



Summer School and Camp Insurance

STATEMENT OF COVERAGE FOR PARENTS

Your Child's Plan:

- Day
- Boarding

\$100 Deductible Applies:

- Yes
- No

Who is covered

The IS/IT Summer School and Camp Student Accident Coverage applies to two circumstances:

- Those children who attend a Summer Program or Camp sponsored by the School;
- Those children who attend a private camp that is affiliated with the School.

If the "Day" rate is paid, children are covered while under the care and direction of the Summer School or Camp and while traveling directly to or from Summer School or Camp sessions.

If the "Boarding" rate is paid, coverage extends to 24 hours a day while the children are under the care and direction of the School or Camp.

Both plans include coverage of children when traveling in a School- or Camp-authorized vehicle, and when off-campus under the direct and immediate supervision of the School or Camp.

What is covered

Student Accident Insurance covers accidental bodily injury which occurs while the insured is covered under the Policy. If an accidental injury to a student or camper requires hospitalization or treatment by a legally qualified physician or surgeon (including certain specified allied health providers) within 30 days of its occurrence, the Policy will pay the reasonable and customary expenses incurred for necessary medical, dental*, or hospital care—within one year from the date of injury (within 104 weeks for covered Accidental Dental expenses)—up to the medical maximum of \$30,000 for any one injury, subject to the **Deductible Amount** (if selected), **Excess Provision**, and **Exclusions** outlined in this brochure. Expenses incurred after one year from the date of injury are not covered, even though the service is a continuing one or one that is necessarily delayed beyond one year from the date of injury. In Florida, dental treatment includes general anesthesia and hospitalization as defined in the Policy.

*Dental benefits are limited to treatment of sound and natural teeth with a 104 week benefit period.

In addition, the Plan provides an Accidental Death, Dismemberment, and Loss-of-Sight Benefit within 180 days* from date of injury for:

- Loss of life \$1,000
- Loss of one hand, foot, or sight of one eye \$2,500
- Loss of both hands, feet, or sight of both eyes \$5,000

*365 days in WA; only applies to loss of hand, foot, eye or sight in PA.

Deductible amount

For those Plans subject to the deductible, the deductible amount per injury consists of the greater of:

- \$100; or
- The amount collectible from any other insurance sources, subject to the Excess Provision, if applicable.

Excess provision

The Policy's liability for benefits payable due to expenses incurred will be limited to the part of expenses, if any, that is in excess of the total benefits payable by other valid coverage on an expense incurred or provision-of-service basis. Other valid coverage includes any other insurance or medical service plan; HMO's, PPO's; Workers' Compensation*, Federal, State or Local Government Plans (except Medicaid)*; and Automobile No-fault insurance.* Incurred expenses include hospital charges, and medical, surgical, and other services resulting from a covered injury of the Insured. In PA, IL and NH only, the Excess Provision applies after the first \$100 of eligible expense. In OR the Excess Provision does not apply. If you have coverage through an HMO or PPO, it must be used correctly, or benefits under these plans will be limited to applicable copays only.

*See NY exclusion relating to these coverages in NY.

Claims procedures

Treatment of injury: Initial treatment must be within 30 days of the date of injury.

Filing a claim:

- Claim forms may be obtained from the School/Camp, or you can download one from: www.isminc.com.
- Coverage is excess to all other insurance. Claims must be filed with your other insurance carrier(s) prior to filing under the IS/IT policy (except in PA, IL, NH, and OR).
- Submit the completed claim form, together with copies of itemized bills and your other carrier's Explanation of Benefits, within 90 days after the first treatment, to:

IS/IT Claims Administration Center
c/o Commercial Travelers Mutual Insurance Company
70 Genesee Street, Utica, New York 13502

1-800-756-3702

Should you have any questions regarding coverage or require claim forms, please contact the School/Camp.

Limitations

- Hospital room and board charges are limited to the semi-private room rate.
- Dental benefits are limited to \$100 per tooth, for sound and natural teeth, and to a \$500 maximum per injury.
- Physical Therapy is limited to reasonable and customary charges to a maximum of \$200 per injury.

Exclusions

The Policy does not cover:

- Treatment or loss resulting from hernia. (Not applicable in NY.)
- Illness or disease in any form.
- Injuries sustained as a result of operating, riding in or upon, or alighting from a two- or three-wheeled motor vehicle.
- Treatment by persons employed or retained by the Policyholder, the School, or by any member of the Insured's immediate family.
- Any intentionally self-inflicted injury, or *injuries resulting from being under the influence of any narcotic or alcohol, unless administered on the advice of a physician. (*Not applicable in CT.)
- Injuries resulting from war or any act of war, or active participation in any riot or civil commotion.
- Injuries occurring while violating or attempting to violate any duly enacted law. (In NY—injuries occurring while committing or attempting to commit a felony.)
- In NY only, injuries covered by Workers' Compensation, employer's Liability Act or Law, Automobile No-fault, and similar plans.
- Practice or play of tackle football.
- Practice or play of fall pre-season athletics. (In ID—Injuries occurring during practice or play of Fall curricular or competitive sports activities as a member of the school sponsored sports team.)
- Expenses incurred after the termination of the benefit period.

Administered by:

 **COMMERCIAL TRAVELERS**
MUTUAL INSURANCE COMPANY
Commercial Travelers Building
Utica, NY 13502

Underwritten by:

 **SECURITY MUTUAL LIFE**
INSURANCE COMPANY OF NEW YORK
Binghamton, NY
as policy form series no.
SMLSA-1006 (ISIT)(SC) et al

Marketed by:

ism Insurance
Offered through ISM Insurance Inc., a subsidiary of ISM
1316 North Union St.
Wilmington, DE 19806-2594

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued. Any provisions of the Policy, as described in this document, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.