

**Volunteers Accident Medical Insurance Program for:  
Member Schools of Pennsylvania School Boards Association**



**Administered by:**

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**Underwritten by  
Gerber Life Insurance Company**

# Program Overview

## Who is Covered

For all Volunteers (non-paid) belonging to Member Schools of the Pennsylvania School Boards Association that rely on non-paid workers for operations or projects. Coverage is provided for volunteer activities that are performed in the United States. *Students, Interns and Trainees are not considered Volunteers for the purposes of this Program.*

## When Covered

Insurance coverage is provided for covered Injuries incurred during the hours and days when the Program is in session and while attending or participating in Program sponsored and supervised activities on or off Policyholder premises. Coverage is provided for traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from the Insured's home premises and the site of such activities.

Schedule of Benefits	Plan 1	Plan 2
Accident Medical Maximum	\$5,000	\$25,000
Accident Medical Deductible	\$0 per Injury	\$100.00 per Injury
Loss Period	60 days after date of Injury	
Benefit Period	52 weeks within date of Injury	
Accidental Death Benefit	\$10,000	\$20,000
Single Dismemberment Benefit	\$ 5,000	\$10,000
Double Dismemberment Benefit	\$10,000	\$20,000

## Definitions

**“Deductible”** means the Reasonable Expenses for Necessary Treatment which the Insured Person must incur, per Accident, before the Company pays any benefits under the Hospital and Professional Services Benefits provision.

**“Injury”** means Accidental bodily injury which: (i) is direct and independent of any other cause; and (ii) requires treatment by a licensed physician or surgeon, acting within the scope of his or her license.

**“Hospital”** means a place that meets all of the following requirements: 1) Has an organized medical staff; 2) Has permanent facilities that are equipped and operated mainly for the purpose of performing surgical procedures;

- Provides continuous services of Physicians and registered nurses, whenever a patient is in the facility.
- 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.

**“Reasonable Expense”** means the usual, reasonable and customary fee or charge for the services rendered and the supplies furnished in the area where and at the time such services are rendered or supplies furnished, as determined by the Company. Such services and supplies must be recommended and approved by a Physician.

## Benefits

**Accident Medical Expense:** The Company will pay Reasonable Expenses incurred as an additional benefit to an Insured Person due to an Injury caused by an Accident. The Insured Person must be covered under the Plan on the date of the Accident. The first expense must be incurred within 60 days after the date of the Accident.

Services must be given: (1) by a Physician; and (2) for Necessary Treatment. Benefits are paid to the maximum for any one Injury for Reasonable Expenses which are in excess of the Deductible and any Copayment. Benefits are subject to the Coverage and Limitations, the Exclusions and all other provisions of the Plan. Services must be received within 1 year from the date of the Accident. Expenses incurred after 1 year from the date of the Accident are not covered even though the service is a continuing one or one that is necessarily delayed beyond 1 year from the date of the Accident.

## Accidental Death Dismemberment Benefit

The Company will pay a benefit for loss due to an Injury caused by an Accident to an Insured Person. Losses other than loss of Life must occur within 365 days after the date of the accident. The Insured Person must be covered under the Plan on the date of the Accident. The benefits as shown in the Schedule of Benefits (the largest applicable amount) are paid in addition to the medical benefit.

## Exclusions

Benefits are not paid for any loss caused by or resulting from: (a) Injuries which are not caused by an Accident; (b) Treatment by persons employed or retained by the Policyholder or by any member of the Insured Person's Immediate Family; (c) Treatment that is not Necessary Treatment; (d) Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis; (e) Custodial care confinements or services; (f) Charges in excess of the Reasonable Expense; (g) Cosmetic surgery except when the surgery is necessitated by a covered Injury; (h) Experimental or Investigational Treatment; (i) Routine physical or other examination when there are no objective indications of impairment of normal health; (j) 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; (k) Treatment of: weak, strained, flat, unstable or unbalanced feet, corns, calluses, or toenails; (l) Counseling or psychiatric treatment, or educational or vocational testing or training; (m) Injuries covered by any occupational benefit plan, other insurance, or public assistance program; (n) 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; (o) Medical expenses for which the Insured Person is entitled to benefits under any (a) Workers' Compensation act; or (b) mandatory no-fault automobile insurance contract; or similar legislation; (p) Fighting or brawling except in self defense; (q) Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain.

National Representative



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**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~~ GER-BA-20(PA), underwritten by Gerber Life Insurance Company. If there is any conflict between this brochure and the Policy, the Policy will prevail.