

**2023-2024 STUDENT ACCIDENT  
INSURANCE ON-LINE ENROLLMENT**

**Open Enrollment Program**

**K-12 Voluntary Student Accident Enrollment**

- Includes School Time, 24-Hour

*See page 5 for a description of each Voluntary Student Accident Medical Plan*

**Cost Summary per Plan:**

Plan "A" : \$ 29.00 School Time Rate  
\$ 103.00 24 Hour Rate  
\$ 8.50 Dental Services

Plan "AA": \$ 38.00 School Time Rate  
\$ 137.00 24 Hour Rate  
\$ 9.00 Dental Services

Plan "AAA": \$ 48.00 School Time Rate  
\$ 173.00 24 Hour Rate  
\$ 9.50 Dental Services

**In the link below, select your school that is covered under the plan "Pottstown School District" and enroll online.**

(link)

## [K-12 Voluntary Student Accident Insurance Online Enrollment](#)

*Snapshot of  
website: [enrollment](#)*

### Voluntary Student Accident Insurance Enrollment

Step 1 of 6

16%

#### To Enroll

- 1) Choose your School District and Program Coverage Type
- 2) Choose your Coverage Option
- 3) Enter the Student's name and other required contact information
- 4) Provide an email address and agree to Voluntary Consent to Electronic Transactions
- 5) Read the applicable Fraud Warning
- 6) Provide payment with credit card
- 7) Check your email for your student's Proof of Insurance and payment receipt

School District \*

Please make certain that you select the correct school district.

Pottstown School District (PA)

***Pottstown School District***

#### Choose Program Coverage

Please select ONE of the program coverages below (you may only select one plan overall).

Program Coverage \*

-- Select One --

***\*select the coverage: School Time  
or 24 Hour***

Next

**\*Cost per Plan Option: School Time  
or 24 Hours**

## Voluntary Student Accident Insurance Enrollment

Step 2 of 6

33%

### School Time \*

- School term while on school premises while school is in session and during school sponsored and supervised activities on and off premises.
- Includes participation in interscholastic sports, excluding any participation in senior high interscholastic football.
- Summer Recreation Activities sponsored and supervised by the school.
- Travel to and from school sponsored activities while in a vehicle furnished by the policyholder.

- AAA with extended Dental Accident Insurance - \$57.50
- AAA - \$48
- AA with extended Dental Accident Insurance - \$47.00
- AA - \$38
- A with extended Dental Accident Insurance - \$37.50
- A - \$29

### Total

\$0.00

Previous

Next

## Voluntary Student Accident Insurance Enrollment

Step 2 of 6

33%

### 24-Hour \*

- Students are eligible.
- 24 hour, 7 days a week coverage with benefits payable up to 12 months from injury date.
- School sponsored and supervised activities and sports, excluding senior high interscholastic (grades 10-12) football.
- Travel to and from school sponsored activities while in a vehicle furnished by the policyholder.

- AAA with extended Dental Accident Insurance - \$182.50
- AAA - \$173
- AA with extended Dental Accident Insurance - \$146.00
- AA - \$137
- A with extended Dental Accident Insurance - \$111.50
- A - \$103

### Total

\$0.00

Previous

Next

To complete the online enrollment, continue following the steps to enter the student and parent/guardian information , consent to electronic transaction and payment options

*website: student information*

## Voluntary Student Accident Insurance Enrollment

*\*Student Information*

Step 3 of 6

50%

Student Name

First

Last

Address

Street Address

Address Line 2

City

State

ZIP Code

Previous

Next

*\* following windows: parent information, followed by consent forms and payment options (credit card or ACH from bank account)*

*website: Consent to Electronic Transactions*

## Voluntary Student Accident Insurance Enrollment

Step 5 of 6

83%

Voluntary Consent to Electronic Transactions

### Voluntary Consent to Electronic Transactions

By placing your name and signing this Voluntary Consent to Electronic Transactions, you voluntarily consent to transacting electronically with Alive Risk (referred to as "Alive Risk", or as "we", "us", or "Company" in this document). Alive Risk is a part of the Ryan Specialty Underwriting Managers division of RSG Specialty, LLC, a Delaware limited liability company based in Illinois. RSG Specialty, LLC, is a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License #0G97516). You also consent to receive certain documents electronically as may be required by law for Alive Risk to provide to you, such as insurance notices and insurance forms, including but not limited to evidence of enrollment, underwriting forms, certificates of insurance, policy forms, quotes, binders, applications, claims forms, and/or other disclosures, as well as voluntarily consent to electronic premium payments, and all other electronic payments and/or reimbursements. Altogether these transactions that you voluntarily consent to are referred herewith as "Insurance

I read and agree to these terms.

Email Address

Today's Date

mm/dd/yyyy

Previous

Next



## 2023 – 2024 Voluntary Student Accident Medical Plans

### Pennsylvania

Voluntary Plans	A	AA	AAA
Accidental Medical Maximum	\$25,000	\$25,000	\$25,000
Deductible	\$0	\$0	\$0
Coverage	Full Excess	Full Excess	Full Excess
Benefit Period	52 weeks	52 weeks	52 weeks
Loss Period	60 days	60 days	60 days
Condition of Coverage	School Time or 24-Hour	School Time or 24-Hour	School Time or 24-Hour
<b>Inpatient Hospital Services</b>			
Room & Board	\$200/day	\$500/day	U&C
Intensive Care	\$400/day, 7 day maximum	\$1,000/day, 7 day maximum	U&C
<b>Hospital Miscellaneous Expenses</b>			
Hospital Miscellaneous Expenses <sup>1</sup>	\$5,000	\$10,000	U&C
In-Hospital Physiotherapy	U&C, 30 visit maximum	U&C, 30 visit maximum	U&C, 30 visit maximum
In-Hospital Orthopedic Appliances	\$1,000	\$2,000	U&C
<b>Outpatient Hospital Services</b>			
Outpatient Orthopedic Appliances	\$500	\$1,000	U&C
Ambulatory Medical Center	U&C	U&C	U&C
Emergency Room Treatment (without Hospital Confinement)	\$300	\$400	U&C
Outpatient X-ray, CT Scan, MRI	\$350	\$650	U&C
Outpatient Laboratory Tests	\$350	\$650	U&C
Outpatient Physiotherapy <sup>2</sup>	\$40/visit, 10 visit maximum	\$50/visit, 10 visit maximum	U&C, 10 visit maximum
Outpatient Nursing Services	U&C	U&C	U&C
Outpatient Prescription Drugs	U&C	U&C	U&C
<b>Physician Services</b>			
Surgery	\$1,000	\$2,000	\$3,000
Assistant Surgeon	25% of surgery allowance	25% of surgery allowance	25% of surgery allowance
Second Opinion or Consultation	\$150	\$300	U&C
Anesthesia and its Administration	25% of surgery allowance	25% of surgery allowance	25% of surgery allowance
In-Hospital Visits	U&C	U&C	U&C
Office Visits	U&C	U&C	U&C
<b>Other</b>			
AD&D	\$10,000	\$20,000	\$20,000
Benefit Limit for Covered Losses from any one Motor Vehicle Accident	\$10,000	\$10,000	\$10,000
Ambulance (Air & Ground)	U&C	U&C	U&C
Eyeglasses, Contact Lenses, Hearing Aids	U&C	U&C	U&C
<b>Rates – School Time</b>	<b>\$29</b>	<b>\$38</b>	<b>\$48</b>
<b>Rates – 24 Hour</b>	<b>\$103</b>	<b>\$137</b>	<b>\$173</b>
Dental Services- Trauma <sup>3</sup>	\$400 per tooth, U&C for braces	\$500 per tooth, U&C for braces	U&C
Dental Services- Replacement <sup>4</sup>	\$750	\$1,000	U&C
<b>Rates – Dental Accident Insurance</b>	<b>\$8.50</b>	<b>\$9.00</b>	<b>\$9.50</b>

<sup>1</sup>Includes: Inpatient Orthopedic Appliances, X-ray, laboratory tests, Inpatient Physiotherapy, pre-admission tests and all necessary charges other than room and board, for services received during a Hospital Stay

<sup>2</sup>Includes: acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment

<sup>3</sup>For treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of covered injury as well as examination, x-rays, restorative treatment, endodontics, oral surgery, and treatment for gingivitis resulting from trauma.

<sup>4</sup>Replacement of caps, crowns, dentures, and orthodontic appliances (including braces), fillings, inlays, Crozet appliances, endodontics, oral surgery, examinations and x-ray services as a result of injury

#### COMMON EXCLUSIONS:

1. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;
6. parachuting;
7. travel in or on any off-road motorized vehicle that does not require licensing as a motor vehicle;
8. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
9. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
10. injuries compensable under Workers' Compensation law or any similar law;
11. the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
12. practice or play in Senior High Interscholastic Football, including travelling to and from games and practices.
13. benefits will not be paid for services or treatment rendered by any person who is:
  - a. employed or retained by the Policyholder;
  - b. living in the Insured Person's household;
  - c. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse;or
  - d. the Insured Person.

#### EXCLUDED EXPENSES:

1. expenses payable by any automobile insurance policy without regard to fault;
2. cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury;
3. examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, orthopedic braces, or orthotic devices;
4. services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;

LIMITATIONS: Any Injury occurring, and expenses incurred there from, as a result of a covered accident which occurs while an Insured is engaged in an activity which is covered under the School's Compulsory Plan, will not be covered under a Voluntary Plan.

#### SCHOOL TIME COVERAGE

Covers an injury occurring while attending school sponsored and supervised activities such as plays, assemblies, class trips, interscholastic sports (other than Sr. high football), intramural sports, gym and physical education classes. Coverage includes travel to and from school and activities.

#### 24-HOUR COVERAGE

Covers your student for all of the above, plus accidents occurring away from school, in the evenings and on the weekends, vacations, etc.

#### FULL EXCESS COVERAGE

Benefits are payable for Medically Necessary Covered Expenses that are in excess of amounts payable under any Other Health Care Plan and are subject to the applicable Total Maximum for all Accident Medical Benefits. If the Insured is not covered by any Other Health Care Plan providing Accident Medical Benefits, the excess provision shall not apply, and benefits are payable to the Total Maximum for all Accident Medical Benefits as shown in your Master Insurance Application.

#### Disclosure

US insurance coverage is underwritten by AXIS Insurance Company. Coverage is subject to exclusions and limitations and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.

#### Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

To Enroll: Please visit <https://www.aliverisk.com/StudentAccidentEnrollment> to complete the enrollment form.