after the Accident occurs. Benefits are payable within 12 months after the date of Injury. The maximum eligible expenses payable per covered Injury is \$750 per injured tooth, not to exceed a total aggregate of \$25,000. The Student must be treated by a legally qualified dentist who is not a member of the student’s immediate family for Injury to teeth. Coverage is limited to treatment of sound, natural teeth.
Annual Premium: \$5

OPTIONAL IN-HOSPITAL SICKNESS COVERAGE - is an additional endorsement that can be added to an accident plan to provide coverage for overnight hospitalization for a covered illness or disease. The benefit will pay up to a maximum of \$5,000 per claim, not to exceed \$500 per night of hospitalization. Mental illness, pre-existing conditions, drug or alcohol treatment or addiction, childbirth or abortion, dental conditions or outpatient visits are not covered. All endorsement provisions apply. **Annual Premium \$40** for up to a 12-month period.



Schedule of Maximum Policy Benefits

<u>Covered Benefits</u>	<u>Plan A "Basic"</u>	<u>Enhanced Plan "B"</u>
Maximum Benefit Per Accident	\$25,000	\$25,000
Death Benefit/Single Dismemberment	\$5,000	\$10,000
Double Dismemberment	\$20,000	\$20,000
In-Patient Hospital (Semi-Private Room Rate)	100%*/\$750 Max	100%*/\$1,500 Max
Hospital Intensive Care	100%*/\$750 Max	100%*/\$1,500 Max
Outpatient Hospital Misc./Surgical Center	100%*/\$750 Max	100%*/\$1,250 Max
Hospital Emergency Room	100%*/\$150 Max	100%*/\$250 Max
Day Surgery Miscellaneous	100%*/\$750 Max	100%*/\$1,250 Max
Physician's Surgical Treatment	100%*/\$750 Max	100%*/\$1,250 Max
Assistant Surgeon/Anesthesiologist	25% of Surgical Benefit	25% of Surgical Benefit
Physician's Non-surgical Visit(1 per day)	100%*/\$35 per day	100%*/\$50 per day
Physical Therapy	\$35; 10 Visits Max	\$50; 10 Visits Max
Registered Nurses' Services	100%*Up To \$2000	100%*Up To \$4000
Prescribed Prescriptions by MD	100%*up to \$50	100%*Up To \$75
X-rays, includes interpretation – outpatient	100%*/\$200 Max	100%*/\$250 Max
Diagnostic Imaging (MRI, CAT incl. readings)	100%*/\$400 Max	100%*/\$500 Max
Air or Ground Ambulance	100%*/\$350 Max	100%*/\$500 Max
Durable Medical Equipment	100%*/\$200 Max	100%*/\$250 Max
Dental Treatment to sound, natural teeth	100%*/\$200 Max	100%*/\$250 Max
Replacement eyeglasses/contacts/hearing aids	100%*/\$200 Max	100%*/\$250 Max
Heart or Circulatory Malfunction	100%*/\$10,000 Max	100%*/\$10,000 Max

*RE (Reasonable Expense means expenses paid will be based on usual, customary, and reasonable charges) School sports or accidents that are covered by another policy are not covered under this policy.



KidGuard® Terms and Provisions

LIMITATIONS AND EXCLUSIONS

In order to keep the cost of the policy at an affordable level, treatment expenses for the following conditions are not covered: illness or disease process; aggravation of or reoccurrence of pre-existing conditions; psychiatric or mental disorders; orthodontic services; conditions not due solely to accidental bodily injury. School sports or accidents that are covered under a catastrophic plan. Private leagues and 3rd party sports camps are not covered but can be under a separate policy. Open gyms, offseason conditioning in the summer are not covered, unless the 24-hour plan is purchased. FHSAA high school or middle school sports are not covered. To be considered an eligible claim, a licensed physician must initially treat an injury within sixty (60) days from the date of the school related and covered accident. Benefits for covered medical expenses continue for up to one year from the original date of the covered accident. Additional provisions and exclusions apply. School Time Coverage becomes effective on the first day of school (or date paid, whichever is later) and terminates on the last day of school except coverage extends for school sponsored summer classes for educational credit. 24 Hour plans begin on the first day of school (or date paid, whichever is later) and will terminate on the last day of summer before the following school term begins. All other endorsement effective and termination dates are determined by the school time or 24-hour coverage the participants purchased. Except for the extended dental plan coverage will apply for up to a 12-month period and cannot be effective for more than one school term. Other exclusions and provisions apply to these voluntary plans.

NON-DUPLICATION OF BENEFITS PROVISION

The policy benefits both uninsured families and families with other primary sources of coverage. If a student has no other primary coverage, the policy will pay on a "primary" basis up to the specified limits of the policy. If a student is eligible for other coverage, parents must first file a claim with their primary carrier. The KidGuard® policy provides supplemental coverage to help pay deductibles, co-pays, or dental benefits that other family insurance plans may not cover.

THE UNDERWRITING INSURANCE COMPANY

The underwriting insurance company is the Reliance Standard Life Insurance Company, rated "A+" Superior by A. M. Best's Report. Current assets exceed \$1.9 Billion. The company insures more than 2,000 public and private schools.

THE PLAN ADMINISTRATOR

Scholastic Insurance of Florida, LLC is the TPA that processes all claims, provides immediate answers to coverage questions, and performs all other administrative functions. Claims are promptly and courteously processed by Scholastic Insurance trained representatives within 7 days after receipt of completed claim information and medical bills. Information regarding the school's student accident plan will be readily available on a customized designed website prepared by Scholastic Insurance outlining the policy benefits, terms, provisions, how to file a claim, a question, and answers section and who to contact regarding all questions regarding coverage and claim status. Scholastic Insurance provides student insurance program administrative services for over 2,000 public and private schools. For additional information regarding Scholastic Insurance services, please contact Manny Cocurull. Toll Free (800) 432-6915. The claim office is in Orlando, FL.

~This information is provided as a summary description of the policy terms, conditions, and benefits.
All policy terms conditions and benefits are subject to compliance with State Insurance Department laws. ~

RSL FL-2022-2023

