

SCHOOL DISTRICT NO. 87 • COOK COUNTY

1200 N. Wolf Road
Berkeley, Illinois 60163-1219

(708) 449-3350
Fax (708) 547-3341

Margaret Sickele, Ed.D.
Assistant Superintendent
for Curriculum and Instruction

Terri Bresnahan, Ed.D.
Superintendent

Laura Vince, M.S./CSBO
Assistant Superintendent
for Business Services

Daniel Sullivan, Ed.D.
Assistant Superintendent
for Special Services

LaTesh Travis, M.Ed.
Assistant Superintendent
for Human Resources

August 2019

Dear Parents:

The insurance envelope which is attached to this letter contains complete information regarding the student accident insurance program. This is a service offered through Zevitz-Redfield & Associates, Inc., 333 N. Michigan Avenue, Suite 714, Chicago, IL 60601, with the approval of the District #87 School Board. This insurance coverage is completely voluntary on your part.

If you wish to purchase this insurance, please visit the Gerber Life Insurance Company website, www.k12specialmarkets.com to enroll on-line or print an enrollment form and mail the completed application form with your check payable **Zevitz-Redfield & Associates**. Coverage is effective when the premium payment is received. It is necessary that you complete a separate application and issue a separate check for each child that you wish to insure. The cost of this insurance is **\$20.00** for school-time coverage or **\$73.00** for 24-hour coverage. Other options are also available.

If you do not wish to purchase this insurance coverage, please mail the envelope, indicating the student's name and also that you do not wish to have the coverage.

If you have any questions regarding this insurance plan, please contact Zevitz-Redfield & Associates, Inc., at the above address or call (847) 374-0888.

Sincerely,



Laura L. Vince
Assistant Superintendent for Business Services/CSBO

LLV:kw
attachment



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Agosto 2019

Queridos Padres:

El panfleto el cual esta adjunto a esta carta contiene completa información concerniendo al programa de seguro del estudiante en caso de que se accidente. Este servicio se le ofrece a través Zevitz-Redfield & Associates, Inc., 333 N. Michigan Avenue, Suite 714, Chicago, IL 60601, con la aprobación del Comité de Educación y el Distrito 87. Este seguro si usted lo desea obtener es completamente voluntario de su parte.

Si usted desea comprar este seguro, por favor visite la página de sitio en el internet www.k12specialmarkets.com para que se inscriba directamente en línea o si desean imprima la solicitud, llenela y envíela por correo con un cheque adjunto a nombre de **Zevitz-Redfield & Associates**. El estudiante queda completamente cubierto cuando la prima es pagada y se recibe en la oficina. Es necesario que usted complete la aplicación y envíe un cheque separado por cada niño/a que usted desea asegurar. El costo del seguro es **\$20.00** por el período durante esta en la escuela o **\$73.00** lo cubra por 24 horas. Otras opciones puedes usted encontrar.

Si usted no desea comprar el seguro, por favor sírvase de enviarnos la forma por correo indicando el nombre del estudiante y que usted no desea tomar el seguro.

Si usted tiene alguna pregunta concerniendo a este plan de seguro, por favor comuníquese con Zevitz-Redfield & Associates, Inc., a la siguiente dirección o a llamar (847) 374-0888.

Sinceramente,



Laura L. Vince
Jefe de Negocios/CSBO

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Voluntary Student Accident Medical Insurance Program



Administered By:

Zevitz Student Accident Insurance Services, Inc.
Neil H. Zevitz, RHU
333 N. Michigan Avenue, Suite 714
Chicago, IL 60601
(312) 346-7460
Suburbs Call
(847) 374-0888
Fax: (312) 346-7447
Email: nhzviazra@aol.com

Underwritten by
Gerber Life Insurance Company

Coverage not available in all states. Please contact National Representative.

STUDENT ACCIDENT MEDICAL INSURANCE

Educators and administrators are looking for an accident medical insurance program their school(s) need and students deserve. The Student Accident insurance program underwritten by Gerber Life Insurance Company (the Company) is such a plan. A.M. Best rates Gerber Life "A" (Excellent) for financial condition. A.M. Best's "A" (Excellent) rating is the third highest of 13 active company ratings. For the latest information on ratings, please visit www.ambest.com.

OPTIONAL COVERAGE WHO IS COVERED AND WHEN**

Eligibility: All enrolled students of the school, Pre-K through 12th grade, if premium is paid for.

**Under "Optional Coverage" all students must be given the opportunity to enroll. Premiums are the responsibility of the individual student and/or their parent/legal guardian.

OPTIONAL SCHOOL-TIME ACCIDENT COVERAGE

Coverage and Limitations stated for Medical Expense Benefits selected by the Insured apply. The School-Time Accident Coverage excludes students participating in high school interscholastic tackle football or as stated for in the Application. Each Insured who pays the additional premium required for this benefit is insured under this provision. Coverage starts on the date of premium receipt by the Plan Administrator, but not before the start of the school year. The Insured's coverage will end at the close of the regular nine-month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the school during the summer. All provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

OPTIONAL 24-HOUR ACCIDENT COVERAGE

Coverage and Limitations stated for Medical Expense Benefits selected by the Insured apply. The 24-Hour Accident Coverage excludes students participating in high school interscholastic tackle football or as stated for in the Application. Each Insured who pays the additional premium required for this benefit is insured under this provision. Insurance coverage is provided, 24-Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away. Coverage starts on the date of premium receipt by the Plan Administrator (but not before the start of the school year). It ends when school reopens for the following school year. All provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

OPTIONAL INTERSCHOLASTIC FOOTBALL COVERAGE

Coverage and Limitations stated for Medical Expense Benefits selected by the Insured apply. Each Insured who pays the additional premium required for this benefit is insured under this provision. Travel is also covered when going directly and uninterrupted to and from the practice and competition. Ninth graders who play with 9th graders only are not charged for football coverage. Their School-Time or 24-Hour coverage will apply if purchased. Additional premium is required by the Insured for this coverage. All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

OPTIONAL 24-HOUR ACCIDENT DENTAL COVERAGE

Injury must be treated within 60 days after the accident occurs. Medical Expense Benefits are payable within 36 months after the date of Injury. The maximum eligible expenses payable per covered Injury is \$10,000. In addition, when the dentist certifies that treatment must be deferred until after the Benefit Period, deferred benefits will be paid to a maximum of \$2,500. Each Insured who pays the additional premium required for this benefit is insured under this provision. Coverage starts on the date of premium receipt by the Plan Administrator, but not before the start of the school year. It ends when school reopens for the following school year. This provision covers Accidents occurring anytime and anywhere. The Insured must be treated by a legally qualified dentist who is not a member of the Insured's Immediate Family for Injury to teeth. The Company will then pay the Reasonable Expense which is Medically Necessary. Coverage is limited to treatment of sound, natural teeth. The maximum benefit payable under this provision is stated in the Policy. All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

DEFINITIONS

Hospital means an institution that meets all of the following: 1) it is licensed as a Hospital pursuant to applicable law; 2) it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; 3) it is managed under the supervision of a staff of medical doctors; 4) it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.); 5) it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; and 6) it charges for its services.

Hospital also means a psychiatric hospital as defined by Medicare. It must be eligible to receive payments under Medicare. A Hospital is mainly not a place for rest, a place for the aged, a place for the treatment of drug addicts or alcoholics, or a nursing home.

Injury means bodily injury caused by an Accident. The Injury must occur while the Policy is in force and while the Insured is covered under the Policy. The Injury must be sustained as stated on the face page of the Policy, except where specifically stated otherwise in the Policy.

Other Plan means any other valid and collectible insurance or self-funded plan such as: individual and family type insurance coverage; group, blanket or franchise insurance, group hospital, medical service, pre-payment, trustee, Union Welfare; Blue-Cross, Blue Shield, group practice or other pre-payment coverage; labor-management plans, or employee benefit organization plans; self-funded ERISA plan, Workers' Compensation Law, Occupational Disease Law or any similar legislation; Medicare; or "No-Fault" auto legislation, where applicable.

Reasonable Expense means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. Such services and supplies must be recommended and approved by a Physician.

HOSPITAL AND PROFESSIONAL SERVICES

The Company will pay Reasonable Expenses incurred for a covered Injury. The Injury must be treated within the number of days stated in the Schedule of Benefits. Services must be given: (1) by a Physician; (2) for Medically Necessary treatment; and (3) within the time limit stated in the Schedule of Benefits. Benefits are paid to the maximum stated in the Schedule of Benefits for any one Injury for Reasonable Expenses which are in excess of the Deductible. Benefits under this provision are subject to all other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions.

COUNSELING BENEFIT

If as a result of an Act of Violence an Insured is killed while on School Property, the Company will pay a lump sum of \$10,000 for Counseling Services. The lump sum benefit will be paid directly to the covered School or to the hospital or person rendering such services after the commencement of Counseling Services. The company will not pay for any expense for loss due to participation in a riot or insurrection. All provisions in this Policy apply to this coverage.

Definitions for the purpose of this section: **Act of Violence** means an Injury inflicted by a person with malicious intent to cause bodily harm. **Counseling Services** means psychiatric/psychological counseling that is under the care, supervision, or direction of a professional counselor or Physician and essential to assist the Insured in coping with the Act of Violence. Counseling Services must be: a) Arranged by the covered School; b) Provided to a living Insured due to an Act of Violence; and c) Received during the Benefit Period shown on the Schedule of Benefits. **School Property** means the physical location of the covered School or the location of an activity or event approved by the covered School.

EXCESS COVERAGE

The Company will pay Reasonable Expenses that are not recoverable from any Other Plan. The Company will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or similar provisions. The amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. This Blanket Student Accident Insurance is secondary to all other policies.

This provision will not apply if the total Reasonable Expenses incurred for Hospital and Professional Services Benefits are less than the amount stated in the Schedule of Benefits under Excess Coverage Applicability.

Any covered Hospital and Professional Services Benefits payable under this provision will be reduced by the Other Plan Reduction Percentage shown under Excess Coverage Provision Applicability if: 1) The Insured has coverage under any Other Plan; 2) The Other Plan is an HMO, PPO or similar arrangement; and 3) The Insured does not use the facilities or services of the HMO, PPO or similar arrangement.

Any covered Hospital and Professional Service will not be reduced for emergency treatment within 24 hours after a covered Accident which occurred outside the geographic service area of the HMO, PPO or similar arrangement.

Definitions for purposes of the Accident Medical Benefits-Hospital and Professional Services Benefits provided by this Policy: **HMO** or Health Maintenance Organization means any organized system of health care that provides health maintenance and treatment services for a fixed sum of money agreed and paid in advance to the provider or service. **PPO** or Preferred Provider Organization means an organization offering health care services through designated health care providers who agree to perform those services at rates lower than non-Preferred Providers.

ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT

When a covered Injury results in any of the Losses to the Insured which are stated in the Schedule of Benefits for Accidental Death, Dismemberment, or Loss of Sight then the Company will pay the benefit stated in the schedule for that Loss. The Loss (other than Loss of Life in PA) must be sustained within 365 days after the date of the Accident.

The maximum benefit payable under this provision is stated in the Schedule of Benefits under Maximums and Benefit Period: 1) Life 2) Both Hands or Both Feet or Sight of Both Eyes; 3) Loss of One Hand and One Foot; 4) Loss of One Hand and Entire Sight of One Eye; 5) Loss of One Foot and Entire Sight of One Eye; 6) Loss of One Hand or Foot; 7) Loss of Sight in One Eye; 8) Loss of Thumb and Index Finger of the Same Hand.

Half of the maximum benefit will be paid for the Loss of one Hand, one Foot or the Sight of one eye.

Loss of Hand or Foot means the complete Severance through or above the wrist or ankle joint. Loss of Sight means the total, permanent Loss of Sight in One Eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means. Loss of Thumb and Index Finger of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). Severance means the complete separation and dismemberment of the part from the body.

If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount the Company will pay is the maximum benefit.

Benefits paid under this provision will be paid in addition to any other benefits provided by the Policy.

Benefits under this provision are subject to all other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions.

EXCLUSIONS

No Benefits are payable for Hospital and Professional Services for the following: 1) Injuries which are not caused by an Accident; 2) Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis; 3) Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three-, or four-wheeled recreational motor vehicle or snowmobile; 4) Aggravation, during a Regularly Scheduled Activity, of an Injury the Insured suffered before participating in that Regularly Scheduled Activity, unless the Company receives a written medical release from the Insured's Physician; 5) Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the Football and/or Sports Coverage provision has been paid; 6) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; 7) Treatment performed by a member of the Insured's Immediate Family or by a person retained by the School; 8) Injury caused by war or acts of war; suicide or intentionally self-inflicted Injury, while sane or insane (in Missouri while sane); violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered by or on the advice of a Physician; 9) Medical expenses for which the Insured is entitled to benefits under any (a) Workers' Compensation act; or (b) mandatory no-fault automobile insurance contract; or similar legislation; 10) Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain; and 11) Expenses incurred for experimental or investigational treatment or procedures.

NOTICE OF CLAIM

Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company, with information sufficient to identify the Named Insured shall be deemed notice to the Company. Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss.

In the event of an Accident, students should:

1. Secure treatment at the nearest medical facility of their choice. (Non-compliance with primary HMO/PPO plan will reduce this plans benefits by 50% as stated in the Schedule of Benefits.)
2. Obtain a receipt (if payment of any bills were made) and itemized copy of charges from the provider of medical services and send copies of their itemized bills, primary carrier explanation of benefits and the fully completed and **signed** accident claim form to the claims office – mail all correspondence to WEB-TPA, P.O. Box 2415, Grapevine, TX 76099-2415.
3. **Call 1-866-975-9468** with any Claims questions.

IMPORTANT NOTICE – THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

This brochure has been designed to illustrate the highlights of this insurance and it does not include all coverage details. All information in this brochure is subject to the provisions of Policy Form COL-11, underwritten by Gerber Life Insurance Company. If there is any conflict between this brochure and the Policy, the Policy will prevail.

Note: Please see the Master Policy for complete and individual state details.

VOLUNTARY SCHEDULE OF BENEFITS

	Plan A	Plan B
Maximum Benefit		
School-Time Option	\$50,000	\$25,000
24-Hour Option	\$50,000	\$25,000
Football	\$50,000	\$25,000
Deductible	\$0	\$0
Injuries Involving Motor Vehicles	\$10,000	\$10,000
Death Benefit	\$20,000	\$20,000
Single Dismemberment Benefit	\$10,000	\$10,000
Double Dismemberment Benefit	\$20,000	\$20,000
Loss Period	Treatment must begin within 60 days of the Injury	
Benefit Period	One Year	One Year
Coverage	\$100 Primary Excess	\$100 Primary Excess
Other Plan Reduction Percentage	50% (see Excess Coverage and #1 under Notice of Claim in brochure)	
Hospital/Facility Services		
Inpatient		
Hospital Room and Board (Semi Private Room)	100% RE	100% RE
Hospital Intensive Care	100% RE	100% RE
Inpatient Hospital Miscellaneous	\$1,200 Maximum Per Day	\$600 Maximum Per Day
Outpatient		
Outpatient Hospital Miscellaneous-(except physician services and x-rays paid as below)	80% RE	\$1,000 Maximum
Hospital Emergency Room	80% RE	\$100 Maximum
Day Surgery Miscellaneous	80% RE	\$1,500 Maximum
Physician's Services		
Surgical	80% RE	80% RE/\$1,000 Maximum
Assistant Surgeon	25% of Surg. Benefits	25% of Surg. Benefits
Anesthesiologist	25% of Surg. Benefits	25% of Surg. Benefits
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	80% RE/10 visits Maximum	\$30/visit/\$300 Maximum
Physician's Non-surgical Treatment (Except as above)	80% RE	\$30 Maximum Per Day
Other Services		
Registered Nurses' Services	100% RE	100% RE
Prescriptions - outpatient	\$300 Maximum	\$100 Maximum
Laboratory Tests Outpatient	\$500 Maximum	\$150 Maximum
X-rays, includes interpretation - outpatient	80% RE	\$300 Maximum
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation	80% RE	\$150 Maximum
Ground Ambulance	\$1,000 Maximum	\$500 Maximum
Air Ambulance	\$1,000 Maximum	\$500 Maximum
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	\$500 Maximum	\$250 Maximum
Dental Treatment to sound, natural teeth due to covered injury.	\$1,500 Maximum	\$750 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$400 Maximum	\$200 Maximum

This has been designed to illustrate the highlights of this insurance. All information is subject to the