The School Board of the Gloucester County Public Schools has purchased Student Accident Insurance for all students while attending school and participating in school sponsored and supervised activities, including high school football and all other interscholastic athletics. There is no charge for the School Board’s basic plan and no action is required on your part to receive this coverage. Your child is automatically enrolled. Head Start students receive coverage through the Parent Child Development Center and therefore are not covered under this plan.

There is a maximum $25,000 benefit payable for any one accident. Sickness and disease are not covered. This plan DOES NOT PAY 100% of all medical and dental expenses and is a “secondary” plan. In other words, it only pays benefits that are not covered and payable by any other individual or family accident, health, dental, or auto medical insurance programs the student(s) has in place at the time of the accident. If you have existing coverage, this plan can be used to help pay your co-payment or deductible for your existing coverage.

Only “eligible expenses” are covered by the School Board plan as outlined on the reverse side of this notice; therefore, it is important for the parents and guardians to continue to include the student(s) within their individual or family insurance benefit programs. If there are any questions regarding this benefit please contact:

Scholastic Insurors, Inc.
P. O. Box 3194
Johnson City, TN 37602
800-872-1953
FAX (423) 928-2761

If you wish to file a claim during the school year, you may obtain a claim form from your school nurse. The claim should be filed within ninety (90) days of the accident.

NOTE: The School Board’s plan covers students while traveling directly and without interruption to and from the student’s residence and school.

Parents and guardians may purchase optional benefit packages to increase the benefits of the School Board’s basic plan and also cover the student(s) for 24-hours. If you wish to add benefits to the School Board’s basic plan on behalf of your student(s), please contact your school office and request a benefit summary and enrollment form for each child. Upon receipt, mail the completed form(s) with your payment directly to Scholastic Insurors in the envelope provided. Annual premiums range from $9 to $141.

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<th>Location</th>
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<td>GHS</td>
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<td>Out of Division Placement</td>
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Following Is Information Outlining The Benefits, Limitations And Exclusions Of The Student Accident Insurance Plan Purchased By GLOUCESTER COUNTY PUBLIC SCHOOLS

BENEFITS
If accidental bodily injury occurs while participating in a school sponsored and supervised activity and requires treatment within 30 days from the original date of injury by a licensed physician, or treatment in a legally constituted hospital, the insurance company will pay the reasonable and necessary expenses (SEE LIMITATIONS BELOW) for necessary medical, dental or hospital care provided within one year from the date of the injury up to the policy maximum amount for any one injury, which are not paid by other collectible insurance plans. The insured shall have free choice of a physician or hospital for treatment. If, however, an insured has valid coverage through another insurance plan(s) and does not choose a physician or hospital through the other plan, we will pay benefits as if the other plan’s guidelines had been followed.

LIMITATIONS
- **Maximum Medical Benefit** ($25,000 per injury)
- Outpatient Hospital Surgical Charges ($3,000 max)
- Hospital Room and Board (Semi-private room)
- Inpatient Hospital Miscellaneous Charges ($3,000 max)
- Physician’s Surgery/Fracture care fees *(R&N-$3000 max)*
- Physician’s Non-Surgical Visits or Consultations ($35/visit)
- Physical Therapy ($35/visit - $350 max)
- Dental ($200 per tooth)
- Ground Ambulance ($150 per injury)
- Motor Vehicle ($500 per injury)
- Orthopedic Appliance ($100 max)
- Diagnostic x-rays, MRI’s, CAT Scans ($400 per injury)
- Eyeglasses ($50/injury)
- Outpatient Prescription Drugs ($50/injury)
- **NOTE**

PLEASE READ CAREFULLY:
To file a claim, notify the principal’s office at the school your child attends. Obtain a claim form from your child's school nurse and submit the claim along with bills (within 90 days of the date of accident) to: Scholastic Insurers, Inc., P. O. Box 3194, Johnson City, TN 37602. If you have questions or need assistance, contact Scholastic Insurers, (800-872-1953).

EXCLUSIONS...THE POLICY DOES NOT COVER
1. Contact lenses or hearing aids; damage to other than whole, sound, natural teeth or to existing dental bridge, crowns, restorations, or braces; orthodontic procedures and services; drugs, injections, miscellaneous supplies and medications except while hospital confined.
2. Boils, athlete’s foot, impetigo or similar skin infections, 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.
3. 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.
4. Any form of criminal or felonious assault or the insured’s being engaged in an illegal occupation.
5. Services or treatment rendered as a part of the school service by a hospital, physician, or person employed or retained by the Sponsor, or by a person related to the Covered Person by blood or marriage.
6. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine driven vehicle; provided, however, that eligible medical expenses not collected from other valid coverage will be payable up to $500.00 in the aggregate.
8. Injuries sustained by a Covered Person hereunder for which benefits are payable under any Workmen’s Compensation or Employer Liability Laws, or while engaging in activity for monetary gain from sources other than the school.
9. Aviation in any form except while the Covered Person is riding as a passenger in a licensed airplane provided by an incorporated passenger carrier on a regularly scheduled passenger flight and route.
10. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snowmobile or two or three wheeled motor vehicle.
11. The use of or while under the influence of drugs or intoxicants unless administered as prescribed by a physician.
12. 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 persons coverage under the policy.
13. Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association catastrophe sports accident policy is expressly excluded under the policy.

RETAIN THIS DESCRIPTION OF COVERAGE FOR YOUR RECORDS.