



Important Notice for The Villages Charter Parents!

A ONE TIME PAYMENT PER SCHOOL TERM protects your student all year long! Even if you have insurance this can help pay your high deductibles and co-pays:

24 HOUR EXTENDED PLAN: ONLY \$55 PER SCHOOL TERM

Dear Parents:

Your child’s school is very committed to providing a safe environment for all students. Accidental injuries are generally NOT the fault of the school, nor are such accidents the responsibility of the school or district to pay for the cost of medical bills for your students. However, as a public service your school has purchased a supplemental KidGuard student accident insurance policy to provide basic accident coverage for students while attending school. Parents, you may extend this coverage for your students while at home, during weekends and the **2025** summer months. 24 Hour Protection!

24 HOUR ACCIDENT PROTECTION INSURANCE PLAN — Effective during:

- While At Home and on Weekends.
- Summer Vacation Periods and holidays, 24 Hours a day, 7 days a week.
- Anywhere in the USA.
- Additional provisions, terms and exclusions apply.

BASIC Policy Benefit Schedule

BASIC COVERAGE	BASIC POLICY MAXIMUM BENEFITS
Deductible	None
Maximum Policy Limit, Per Covered Accident	\$ 25,000
Accidental Death	\$ 15,000
Inpatient Hospital and Misc. Charges	\$ 1,000 per day / \$250 Misc per day
Outpatient ‘Same Day Surgery’ Hospital or Surgi-Center Charges	U&C up to \$2,500
Emergency Room Charge (eligible within 72 Hours of an accident)	U&C up to \$250
Doctor/Office Visits (non-surgical) - One office visit paid per day	\$ 45 initial visit; follow-up @ \$35; Physician Asst: \$30 per visit
Orthopedic Appliances	Up to \$ 250
X-Rays/Radiology (Including reading fees)	Up to \$ 250
MRI \ CAT or other Scans (including reading fees)	\$ 500 aggregate
Primary Surgeon Benefit Assistant Surgeon (Licensed MD)	• Florida Work Comp - Part A • 15% of Allowable Surgeons Benefit
Surgical Implantable Devices	Up to \$ 200
Anesthesiologist Services or CRNA – one per surgical visit (Based on Work Comp Fee Schedule)	Up to 25% of the allowable primary surgeon benefits, Maximum \$400 aggregate
Prescribed Drugs and Lab Testing	\$ 50
Outpatient Physical Therapy	10 visits @ \$ 50
Ambulance (air or ground)	\$ 500
Dental Injury	\$ 800 per injured tooth
Motor Vehicle Related Accident	\$ 2,000
Eyeglasses, Hearing Aids or Contact Lenses	\$ 50

COVERAGE EFFECTIVE AND TERMINATION DATES: Coverage under the school time plan becomes effective on the first day of classes for the regular school term as designated by The Villages Charter School. Coverage under the school time accident insurance policy purchased by The Villages Charter terminates on the last day of school in **May 2025**. If the 24 Hour Extended Coverage Option is purchased, 24 Hour protection becomes effective at 11:59 P.M. EST on the date the enrollment application and payment is received in School Insurance of Florida’s office. The 24 Hour Extended Coverage terminates on the last day of summer in **August, 2025**.

IMPORTANT NOTE: This student accident policy is NOT ‘Primary Insurance’ and is not intended to replace family health insurance. The policy has limitations and exclusions and is designed to provide secondary or excess coverage. This policy will NOT pay any expenses that could be covered by other family insurance or an HMO or PPO. The accident insurance policy does not guarantee 100% reimbursement for all medical expenses incurred. **The Villages Charter School** does not assume responsibility for payment of medical expenses that are not covered by the student accident policy or for benefits that could be received from other sources of coverage or insurance. You must file with any other insurance first, before filing for benefits under the school policy.

HOW TO ENROLL: Enroll online and receive immediate I.D. confirmation by using a valid email: schoolinsuranceonline.com Or [1] (Cómo inscribirse) Complete the enrollment form; [2] Make check or money order for correct amount payable (Envíe su cheque con el formulario) to School Insurance of Florida; [3] Write the student’s name and school in the memo section of your check or money order; [4] Place both the completed application and your check or money order payment in an envelope and mail to School Insurance of Florida. Keep your canceled check or money order receipt as your confirmation of payment. **Insurance cards will not be sent to you unless you request an I.D. card by enclosing another self-addressed, stamped envelope for us to mail the I.D. card back to you. Keep the top portion of this form for your records. No premium refunds after the first day of coverage. MAIL TO: School Insurance of Florida P.O. Box 784268 Winter Garden, Florida 34778. SAVE TIME ENROLLONLINE!! www.schoolinsuranceonline.com**

THE VILLAGES CHARTER SCHOOL SUMMARY OF STUDENT INSURANCE

Underwritten by Reliance Standard Life Insurance, 1100 East Woodfield Road, Two Woodfield Lake, Schaumburg, IL.

The Certificate of Insurance summarizes the policy provisions and benefits. This policy will not pay 100% of all incurred medical expenses. Policy limits and exclusions apply. Policy benefits are payable, subject to the limits specified on the front page, for accidental bodily injury resulting from a covered accident. The company will pay the reasonable cost of covered eligible medical charges not to exceed the maximum benefits listed in the policy (summarized in this form). The maximum benefit payable for any one covered accident is \$25,000. First medical treatment by a licensed physician or dentist for a covered condition must be obtained **within thirty (30) days** from the original date of the covered injury or condition to be eligible for policy benefits. The company will pay for covered medical charges for treatment and care rendered within 52 weeks after the date of a covered accident or condition.

POLICY DEFINITIONS: “Covered Accident” means bodily injury of the insured that results directly and independently of all other causes from a covered accident occurring while the policy is in force. Self-inflicted injuries caused by prolonged over exertion, stress or strain, or disease process or aggravation of an existing condition is expressly excluded from coverage under the accident policy. “Covered Charges” means reasonable charges which are not in excess of usual and customary charges; not in excess of the maximum benefit amount payable for services specified below; services and supplies which are not excluded from coverage; and services and supplies which are a medical necessity for treatment of the covered accident. “Pre-Existing Condition” means any physical condition for which the existence of symptoms would cause a normally prudent person to seek medical care or advice. Physical condition includes any complication or residual of a prior illness, condition or disease the person was advised or treated for in the six (6) months before the effective date of the Insured’s coverage under the policy. “Sickness” means an illness or disease for which symptoms first originate and for which medical treatment is rendered by a physician while this Endorsement is in force. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. “Hospital” means a licensed or properly accredited general hospital which is open at all times and operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients under the supervision of one (1) or more legally qualified physicians available at all times with continuous, twenty-four (24) hour nursing services by Registered Nurses on duty or call. “Hospital” does not mean a facility that is primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating mental or nervous disorders, alcoholics or drug addicts. “At-School Accident Coverage” applies while a covered person is in attendance at the school during the hours and on the days that school is in session; participating in activities, except as a spectator, which are exclusively school-funded, school-sponsored, school-supervised and scheduled by the school on or away from school premises, during or after school hours or school-sponsored religious instruction; traveling, by bus, directly and without interruption to or from the covered person’s residence and the school for regular school sessions or such travel time as is required, however, not to exceed one (1) hour before the regular school classes begin and not more than one (1) hour after school is dismissed; while a covered person is participating in a school-scheduled, school-sanctioned interscholastic sports practice or competition at or away from school premises. “24-Hour Accident Coverage” extends coverage to twenty-four (24) hours per day while a covered person is at home, school or on vacation. Under the 24-hour coverage plan, the same benefits, limitations and exclusions of the “At-School Coverage” plan will apply. No benefits are payable for injuries while practicing for or participating in 9th, 10th, 11th and 12th grade tackle football during offseason or summer. Additional policy terms and provisions apply which are stated in the Master Blanket Accident Insurance Policy issued to the school district. “Effects of Other Coverage” means the insurance coverage provided under the policy shall be “EXCESS” to any other collectible insurance or plans, including but not limited to auto P.L.P. and auto medical payments, HMOs or PPOs, subject to limits stated in the policy when total charges for treatment of a covered accident are in excess of \$250.00. Third party subrogation rights are reserved. Total payments by all insurance plans, including HMOs or PPOs, shall never exceed the total medical expenses incurred.

HOW TO FILE A CLAIM: (Para reportar un reclamo, Comuniquese con la oficina de la escuela). **Report the accident immediately to your school.** Obtain a claim reporting form from your school or this website. Complete the form and mail to School Insurance of Florida, P.O. Box 784268, Winter Garden, FL 34778-4268. Telephone number 800-432-6915. You can also visit our website schoolinsuranceonline.com.

FLORIDA LAW STATES: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an enrollment form containing any false or incomplete, or misleading information is guilty of a felony of the third degree.

EXCLUSIONS: WHAT THE POLICY DOES NOT COVER

1. Participation in organized classes, practices or competitions in boxing, wrestling, self-defense, or martial arts, including but not limited to Karate, Aikido, Tae Kwon Do, Jujitsu, Kung Fu, kickboxing or weapons training unless the organized program is exclusively sponsored, funded, and scheduled by the Member school district Board of Education to which the Policy is issued, and directly supervised by a Member school employee.

2. Damage to other than whole, sound, vital and natural teeth or to existing dental bridges, crowns, restorations or braces; orthodontic procedure and services. Treatment for injury or fracture of tooth caused either by decay, infection or the breakdown of a dental restoration.

3. Pathological stress fractures, boils, athlete’s foot, impetigo or similar skin infection, rashes, poisonous vegetation reactions, warts, blisters, calluses, cramps, muscle spasms, allergies or allergic reactions, ingrown nails, appendicitis, hernia of any kind, however caused; infections occurring other than as a result of such injury; detached retina; or psychiatric care.

4. Any form of illness, sickness or disease including but not limited to the following: Perthes’ Disease, Osgood-Schlatter’s Disease, Osteomyelitis, Osteochondritis, Osteogenesis Imperfecta, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Hysterical Reactions, or similar conditions.

5. Any form of fighting or brawling or criminal or felonious assault or the Insured being engaged in an illegal occupation. Intentionally self-inflicted injury.

6. Services or treatment rendered as a part of the member school service by a hospital, physician, n employed or retained by the member, or by a person related to the Insured by blood or marriage.

7. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine-driven vehicle. Eligible medical expenses not collectible from other valid coverage will be payable up to \$2,000.00.
8. War or any act of war (raids by air, land or sea shall be deemed act of war), civil disobedience, plots or insurrection.

9. Injuries sustained by the Insured for which benefits are payable under any Workers’ Compensation or Employer Liability Laws, or while engaging in activity for monetary gain from sources other than the Member.

10. Aviation in any form except while the Insured is riding as a passenger in a licensed airplane provided by an incorporated passenger carrier on a regularly scheduled passenger flight and route.

11. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snowmobile, all-terrain vehicle, or two (2) or three (3) wheeled motor vehicle.

12. The use of or while under the influence of drugs unless administered as prescribed by a physician.

13. The existence or aggravation of physical or mental infirmity, condition or disease, whether infectious, congenital, secondary or acquired in origin. Conditions or the aggravation of conditions that originated prior to the Insured’s Effective Date.

14. Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association-sponsored catastrophe sports accident policy or trust fund is expressly excluded from coverage.

15. Snow skiing, snow tubing, snowboarding, water skiing, wake boarding, surf boarding, hydrosledging, jet skiing or using any “personal watercraft” as defined by Florida statutes. Injury as a result of skate boarding.

16. Injury as a result of non-traumatic, repetitive, overuse syndrome in excess of a maximum aggregate policy limit of \$0.00.

17. Any expense for which a benefit is not listed.

18. Participation in any sports camps, clinics, or league practices or competitions organized by a college, private entity, or associations.

This Policy is “Excess Coverage” which means if you have other insurance, an HMO or PPO that is also in effect, this policy will consider payment of eligible medical expenses after your other insurance has provided their full payments. You must file a claim with your other primary insurance to be eligible to receive benefits from this accident insurance policy. If you do not have other primary insurance, this policy will pay up to the specified limits of selected policy plan.

A certificate of insurance summarizes the provisions and benefits of the **Policy #09-0181** (files form # LRS-8985-0100-FL). Any difference between the policy and the certificate will be settled according to the provisions of the policy.

KEEP THIS FORM FOR YOUR RECORDS Policy number 09-0181.



KidGuard® STUDENT ACCIDENT INSURANCE 24 HOUR APPLICATION

USE THE FORM BELOW — OR ENROLL ONLINE AT SCHOOLINSURANCEONLINE.COM TO AVOID PROCESSING DELAYS:

1. SIGN YOUR CHECK.
2. WRITE YOUR STUDENT'S NAME IN THE CHECK MEMO AREA. **SAVE TIME ENROLL ONLINE!!** www.schoolinsuranceonline.com
3. FILL OUT THE APPLICATION COMPLETELY AND RETURN WITH CHECK
4. **No Refunds after the first day of coverage.**

Yes! Enroll my student in the Expanded 24 Hour Protection Plan!

Amount to Pay \$55 Check or Money order Number #: _____

STUDENT'S NAME – First, Last Name (Primer Nombre el Estudiante, Apellido) – One letter per box

HOME ADDRESS (Dirección)

CITY (Ciudad) STATE (Estado) ZIP (Código Postal)

FULL NAME of SCHOOL (Nombre de la Escuela) _____ GRADE (Grado) _____

SIGNATURE of PARENT/GUARDIAN _____ DATE _____
(Firma del padre o guardián) (Fecha)

COMPLETE AND SEND WITH PAYMENT TO: School Insurance of Florida P.O. Box 784268 Winter Garden, Florida 34778
NO REFUNDS after the first day of coverage. Insurance cards will not be sent unless you request an I.D. card by enclosing another self-addressed, stamped envelope for us to mail the I.D. card back to you. Keep the top portion of this form for your records. No premium refunds after the first day of coverage. **SAVE TIME ENROLL ONLINE** and receive an ID card immediately.