ALIVE RISK

2025-2026 VOLUNTARY STUDENT ACCIDENT MEDICAL PLANS

ELIGIBILITY: All Students of the Policyholder

TYPE OF COVERAGE: Voluntary Full Excess Accident Medical

Benefits are payable to the applicable maximum for Covered Accident Medical expenses that are not recoverable from another plan providing accident medical expense benefits. If the insured person is not covered by another plan, these benefits are payable as primary benefits up to the limits described in the benefit schedule, for the plan purchased.

PLAN DESCRIPTIONS

SCHOOL TIME COVERAGE:

- School term 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 grades 10-12, 9th grade football is included
- Summer recreation activities sponsored and supervised by the school
- Travel to and from school sponsored activities while in a vehicle furnished by the policyholder

24-HOUR COVERAGE FOR:

- 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

ACCIDENTAL DENTAL CARE:

- Add on coverage when purchasing School Time or 24-Hour Coverage
- Benefits up to a maximum of $100,000

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The description of this program is only a summary of available coverages. Actual policy language will dictate the scope of coverage in the event of a claim. Agents should read the full policy form and any applicable endorsements for full terms and conditions and should encourage their policyholders to do the same. 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. Alive Risk works directly with brokers, agents and insurance carriers, and as such does not solicit insurance from the public. Some products may only be available in certain states, and some products may only be available from surplus lines insurers. In California: RSG Specialty Insurance Services, LLC (License #0G97516).
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2025 – 2026 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
Inpatient Hospital Services			
Room & Board	$200/day	$500/day	U&C
Intensive Care	$400/day, 7 day maximum	$1,000/day, 7 day maximum	U&C
Hospital Miscellaneous Expenses			
Hospital Miscellaneous Expenses[1]	$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
Outpatient Hospital Services			
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[2]	$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
Physician Services			
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
Other			
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
Rates – School Time	**$30**	**$39**	**$49**
Rates – 24 Hour	**$106**	**$141**	**$178**
Dental Services- Trauma[3]	$400 per tooth, U&C for braces	$500 per tooth, U&C for braces	U&C
Dental Services- Replacement[4]	$750	$1,000	U&C
Rates – Dental Accident Insurance	**$9.00**	**$10.00**	**$11.00**

[1]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
[2]Includes: acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment
[3] 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.
[4]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.

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