

MEDICAL INSURANCE INFORMATION

Penta Career Center has made arrangements with Rinehart Insurance, and Guarantee Trust Life Insurance Co., to provide student accident and health insurance for those wishing to purchase coverage this year for the 2010-11 school year. Please note the coverage shown on the attached application. Covered losses less than \$250 are paid without regard to other insurance. Please note that the option to purchase 24-hour accident and sickness coverage is available but must be purchased within 14 days of the beginning of the school year, unless the parent loses their insurance or they just moved into the district.

Senior High football requires an additional premium. All other school supervised sports are covered under the accident and sickness and accident only plans. On larger claims, this is an excess coverage policy for which benefits are payable only for that part of the loss not covered by other collectible insurance. If a person has no other such insurance, the Company will pay the covered medical expenses incurred within one year, up to the specified limits of the policy.

Please note that the student applications will be available on the Penta website and also at scheduled Pit Stops. Complete the application and check the boxes for coverage desired. Sign where life insurance is shown, if desired. Tear off and keep the rest of the application, as it shows not only the coverage but the exclusions and limitations of the policy.

Mail the application directly to Rinehart Insurance, 446 Park Avenue, W, Mansfield, OH 4906 along with a money order or check made payable to **Guarantee Trust Life Insurance Co.** The school will be notified as to whom takes out the insurance. You can call Laci Vanderpool at Rinehart Insurance, 800-837-9969 x 124 for more information.

In case of an accident or sickness, the student or parent should immediately go to the building principal who will sign and provide the claim form if only school-time coverage is taken out. 24-hour coverage needs no signature. The policy number should be provided by the school for the claim or you can call Laci Vanderpool at Rinehart Insurance, 800-837-9969 x 124. You may give that policy number to the doctor or hospital but the bills are to be sent to the parent who attach them to the claim form they have to complete and then they mail all to the claims office at Guarantee Trust Life Insurance Co., P.O. Box 1148, Glenview, IL 60025 (1-800-622-1993). If further bills on the same claim are sent to the parent, just put the policy number on it and say "additional bill" and Guarantee Trust will match it up to the file they have started. It is the responsibility of the parents to file the claims. 24-hour coverage is from school year to school year, including summer vacation, anywhere in the world.

2010-2011 STUDENT INSURANCE PROGRAM



This is our 47th year providing Student Accident and Athletic Insurance to schools in Ohio. Our reputation speaks for itself.

PAYS UP TO \$25,000

- NO DEDUCTIBLE.
- SICKNESS COVERAGE IS AVAILABLE.
- ONE TIME ANNUAL PREMIUM PAYMENT FOR ACCIDENT OR SICKNESS PLANS.
- WE COVER HMO'S DEDUCTIBLES AND CO-PAYS ON ELIGIBLE CHARGES, IN AND OUT OF STATE.
- THE FIRST \$250 OF ALL ELIGIBLE CHARGES ON EACH INJURY OR SICKNESS CLAIM IS PAID IN ADDITION TO ANY OTHER INSURANCE.

Parents have the option of paying double premium for double benefits

COVERAGE INCLUDES PAYMENTS FOR:

- HOSPITAL
 - SURGEON
 - X-RAYS
 - AMBULANCE
 - DENTAL
- NURSING CARE
- PHYSIOTHERAPY
- DOCTORS CALLS AT OFFICE OR HOSPITAL
- LOSS OF LIFE, HANDS, FEET OR EYESIGHT

COVERS TRAVEL TO AND FROM SCHOOL AND AUTHORIZED SPORTS EVENTS

COVERS ALL SPORTS - FOR SCHOOL-TIME OR 24 HOUR PREMIUM
(SENIOR HIGH FOOTBALL COVERED UP TO \$25,000 FOR ADDITIONAL PREMIUM)

BEST BUY.... 24 HOUR COVERAGE

ADMINISTERED IN OHIO BY:

N. CAROL INSURANCE AGENCY, INC.

Nancy C. Rundels

1989 WEST FIFTH AVENUE, SUITE 6

COLUMBUS, OHIO 43212-1912

PHONE: 614/486-1666 FOR DETAILS OR

SERVICE BY A LOCAL AGENT

G·T·L

This plan is underwritten by:

Guarantee Trust Life Insurance Company

Glenview, Illinois

STUDENT AND ATHLETIC INSURANCE PLANS

SCHOOL TIME ACCIDENT COVERAGE:

Protects your students the entire school year, during regular school sessions, as well as participating in other school-sponsored activities requiring the attendance of the student. Protects your students while traveling directly to or from the student's home premises and school to attend or participate in school activities. Coverage for senior high school football injuries is only provided by optional Senior High School Football Coverage.

AROUND THE CLOCK (24-HOUR) ACCIDENT COVERAGE:

Protects your students 24 hours a day, year 'round. Pays benefits for all covered accidents until the end of the policy year. The student is protected **AT HOME, AT SCHOOL, AT CAMP, ON VACATION . . . ANYWHERE ACCIDENTS CAN HAPPEN**. Automobile injury is limited to traveling directly to or from the student's home premises and school to attend or participate in school activities. Coverage for senior high school football injuries is only provided by optional Senior High School Football Coverage.

AROUND THE CLOCK (24-HOUR) ACCIDENT AND SICKNESS COVERAGE:

"Around the Clock" 24-Hour Accident and Sickness Coverage extends accident benefits (except Dental and Accidental Death and Dismemberment) to cover sickness. 24-Hour Accident and Sickness Coverage excludes pre-existing conditions as described in the Policy. Coverage must be purchased within 14 days of the beginning of each school term or within 14 days of initial enrollment into the district as a new student. Exceptions will only be made for those students who become ineligible under another plan of creditable coverage. Coverage will be effective as of the day after receipt of premium.

EFFECTIVE AND EXPIRATION DATES:

ACCIDENT ONLY COVERAGE can be purchased at any time. Coverage will become effective upon receipt of the premium. For students who purchased coverage the previous school year, the effective date will be retroactive to the first day of school provided the new premium is paid within 7 days of the opening day of the school term.

24-HOUR ACCIDENT AND SICKNESS COVERAGE must be purchased within 14 days of the beginning of each school term or within 14 days of initial enrollment into the district as a new student. Coverage will be effective as of the day after receipt of premium. For students who purchased coverage the previous school year, there will be no interruption in coverage provided the new premium is paid within 14 days of the opening day of the school term.

The expiration date of coverage (except those applying for "Around the Clock" coverage) shall be the close of the regular nine month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the school during the summer.

Students participating in preschool practice or play for interscholastic sports sanctioned by the Ohio High School Athletic Association will be covered as of the date of actual premium payment but only while engaged in actual practice or game sessions. Other aspects of coverage will not start sooner than the first date of regular school sessions.

SENIOR HIGH SCHOOL FOOTBALL PROTECTION — \$25,000.00 MAXIMUM

SAME BENEFITS AS PROVIDED IN THE SCHOOL-TIME COVERAGE

Players are covered while engaged in the practice or play of Senior High School football under direct school supervision. Covers travel to or from a Senior High School football game or practice as a team member. If travel is in a vehicle, it must be furnished by the school and supervised solely by school employees.

EFFECTIVE PERIOD: Football coverage is effective on the first day of practice as permitted by the OHSAA for all Senior High School Football players (Grades 10, 11, & 12,) but not prior to August 1st. An enrollment list showing the names of all Senior High School Football players to be insured and the premium must be in the hands of the agent within 3 days after the first practice, otherwise coverage is effective on the date premium is paid.

PARTICIPATION IS VOLUNTARY. Coverage will continue through the date of the last official game of the current season, including playoffs.

NOTE: It is not required that Senior High School Football players take School Time or 24-Hour Coverage. However, if they do not take it, they are not covered for other sports and activities. Participation in the Senior High School Football Program may be on a voluntary basis. Senior High School Football premium covers Senior High School Football Protection ONLY.

NO CLAIMS FOR FOOTBALL INJURIES WILL BE PAID PRIOR TO AUGUST 1. THIS IS THE OFFICIAL STARTING DATE PERMITTED BY THE OHSAA.

Conditioning programs prior to this date are not covered as participation and attendance are voluntary, unless 24-hour coverage was taken out the previous year.

NOTE: There is no extra premium for Junior High School Football (consisting of grades 7, 8 and 9) while participating as a member of a Junior High School Team. 9th graders who play or practice with players in grades 10, 11, or 12 are not covered unless Senior High School Football premium is paid. Coverage for Junior High School Football players (grades 7, 8 and 9) is effective on the first day of practice as permitted by the OHSAA but not prior to August 1st. The School Time or 24-Hour premium must be paid prior to the first day of practice for coverage to be effective on that date, otherwise coverage is effective on the date premium is paid. An enrollment list showing the names of all Junior High School Football players to be insured and the premium should be given to the Agent. The premium paid covers student for all other sports and activities.

THIS IS AN ILLUSTRATIVE BROCHURE, NOT A POLICY

POLICY PROVISIONS —

Policy Maximum \$25,000.00 for any one covered accident or sickness for expense incurred within 52 weeks of the accident or the date of first treatment of sickness. Treatment must begin within 30 days of the date of the accident. The Company will pay for necessary and reasonable expense incurred (as shown below), but in no event shall charges exceed the reasonable and customary charge for such services, supplies and treatments normally made within the State in which treatment is given.

MEMO:
Parents will have the choice of doubling the coverage by paying the higher premium. This will be shown on the take home envelope.

COVERAGE AND BENEFITS

		LOW OPTION	HIGH OPTION
INPATIENT HOSPITAL EXPENSE	SEMI-PRIVATE ROOM AND BOARD Per day	\$ 150.00	\$ 300.00
	MISCELLANEOUS EXPENSE Per Accident	\$1,000.00	\$2,000.00
OUTPATIENT HOSPITAL EXPENSE	EMERGENCY ROOM For miscellaneous expense not otherwise limited	\$ 150.00	\$ 300.00
SURGERY	DOCTOR'S FEE, Per Unit	\$ 80.00	\$ 160.00
	Unit Value Determined by a Relative Value Schedule*		
	Example: Craniotomy	\$1,160.00	\$2,320.00
	Fracture, Metatarsal	\$ 120.00	\$ 240.00
	Percent of closed reduction surgical benefit payable for a FRACTURE NOT REQUIRING REDUCTION	50%	50%
	ANESTHETIST, Percent of Surgical Allowance	20%	20%
DOCTOR FEES	NON-SURGICAL, Per Visit	\$ 25.00	\$ 50.00
	PHYSIOTHERAPY , diathermy, heat treatment, manipulation, adjustment or massage, when rendered or prescribed by a licensed doctor Per visit	\$ 25.00	\$ 50.00
	Maximum Number of Visits: Per Injury	3 visits	3 visits
OUTPATIENT IMAGING PROCEDURES	INCLUDING X-RAYS AND INTERPRETATION	\$100.00	\$200.00
	IMAGING PROCEDURES, OTHER THAN X-RAYS	\$125.00	\$250.00
AMBULANCE EXPENSE	Per Injury	\$100.00	\$200.00
DENTAL EXPENSE	PER SOUND, NATURAL TOOTH	\$200.00	\$400.00
	DEFERRED DENTAL EXPENSE (Aggregate, per accident)	\$100.00	\$200.00
	The need for future dental treatment must be certified by a dentist within 52 weeks of the accident. The Company will pay the difference between the amount already paid and the estimated future cost.		
OTHER BENEFITS	If the injury causes DEATH or DISMEMBERMENT within 100 days of the accident, the plan pays IN LIEU OF any other benefits, as follows:		
	ACCIDENTAL DEATH	\$ 2,000.00	\$ 2,000.00
	SINGLE DISMEMBERMENT	\$ 1,000.00	\$ 1,000.00
	ENTIRE SIGHT OF ONE EYE	\$ 1,000.00	\$ 1,000.00
	DOUBLE DISMEMBERMENT	\$10,000.00	\$10,000.00

For Student Accident and Sickness Coverage, Ohio mandates coverage for the following benefits: Emergency services expense; treatment of alcoholism on an inpatient, intermediate and outpatient basis, up to a maximum benefit of \$550 per Policy Year; cytologic screening; and mammograms.

EFFECTS OF OTHER COVERAGE: No deductible applies to this policy. The policy will provide benefits regardless of other collectible insurance for the first \$250 of eligible charges per injury or sickness. Thereafter, for Accident Only coverages, after paying the first \$250 in benefits, benefits will be paid on an excess basis if there are other coverages or plans that would provide benefits for the same injury. For Accident and Sickness coverage, after paying the first \$250 in benefits, benefits will coordinate with any other valid and collectible insurance or plan.

POLICY EXCLUSIONS: The Policy does not provide benefits for:

1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a doctor as necessary to treat a sickness or injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any persons retained or employed by the Policyholder or any family member.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
3. Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane.
4. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.

EXCLUSIONS (Continued)

5. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.
6. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
7. Any service or supply not specifically listed as a Covered Charge.
8. Fighting or brawling.
9. Cosmetic surgery other than reconstructive surgery due to Injury occurring while coverage is in force.
10. Services of an assistant surgeon or doctor when surgery is performed.
11. Normal pregnancy and childbirth.
12. Hernia of any kind.
13. Treatment of alcoholism, or any form of substance abuse, except as specifically provided.
14. Treatment of mental or nervous disorders.
15. Expenses incurred as a result of dental treatment, except as specifically stated.
16. Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription, therefore.
17. Elective abortions.
18. Injury sustained while participating in the practice or play of interscholastic senior high school football or travel connected therewith unless optional coverage is purchased.
19. Treatment in any Veteran's Administration Hospital, federal or government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
20. Re-injury or complications of an injury which occurred prior to the Policy's effective date.
21. Injury sustained while operating, riding in or upon, mounting or alighting from any two-, or three-, or four-wheeled recreational motor/engine driven vehicle, snowmobile or all terrain vehicle (ATV).
22. *Applicable to Accident Only Coverage:* Treatment of sickness or disease in any form, blisters, insect bites, heat exhaustion or sunstroke.
23. *Applicable to Accident Only Coverage:* Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts.
24. Pre-existing conditions, except as specifically stated in the policy.

LIMITATIONS: For all coverages, injuries sustained as the result of operating, riding in or upon, entering into or mounting, alighting from or being struck by any conveyance or vehicle propelled by an engine or motor, except those vehicles specifically excluded, is limited as provided by School Time Coverage and 24-Hour Accident Coverage up to a maximum benefit of \$750.

2010 - 2011 SCHOOL TERM PREMIUM RATES
\$25,000.00 MAXIMUM

NO REFUNDS ARE AVAILABLE

One Time Annual Payment
for Accident or Sickness Plans

SCHOOL-TIME Accident Coverage

	Low Option	High Option
Students Grades K-6	\$22.00	\$44.00
Students Grades 7-12 and Faculty and Administrative	\$36.00	\$72.00

24-HOUR "Around the Clock" Accident Coverage

Students Grades K-6	\$76.00	\$152.00
Students Grades 7-12 and Faculty and Administrative	\$89.00	\$178.00

24-HOUR "Around the Clock" Accident and Sickness Coverage

Students Grades K-12	\$299.00	\$598.00
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SENIOR HIGH SCHOOL FOOTBALL COVERAGE

Per Player	\$125.00	\$250.00
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NOTE: Senior H.S. Football premium covers Football only. It is not required that Senior H.S. Football Players pay an additional premium for School-Time or 24-Hour Coverage, however, unless they do, coverage only applies to Football play or practice. Participation in the Football Program may be on a voluntary basis.

OPTIONAL LIFE INSURANCE

By adding \$1.00 to the regular school premium, parents may apply for Life Insurance protection for their children. The offer is made at the same time as the regular Student Insurance on the brochure that the child takes home. This offer is NOT available to teachers or school employees.