

Marketed by Bob McCloskey Insurance

Prepared for:

Voluntary K-12 Accident Insurance

Underwritten by Pan-American Life Insurance Company



Pan-American Accident & Health

This brochure provides a brief summary of the program available under the Policy. This program provides accident insurance incurred while performing school authorized activities.

The information herein is solely an illustration of the requested benefits. This serves as a proposal of coverage and is not a contract of insurance. Coverage may not be available in all states or certain terms may be different if required by state law. Full details of the coverage are contained within the Policy for number WBA-19-P. If there are any conflicts between this document and the Policy, the Policy shall govern.

Form Number P-235

COVERAGE EFFECTIVE AND TERMINATION DATE

Eligibility for Insurance

Each person in one of the Classes of Eligible Persons shown in the Schedule of Benefits is eligible to be insured on the Policy Effective Date. We maintain the right to investigate eligibility status to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

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An Insured coverage will begin on the latest of the following dates: (1) the Policy Effective Date, provided that the policy premium has been paid; or (2) the date he or she is eligible.

Extension of Benefits

We will extend benefits under the Policy for 3 months after a Covered Person's coverage would otherwise end if on that date he or she is: (1) Hospital Confined for an Injury covered by the Policy; and (2) under a Doctor's care. Any benefits payable under this provision will not exceed the benefit maximums shown in the Schedule of Benefits.

Coverage Termination Date

An Insured's coverage will end on the earlier of the date: (1) the policy terminates; (2) the Insured is no longer eligible; (3) the period ends for which premium is paid; or (4) the Insured fails to pay the required premium, if the Insured is so required.

COVERAGES AVAILABLE

<u>Type of Coverage</u>	<u>Premium</u>
24-Hour Accident Around-the-clock anywhere in the world. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football	Low Option - \$59.00 Middle Option - \$131.00 High Option - \$358.00
24-Hour Accident (Summer Only Coverage) Summer begins on the first day after the school year ends. Summer ends the first day of the next school year.	Low Option - \$14.00 Middle Option - \$26.00 High Option - \$69.00
At-School Accident During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School sponsored and supervised activities and sports excluding High School Football. Travel to and from school sponsored and supervised activities and sports while in a school furnished or approved vehicle.	Low Option - \$9.00 Middle Option - \$23.00 High Option - \$61.00
High School Football (Full Year) Play or practice regularly scheduled football.	Low Option - \$110.00 Middle Option - \$181.00 High Option - \$420.00
High School Football (Spring Only Rates) For new players who participate in spring training and not already insured under High School Football (Full Year).	Low Option - \$47.00 Middle Option - \$73.00 High Option - \$146.00

POLICY DESCRIPTION

Accident Medical Expense Benefit: the Policy provides benefit for loss due to a covered injury up to the Benefit Amount of \$25,000 for each Injury. Provided that treatment by a qualified, licensed Doctor begins within 90 days from the date of Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the Benefit Amount per service as shown below:

<u>Covered Medical Expenses</u>	<u>Low Option</u>	<u>Middle Option</u>	<u>High Option</u>
Maximum Amount:	\$25,000 per Accident	\$25,000 per Accident	\$25,000 per Accident
Deductible:	\$0	\$0	\$0
Treatment in an Emergency Room	\$150 Maximum	\$250 Maximum	80% U&C
Hospital Room and Board	\$150 per day	\$200 per day	80% U&C
Hospital Miscellaneous	\$500 per day	\$1,000 per day	80% U&C
X-Ray, Diagnostic Testing	\$200 Maximum	\$400 Maximum	80% U&C
Lab Expenses	\$100 Maximum	\$150 Maximum	80% U&C up to \$600
In-Patient Surgery	\$750 Maximum	\$1,000 Maximum	80% U&C up to \$5,000
Outpatient Surgery	\$750 Maximum	\$1,000 Maximum	80% U&C up to \$5,000
Anesthetist	100% U&C up to \$150	100% U&C up to \$250	80% U&C up to \$1,500
Assistant Surgeon	100% U&C up to \$150	100% U&C up to \$250	80% U&C up to \$1,500
In-Patient Doctor's Visit	\$100 per day	\$110 per day	80% U&C up to \$50 per day
Outpatient Doctor's Visit	\$100 per day	\$110 per day	80% U&C up to \$50 per day
Day Surgical Miscellaneous	\$500 per day	\$1,000 per day	80% U&C
Ambulance Expenses	\$200 Maximum	\$500 Maximum	80% U&C
Eyeglasses, Contact Lenses and Hearing Aids	100% U&C	100% U&C	100% U&C
Prescription Drugs	\$100 Maximum	\$150 Maximum	80% U&C
Physiotherapy	\$150 Maximum	\$190 Maximum	80% U&C up to \$50 per day
Diagnostic Imaging Services	\$200 Maximum	\$400 Maximum	80% U&C up to \$1,200
Durable Medical Equipment	\$100 Maximum	\$125 Maximum	80% U&C
Consulting, 2 nd Opinion	\$200 Maximum	\$400 Maximum	80% U&C
Dental	100% U&C	100% U&C	100% U&C
Excess of Loss Provisions	Excess Benefit with Integrated Deductible	Excess Benefit with Integrated Deductible	Excess Benefit with Integrated Deductible

Accidental Death and Dismemberment Benefit: If Injury to an Insured results, directly, and from no other cause, from a Covered Accident during one of the Covered Activities listed in Section 4 and the Schedule of Benefits herein and within the Time Period for Accident shown in the Schedule of Benefits, in any one of the losses shown herein, We will pay the Benefit Amount shown on the Schedule of Benefits for that loss. Except as specifically provided herein, if multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

<u>Covered Loss</u>	<u>Benefit Amount</u>
Life	\$10,000
Two or more Members	\$10,000
One Member	\$5,000
Thumb and Index Finger of the Same Hand	\$2,500
Four Fingers of the Same Hand	\$2,500

EXCLUSIONS

GENERAL EXCLUSIONS

The following exclusions apply to all Benefits and Coverages under the Policy. Additional exclusions may apply to specific Benefits or Coverages. Please read the entire Policy carefully.

(1) Suicide or attempted suicide; (2) Intentionally self-inflicted injury; (3) War or any act of war, whether declared or not. War or act of war does not include acts of terrorism; (4) Illness; disease; bodily or mental infirmity; bacterial or viral infection; or medical 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; (5) Piloting or serving as a crewmember; (6) Commission of or attempted to commit: a felony; an assault; or other illegal activity; (7) Active participation in a riot or insurrection; (8) Flight in; boarding; or alighting from an aircraft or any craft designed to fly above the earth's surface, except as: (a) A fare-paying passenger on a regularly scheduled commercial or charter airline; (b) A passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight; (c) A passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent; (9) An Accident if the Insured 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) 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; (11) 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 or 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; (12) Participation in professional; intercollegiate sports;

ACCIDENT MEDICAL EXPENSE BENEFIT EXCLUSIONS

The following exclusions apply to the Accident Medical Expense Benefit in addition to those mentioned in the General Exclusions section of the Policy.

(1) Pregnancy, childbirth, elective abortion, an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed; (2) Elective or cosmetic surgery, except for reconstructive surgery needed as a result of a Covered Injury; (3) Routine physical exams and medical services or wellness visits; (4) Mental and nervous disorders; (5) Experimental or investigative treatment or procedures; (6) Treatment by persons employed or retained by the Policyholder or by an Immediate Family Member; (7) Blood; blood plasma; or blood storage except expenses by a Hospital for processing or administration of blood; (8) Covered medical expenses for which the Insured would not be responsible for in the absence of this Policy; (9) Conditions that are not cause by a Covered Accident; (10) Participation in any activity or Coverage not specifically covered by this Policy; (11) Any: treatment; service or supply not specifically covered by this Policy; (12) Personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals;

GENERAL LIMITATIONS

ECONOMIC SANCTION

We will not provide coverage or pay benefits under this Policy to the extent, and only to the extent, that We are prohibited from providing coverage or making payment by any type of travel restriction, trade restriction, economic sanction, or embargo imposed by the United States government.

EXPOSURE AND DISAPPEARANCE

Benefits as shown in the Schedule of Benefits will be payable if an Insured suffers a Covered Loss which results from unavoidable exposure to the elements following a Covered Accident. If the Insured disappears and is not found within 1 year after the Insured's Spouse or Domestic Partner or personal representative has exhausted all law enforcement resources following the date of the an avalanche, or wrecking, sinking or disappearance of the conveyance in which the Insured was riding in the course of a trip which would otherwise be covered under this

Policy, it will be presumed that the Insured's death resulting directly and independently of all other causes from a Covered Accident.

LIMITATION ON MULTIPLE COVERED LOSSES

If a Covered Person suffers more than one Covered Loss as a result of the same Accident, We will pay only one benefit, the largest benefit.

LIMITATION ON MULTIPLE COVERED POLICIES

If a Covered Person can recover benefits under more than one accident policy written by Us, We will pay under only one policy, the policy which offers the Covered Person the largest benefit.

HOW TO FILE A CLAIM

1. Obtain a claim form from your school office or Bob McCloskey Insurance at (800-445-3126). Answer all questions in detail on the front of the claim form.
2. The claim form should identify the student's name, school name or district, and the date of the accident.
3. Make sure the claim form is signed and dated.
4. Attach all itemized bills to the completed claim form and mail to Bob McCloskey Insurance at the address provided on the claim form.
5. Bills that cannot be attached to the initial form must be submitted within **90 days of the date of service**.

HOW TO APPLY FOR THIS IMPORTANT COVERAGE

Applying for this coverage by visiting <https://bobmccloskey.com>Programs>K-12>>Voluntary> Student Accident Insurance.

You may enroll online, which is the preferred method, (with or without a PayPal account) or print out the enrollment form on the website and mail it back with a check/money order to Bob McCloskey Insurance. The mailing address is:

Bob McCloskey Insurance
PO Box 511
Matawan, NJ 07747

Your PayPal confirmation, credit card billing, cancelled check or money order stub will be your receipt and confirmation of payment.

Keep this brochure for future reference. Individual policies will not be sent to you.