

## Meridian Community Unit School District No. 15

728 S. Wall Street · P.O. Box 347

Macon, Illinois 62544

[www.meridianhawks.net](http://www.meridianhawks.net)



Mr. Daniel Brue  
Superintendent

Phone: 217-764-5269  
Fax: 217-764-5291  
Email: [brued@meridianhawks.net](mailto:brued@meridianhawks.net)

To Parents/Guardians:

RE: Student Accident Insurance

For parents, a new school year typically brings a flood of paperwork: school policies to read up on, the events calendar to keep in mind, emergency contact information sheets to fill out and school fees to pay. But in that deluge may be another bit of paperwork worth perusing—a brochure that offers student accident insurance.

The Meridian School District carries extensive insurance policies covering property, casualty, auto and workman's compensation. However, it does not carry medical insurance to cover injuries to students that occur during the school day or during school events. In most instances, the parents' medical insurance coverage is the only option to help defray the costs of such accidents and injuries at school. The district has approved 1<sup>st</sup> Agency to provide an optional Student Accident Insurance Program to help provide another option for parents who don't have other insurance or would like some additional insurance to pay for deductibles and co-payments.

There are a number of options for student accident insurance that parents may want to consider during the registration process. If you have questions, please ask your school administrator during registration or call First Agency at 1-800-243-6298.

To view or to enroll online, visit [www.1stAgency.com](http://www.1stAgency.com)

Sincerely,

Mr. Daniel Brue  
Superintendent

## ILLINOIS 2017/2018 Policy Benefits and Premiums

All Maximum amounts are per Injury except as specifically stated.

Injury means bodily injury due to an Accident which results directly and independently of disease, bodily infirmity, or any other causes; solely, directly and independently of all other causes, results in medical expense; occurs after the effective date of the Insured's coverage under the Policy; and occurs while the Policy is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single Injury.

COVERAGE AND BENEFITS	STANDARD PLAN	DELUXE PLAN
Maximum Benefit Amount Per Injury	\$25,000.00	\$25,000.00
Deductible	\$0.00	\$0.00
Hospital Room and Board and general nursing care limited to a maximum of	\$200.00/day	\$600.00/day
Hospital Miscellaneous Expense limited to a maximum of	\$1,500.00	\$3,000.00
Hospital Emergency Care limited to a maximum of	\$200.00	\$400.00
Orthopedic Appliances furnished by the Hospital limited to a maximum of	\$100.00	\$200.00
Doctor's fees for surgery, in accordance with the Surgical Schedule using	\$75.00 per unit value	\$200.00 per unit value
Assistant Surgeon Expense, limited to	20% of the Surgical Schedule allowance	20% of the Surgical Schedule allowance
Anesthesia Services, limited to	20% of the Surgical Schedule allowance	20% of the Surgical Schedule allowance
Non-Surgical Doctors' Visits, including Physical Therapy: 1st Visit up to Thereafter up to Physical Therapy is limited to a maximum benefit of 5 visits.	\$25.00 \$15.00	\$60.00 \$50.00
Dental Treatment, per tooth (for Injury to Sound, Natural Teeth) limited to	\$200.00	\$600.00
X-ray: Fracture or dislocation, up to a maximum benefit of No fracture or dislocation, up to a maximum benefit of	\$200.00 \$50.00	\$500.00 \$150.00
MRI/CAT Scan, up to a maximum benefit of	\$200.00	\$500.00
Ambulance Expense, limited to a maximum of	\$100.00	\$400.00
Motor Vehicle Accident injuries, limited to	\$5,000.00	\$5,000.00
Loss of Life	\$5,000.00	\$5,000.00
Single Dismemberment – (Loss of One Hand, One Foot, Entire Sight of One Eye or Hearing One Ear)	\$1,000.00	\$1,000.00
Double Dismemberment – (Loss of both Hands, Both Feet, Entire Sight of Both Eyes, Hearing both Ears or Loss of Speech)	\$10,000.00	\$10,000.00
PREMIUMS (ONE-TIME PAYMENT)	STANDARD PLAN	DELUXE PLAN
<b>SCHOOL-TIME ACCIDENT COVERAGE</b>		
Students — Grades Pre-K - 8	\$23.00	\$52.00
Grades 9 - 12	\$46.00	\$105.00
<b>24-HOUR-A-DAY ACCIDENT COVERAGE</b>		
Students — Grades Pre-K - 12	\$125.00	\$275.00
<b>OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE</b>		
Per Player — Grades 9 - 12	\$162.00	\$369.00