

K-12 Accident Insurance



Our K-12 Accident Insurance program makes it possible for schools to demonstrate their commitment to the health and well-being of their students and athletes. Schools are liable for the safety of their students in all situations and activities, from the bus to the basketball courts, and parents don't expect to be saddled with the out-of-pocket medical expenses that come from accidents at school.

Our Student Accident program helps fill coverage gaps and resolve claims before legal action is filed, providing schools and parents with additional financial protection. Whether an accident happens in the classroom, while taking a field trip, on the playground, or on the field during a sporting event, your students are covered.

School or District-Paid Coverage

School Time Coverage

Provides benefits for covered injuries sustained when school is in session and while participating in school-sponsored and supervised activities, on or off school premises. Travel to and from such activities is also included.

Interscholastic Sports Coverage

Provides benefits for covered injuries sustained during tryouts, pre-season, and post-season play, and travel to and from games and/or practice.

Additional Coverage Options

Coverage can be added for:

- Before/After School Care
- District Band
- JROTC
- Work Based Learning
- Adult Volunteers

Voluntary/Parent-Paid Coverage

Available to the student body and paid for by each covered person.

Full-time 24-Hour Accident Medical Coverage

Provides benefits for covered injuries around the clock and throughout the year including weekends, vacations and during the summer. Each insured person is covered while at home or away, any place and any time. Includes coverage for all interscholastic sports, excluding those participating in Senior High interscholastic tackle football.

School Time Accident Medical Coverage

Provides benefits for covered injuries sustained when school is in session and while participating in school-sponsored and supervised activities, on or off school premises. Travel to and from such activities is also included. Includes coverage for all interscholastic sports, excluding those participating in Senior High interscholastic tackle football.

Interscholastic Football Coverage

Provides benefits for covered injuries sustained during football tryouts, pre-season and post-season play, including travel to and from games and/or practice.

Benefits can be payable on a primary or excess basis in most states. In North Carolina, only primary benefits are available for Voluntary coverage.



Summary of Benefits

How Benefits are Paid

- School or District- Paid plans are payable on an excess basis.
- Voluntary/Parent-Paid plans are payable on a excess or primary basis.

Excess coverage means that Accident Medical Expense Benefits are reduced by amounts already paid or payable by any Other Plan of insurance. If a participant has no Other Plan of insurance, then Accident Medical Expense benefits are paid on a primary basis. Primary coverage means that Accident Medical Expense Benefits apply regardless of other insurance coverage that may be available.

Accidental Death, Dismemberment & Paralysis – \$10,000

Pays lump sum benefits if a covered accident results in loss of life, limb, sight, speech, hearing, or paralysis within one year of the date of the Accident. Includes Paralysis for District Paid Plans.

Accident Medical Expense Benefit – \$25,000

Helps pay the cost of Medical Expenses resulting from an Accidental Bodily Injury. Accident Medical Expense Benefits are only payable:

- For Reasonable and Customary Charges for Medical Services, up to the Maximum Benefit Amount;
- For Medically Necessary Medical Services;
- If an Insured incurs expenses for care or treatment within 60 days of the Accident causing the Accidental Bodily Injury; and
- For expenses incurred within 52 weeks of the date of the Accident causing the Accidental Bodily Injury.

Plan Options

	Standard Plan	Intermediate Plan	Premier Plan
Accident Medical Expense	\$25,000 Deductible: \$0	\$25,000 Deductible: \$0	\$25,000 Deductible: \$0
Sub-Limits			
Intensive Care Room and Board	R&C up to \$200 per day	R&C up to \$400 per day	100% R&C
Private/Semi-private Room and Board	R&C up to \$200 per day	R&C up to \$400 per day	100% R&C
Hospital Miscellaneous Services	R&C up to \$500 per day	R&C up to \$1,000 per day	80% R&C up to \$10,000
Surgeon's Fees	R&C up to \$750	R&C up to \$1500	80% R&C up to \$5,000
Assistant Surgeon Fees	20% of surgery benefit	25% of surgery benefit	80% R&C
Second Opinion or Consultation Fees	R&C up to \$200	R&C up to \$400	80% R&C up to \$600
Anesthesiologist Fees	20% of surgery benefit	25% of surgery benefit	80% R&C
Emergency Room Treatment	R&C up to \$200	R&C up to \$400	80% R&C up to \$600
Ambulatory Medical Center Fees	R&C up to \$750	R&C up to \$1000	80% R&C up to \$5,000
Office Visits (other than for Physical Therapy)	R&C up to \$30 first visit, up to \$25 for subsequent visits	R&C up to \$50 first visit, up to \$30 for subsequent visits	100% R&C up to \$75 per visit
Physical Therapy	R&C up to \$30 for first visit, up to \$25 for subsequent visits up to 5 Maximum Visit(s)	R&C up to \$50 for first visit, up to \$30 for subsequent visits up to 10 Maximum Visit(s)	80% R&C up to \$75 per visit, up to 15 Maximum Visit(s)
X-rays	R&C up to \$200	R&C up to \$400	80% R&C up to \$600
MRI/CT Scan	R&C up to \$200	R&C up to \$400	80% R&C up to \$1200
Laboratory Services	R&C up to \$50	R&C up to \$100	80% R&C up to \$600
Dental Services	R&C up per tooth: \$100	R&C up to per tooth: \$300	80% R&C up to \$2,000
Prescription Drugs	R&C up to \$50	R&C up to \$100	100% R&C
Registered or Licensed Nurse	75% of R&C	80% of R&C	100% of R&C
Emergency Transportation Vehicle	R&C up to \$200 for ground and air ambulance	R&C up to \$500 for ground and air ambulance	80% R&C up to \$1,500 for ground and air ambulance
Durable Medical Equipment	R&C up to \$50	R&C up to \$100	80% R&C up to \$500

*R&C means Reasonable & Customary expense.

Optional Extended Dental Treatment Benefit (Voluntary Only)

For additional premium, dental benefits may be extended under the overall Medical Expense Maximum to provide payment of eligible expenses to a maximum of \$50,000. This additional coverage provides payment for the R&C expenses incurred within two years from the date of a covered accident. Contact The Young Group for further details.

Additional Benefits on School or District-Paid Plans

Loss of Life – Heatstroke – \$10,000

Accidental Death benefit is payable if the insured person suffers death due to heatstroke within 26 weeks after participating in the covered activity.

Loss of Life – Heart or Circulatory Malfunction – \$10,000

Accidental Death benefit is payable if the insured person suffers death due to heart or circulatory malfunction within 26 weeks after participating in the covered activity.

Medical Expenses – Heart or Circulatory Malfunction – \$10,000

Medical expenses are payable if the insured person suffers an injury due to heart or circulatory malfunction within 26 weeks after participating in the covered activity.

Random Act of Violence – \$10,000

Provides Psychological Therapy benefit with option to reimburse the school as well as Family Travel Expense which reimburses the travel expense (i.e. meals and lodging) of immediate family member if insured requires a hospital stay of more than 5 days.

Coverage Definitions, Exclusions, and Limitations

“Accident” or “Accidental” means a sudden, unforeseen, and unexpected event which: (1) happens by chance; (2) arises from a source external to an Insured; (3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; (4) occurs while the Insured is covered under the policy which is in force; and (5) is the direct cause of loss.

“Accidental Bodily Injury” means bodily injury which: 1) is Accidental; 2) is the direct cause of a loss; and 3) occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not mean a Repetitive Motion Injury.

“Medically Necessary” means a medical or dental service, supply or course of treatment which: (1) is ordered or prescribed by a Physician; (2) is appropriate and consistent with the patient's diagnosis; (3) is in accord with current accepted medical or dental practice; and (4) could not be eliminated without adversely affecting the patient's condition.

“Insured Person” means a person, qualifying as a Class member under Section I of the Schedule of Benefits: 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid.

“Medical Services” means Medically Necessary services, including but not limited to: (1) medical care and treatment by a Physician; (2) Hospital room and board and Hospital care, both inpatient and outpatient; (3) drugs and medicines required and prescribed by a Physician; (4) diagnostic tests and x-rays prescribed by a Physician; (5) transportation in an Emergency Transportation Vehicle from the location where such Insured becomes injured to the nearest Hospital where appropriate medical treatment can be obtained; (6) dental care and treatment due to Accidental Bodily Injury; (7) physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage and the office visit associated with such therapy; (8) treatment performed by a licensed medical professional when prescribed by a Physician, if hospitalization would have been otherwise required; (9) rental of Durable Medical Equipment; (10) artificial limbs and other prosthetic devices; (11) orthopedic appliances or braces; and (12) eyeglasses, contact lenses and other vision or hearing aids.

“Other Plan” means any other insurance or payment source for Medical Services or disability, including but not limited to health coverage, disability insurance, worker's compensation insurance; or coverage provided or required by any law or statute, including, automobile insurance “fault” or “no-fault”, employer sick leave or salary continuation plan, or similar benefit provided or required by governmental plan or program.

“Physician” means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: 1) an Insured Person; 2) an Immediate Family Member.

“Reasonable & Customary” means the lesser of: (1) the usual charge made by Physicians or other health care providers for a given service or supply; or (2) the charge We reasonably determine to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished.

“Loss” means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Quadriplegia, Paraplegia, Hemiplegia, Loss of Speech, Uniplegia, or Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident.

“Quadriplegia” means complete and irreversible loss of all motion and all practical use of both arms and legs that lasts longer than 365 days, as determined by a Physician approved by Us.

“Hemiplegia” means complete and irreversible loss of all motion and all practical use of both arms and legs that lasts longer than 365 days, as determined by a Physician approved by Us.

“Paraplegia” means complete and irreversible loss of all motion and all practical use of both legs that lasts longer than 365 days, as determined by a Physician approved by Us.

“Uniplegia” means complete and irreversible loss of all motion and all practical use of one arm or one leg that lasts more than 365 days, as determined by a Physician approved by Us.

Coverage Exclusions and Limitations

This insurance does not apply to any accident, accidental bodily injury, or loss caused by or resulting from, directly or indirectly:

- An insured person being in, entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.
- An insured person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical, diagnostic, or surgical treatment thereof. This exclusion does not apply to an Insured Person's bacterial infection caused by an accident or from accidental consumption of a substance contaminated by bacteria or accidental ptomaine poisoning.
- An insured person's commission of any felony, or assault, or participation in an illegal occupation, riot, insurrection, or civil commotion.
- Any occurrence while an insured person is incarcerated after conviction.
- An insured person being intoxicated at the time of an accident. Intoxication is defined by the laws of the jurisdiction where such accident occurs. If such jurisdiction does not have a law to define intoxication, then under this policy it will mean a blood alcohol content of .08 or greater.
- An insured person being under the influence of any narcotic or other controlled substance or intentionally ingesting or inhaling any poison gas or fumes at the time of an accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a physician.
- An insured person operating a motor vehicle without the required license, permit restriction, or in violation of a license restriction to operate such motor vehicle in the jurisdiction where the accident occurred.
- An insured person being in, entering, or exiting any aircraft: 1) owned, leased or operated by the policyholder or on the policyholder's behalf; or 2) operated by an employee of the policyholder on the policyholder's behalf.
- An insured person's participation in bungee jumping, parachuting, skydiving, ultralight, hang-gliding, paragliding, or parasailing.
- An insured person being engaged in or participating in a motorized vehicular race or speed contest or a practice for a race or speed contest.

- An insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.
- An insured person's suicide, attempted suicide, or intentionally self-inflicted injury.
- War, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these, the destruction or seizure of property for a military purpose, or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss. Undeclared war does not include acts of terrorism.

Limitation on Accident Medical Expense

The Benefit Amount for Accident Medical Expense does not apply to charges and services:

- for which an Insured Person has no obligation to pay;
- for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act;
- for any injury occurring while fighting, except in self defense;
- for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice;
- for treatment by a person employed or retained by the Policyholder;
- personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, internet access, barber services or guest meals while confined in a Hospital;
- routine physical exams that are not the result of an Accidental Bodily Injury.

Additional exclusions, limitations, or conditions may also apply to specific benefits or hazards. Please review the policy for additional details.

Contact Us

To learn more or to request a quote, contact The Young Group.

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This information is a brief description of the features of this insurance program. Coverage may not be available in all states or certain terms may be different where required by law. The provision of this document is for informational purposes only and is not an insurance contract. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com. Insurance provided by Federal Insurance Company and its U.S.-based Chubb underwriting company affiliates. Copyright ©2025

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