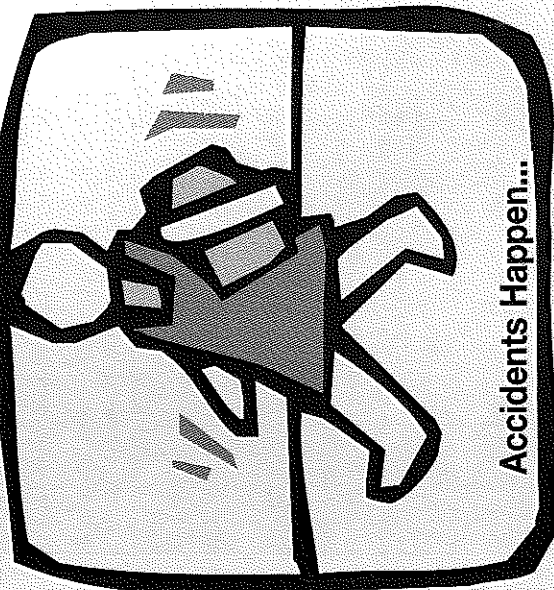


2011-2012

School Year

"Pennies" a day can insure your child.



Accidents Happen...

This brochure is distributed with the approval of your child's school to provide you with affordable protection.

PLAN ADMINISTRATOR:

ZEVITZ-REDFIELD & ASSOCIATES, INC.

333 N. Michigan Avenue, Suite 714

Chicago, IL 60601

(312) 346 - 7460 • Chicago

(847) 374 - 0888 • Suburbs

UNDERWRITTEN BY:

Markel Insurance Company

Policy Identification Card

This card is evidence that a policy has been issued to the student's school when premium has been paid.

- Benefit plan selected: Standard, Deluxe, Football, 24 Hour, 24 Hour Dental, Accident Plan

Student Name:

ZEVITZ-REDFIELD & ASSOCIATES, INC.

333 N. Michigan Avenue, Suite 714

Chicago, IL 60601

(312) 346-7460 (847) 374-0888

ZR1401MAMB

IMPORTANT NOTICE TO PARENTS

Every year parents call School Districts and say "I wish I had purchased student accident insurance." Why? Because their child has had an accident and the family does not have insurance or their insurance pays only a small portion of the medical expenses associated with the accident. That's why we strongly recommend you consider one or more of the student accident insurance plans described in this brochure. Read them carefully—they cover specific medical expenses.

Your School District did choose to carry medical or dental insurance for students injured in accidents on school premises. The District has also approved a medical and dental accident insurance plan worthy of your consideration to add to coverage purchased. This coverage will extend the hours the child is covered and also may cover the child during certain activities not covered in the school purchased plan. We urge you to consider the benefits described in this brochure. If you have no other insurance or your deductible is \$500 or more, you may want to seriously consider the higher level of benefits in the Deluxe option.

We offer fast accurate claims processing. For your benefit, we negotiate fees with some doctors and hospitals. Savings are passed along to parents and help us in controlling costs that directly affect premium.

Should your child have an accident, this coverage can be important; if no accident occurs, you have invested "little" money for "large" peace of mind.

RETAIN THIS DESCRIPTION OF COVERAGE FOR YOUR RECORDS

This brochure describes the benefits available under the plan of insurance. This is not a contract of insurance. Coverage is governed by a policy of blanket student accident insurance underwritten by Markel Insurance Company. Coverage may vary by state. In some states the Company will issue a policy to the school. (No individual certificates will be provided to the students.)



QUESTIONS?

CALL THE REGIONAL REPRESENTATIVE ZEVITZ-REDFIELD & ASSOCIATES, INC.

333 N. Michigan Avenue, Suite 714

Chicago, IL 60601

(312) 346 - 7460 • CHICAGO

(847) 374 - 0888 • SUBURBS

To file a claim under this plan, the student (or student's family) should:

- 1) Complete a claim form, which is available from the Claims Administration or School.
2) The claim form must be completed and signed. Attach all itemized medical bills. Itemized bills must be furnished with the claim form within 90 days from the date of the loss.
3) Questions should be referred to the Claims Administrator.
4) Pre-authorization or pre-certification of benefits to providers of medical services are not required nor provided by us or our Administrator.

Mail Claims Forms and Bills to:

Co-ordinated Benefit Plans
P.O. Box 21252
Tampa, FL 33622-1252
Phone: 866-282-6427

SCHOOL-TIME COVERAGE

YOUR CHILD'S SCHOOL HAS PURCHASED A STUDENT ACCIDENT INSURANCE PROGRAM THAT COVERS YOUR CHILD FOR INJURIES INCURRED WHILE HE OR SHE IS PARTICIPATING IN SCHOOL SPONSORED AND SUPERVISED ACTIVITIES INCLUDING ALL ATHLETICS. THIS PLAN IS SECONDARY TO ANY PRIMARY INSURANCE THE STUDENT MAY CURRENTLY HAVE.

ADDITIONAL COVERAGE PLANS

OPTIONAL 24-HOUR DENTAL ACCIDENT PLAN (CAN BE PURCHASED SEPARATELY OR WITH OTHER COVERAGE)

Covers Accidents occurring anytime, anywhere in the world, including all athletics and all forms of transportation. Coverage begins on the date premium is received by Plan Administrator (but not before the start of the school year), and ends when school reopens for the following year.

BENEFITS — If, within 60 days from the date of injury, the student is treated by a legally qualified dentist (other than by a family member) for the injury to teeth, the Company will PAY BENEFITS FOR THE USUAL AND CUSTOMARY for necessary dental treatment which is incurred within five years from the date of injury. Injury must occur while the policy is in force. \$10,000 maximum. Coverage is not limited to treatment of natural teeth.

PRIMARY EXCESS COVERAGE — If you have other valid coverage providing benefits for the same loss, benefits shall be paid first by your other coverage. The balance of unpaid eligible dental expense will then be paid by the policy.

EXCLUSIONS — Conditions which are not caused by accidental injury. Recovery or complications of a condition for which medical advice or treatment was recommended by or received from a physician within a 12-month period prior to the effective date of this insurance.

ANNUAL PREMIUM: \$15.00

AFTER REMOVING APPLICATION/RETURN ENVELOPE, RETAIN BROCHURE FOR YOUR RECORDS.

ALTERNATIVE COVERAGE

For information on Sickness and Major Medical coverage, which Markel Insurance Company does not underwrite, please contact the plan Administrator, Zevitz-Redfield & Associates at 847 374-0888

ACCIDENTAL DEATH, DISMEMBERMENT & LOSS OF SIGHT

Benefits are paid for losses which are incurred within 180 days from date of injury. The following benefits (the largest applicable amount) are paid in addition to the medical benefit:

- Loss of Life: \$10,000
Loss of both hands, both feet, or sight in both eyes: \$10,000
Loss of one hand, one foot, or sight in one eye: \$ 5,000

Loss to hands and feet means severance at or above the wrist or ankle joint; Loss of sight, means total and irrevocable loss of sight.

"Severance" means the complete separation and dismemberment of the part from the body.

**ACCIDENT INSURANCE PROTECTION  
PROVIDING A MAXIMUM OF \$50,000 ACCIDENT MEDICAL EXPENSE WITH A CHOICE OF TWO PLANS**

**MEDICAL BENEFITS** - If a student requires treatment by a legally qualified physician or surgeon (other than a member of the family) or is hospital confined and treatment begins within 60 days from the date of injury, the Company will PAY THE BENEFITS FOR THE USUAL AND CUSTOMARY charges incurred for necessary medical, dental or hospital care subject to the provisions of the option plan selected. Limitations and exclusions outlined in this brochure. Expenses incurred after one year from the date of injury are not covered, even though the service is a continuing one, or one that is necessarily delayed beyond one year from the date of injury. **PRIMARY EXCESS PROVISION** - If medical bills are under \$100 for an injury, benefits are paid regardless of whether there is other insurance coverage. If bills are over \$100 and there is other insurance benefits are paid toward the unpaid balance after the other insurance has paid. If there is no other insurance coverage, we become the primary carrier. **Coverage Period** - Coverage under the 24-hour plans begins on the date of premium receipt but not before the start of the school year activities. 24-Hour Coverage ends when school reopens for the following fall term. (Available throughout the school year, no pro rata premium.) **THIS BROCHURE OUTLINES THE OPTIONAL 24 HOUR COVERAGE AVAILABLE FOR YOU TO PURCHASE. THIS COVERAGE BEGINS AFTER THE SCHOOL-TIME/SCHOOL SUPERVISED ACTIVITIES END. THIS OPTIONAL 24 HOUR COVERAGE IS UNDERWRITTEN BY MARKET INSURANCE COMPANY.** Because accidents also occur away from school, your District approved for your consideration additional plans and benefits. 24-HOUR COVERAGE Around-the-clock Accident coverage for your child anywhere in the world. Travel is also covered, anytime and anywhere.

**Accident Medical Benefits are paid for expenses which are incurred within 52 weeks from the date of injury provided the first doctor's visit occurs within 60 days from the date of injury.**

PLANS	SCHEDULE OF BENEFITS Coverage for Injuries due to Accident only	
	DELUXE	STANDARD
<b>Maximum Benefit:</b> 24-Hour Option Injuries Involving Motor Vehicles Death Benefit Dismemberment Benefit Single/Double	\$ 50,000 \$ 50,000 \$ 5,000 \$ 10,000 \$5,000/\$10,000	\$ 50,000 \$ 50,000 \$ 5,000 \$ 10,000 \$5,000/\$10,000
<b>Hospital/Facility Services</b>		
<b>Inpatient</b> Hospital Room and Board Expense Hospital Intensive Care Unit Expense Hospital Miscellaneous Expense Outpatient	80% Usual and Customary Charges 80% Usual and Customary Charges 80% Usual and Customary Charges 80% Usual and Customary Charges	\$350/day Maximum \$500/day for 3 days Maximum 80% Usual & Customary Charges to \$1,500
<b>Hospital Emergency Room Expense</b> Outpatient Day Surgery	80% Usual and Customary Charges 80% Usual and Customary Charges	80% Usual & Customary Charges to \$200 80% Usual & Customary Charges to \$1,000
<b>Physician's Services</b>		
Surgical Expense Assistant Surgeon Expense Anesthetist/Anesthesiologist Expense Outpatient Physical Therapy Expense Outpatient Physician Expense	80% Usual and Customary Charge 25% of Surgical Benefits 25% of Surgical Benefits 80% Usual and Customary Charge Limited to 10 treatments 80% Usual and Customary Charges	80% Usual & Customary Charges to \$1,500 25% of Surgical Benefits 25% of Surgical Benefits \$35 first visit/\$25 each subsequent Limited to 5 treatments \$35 first visit/\$25 each subsequent
<b>Other Services</b>		
Licensed Nurse Expense Outpatient Prescribed Medicine Expense Outpatient Laboratory Expense Outpatient X-ray Expense Outpatient MRI or CAT Scan Expense Ground Ambulance Expense Air Ambulance Expense Durable Medical Equipment Expense	100% Usual & Customary Charges 100% Usual & Customary Charges 80% Usual & Customary Charges 80% Usual & Customary Charges 80% Usual & Customary Charges 100% Usual & Customary Charges for one trip \$1,000 Maximum Usual & Customary Charges \$400 Maximum	100% Usual & Customary Charges 100% Usual & Customary Charges \$250 Maximum 80% Usual & Customary Charges to \$150 Usual & Customary Charges to \$250 100% Usual & Customary Charges for one trip \$500 Maximum Usual & Customary Charges \$200 Maximum
Dental Accident Expense Replacement of eyeglasses, hearing aids Contact lenses, if medical treatment is also received for the covered injury	\$500/Tooth - First 52 weeks then \$250 per tooth deferred** \$400 Maximum	\$250/Tooth - First 52 weeks then \$125 per tooth deferred** \$200 Maximum

**POLICY EXCLUSIONS AND LIMITATIONS**

No benefits will be paid for loss or expense caused by, or resulting from, or resulting from:  
 • Expenses for treatment on or to the teeth, except for treatment resulting from injury to sound natural teeth. • Services normally provided without charge by the policyholder. • Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof except as specifically provided herein. • Suicide, attempted suicide or intentionally self-inflicted injury. • Injury due to participation in a riot or felony. • Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery made medically necessary due to a covered accident which results in trauma, infection or other diseases of the involved part. • Treatment of a deviated nasal septum, including submucous resection and/or other surgical corrections, unless the treatment is due to or arises from a covered injury. • Air travel, except as a fare-paying passenger on a regularly scheduled flight operated by a commercial airline. • Injury resulting from any declared or undeclared war. • Injury while in the armed forces of any country. When an insured person enters such armed forces, we will refund the unearned pro rata premium to the insured person. • Injury covered by any workers' compensation or occupational disease law. • Treatment provided in a government hospital unless the insured person is legally obligated to pay such charges. • Infections except pyogenic or bacterial infections caused by a covered injury. • Hernia, unless it results from a covered injury. • Injury occurring while the insured person is legally intoxicated or under the influence of any narcotic unless administered on the advice of a physician. • Injury sustained as a result of operating, riding in or upon, or alighting from any two, three or four-wheeled recreational vehicle. • Injury resulting from fighting. • Play, practice or travel in connection with interscholastic sports. • Motor vehicle accidents covered by medical benefits coverage in automobile, no fault, and traditional

• Injury while parachuting or hang gliding, traveling in or on any two, three or four wheeled all terrain motor vehicle, jet skiing, skydiving, glider flying, parasailing, sail planning, bungee jumping, operating, or riding on any snowmobile, or participating in a rodeo. • Bites, insect bites, frost bite, vegetation poisoning and food poisoning. • Pre Existing Conditions. A pre existing condition is a condition for which the insured has been treated within the preceding twelve month period.

**DEFINITIONS**

• Accident means a sudden, unexpected and unintended event, which is identifiable and caused solely by an external physical force resulting in injury to an insured student. Accident does not include a loss contributed to by disease or sickness.  
 • Injury means bodily harm caused solely by an Accident which occurs while this policy is in force and is the sole cause of the loss.  
 • Usual and Customary Expense means an expense which (a) is charged for treatment, supplies or medical services medically necessary to treat the insured student's condition, and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the expense is incurred.

PLACE  
STAMP  
HERE

ZEVITZ-REDFIELD & ASSOCIATES, INC.  
STUDENT INSURANCE PROCESSING CENTER  
333 N. MICHIGAN AVE., SUITE 714  
CHICAGO, IL 60601