

Bridge Norena & Associates Insurance Agency

Educational & Institutional Programs

23945 Calabasas Road, #210., Calabasas, Ca 91302

818-225-1627 x 303, 323-872-3831 x 303, Fax: 818-225-7029, 818-225-7737

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License # 0716331

Dear Parents:

By experience you probably know that children have accidents while at school that may result in injury. Accordingly, parents are faced with unexpected and costly medical expenses.

It is important to note that the school district in which your child is enrolled does not carry medical insurance for students who sustain injuries on campus or while under its jurisdiction. Medical care for injuries sustained by a school district student is the responsibility of the parent or legal guardian.

For this reason, the school district has approved a voluntary student accident insurance program that provides inexpensive coverage to help defray your child's medical expenses. We urge you consider purchasing the voluntary student accident insurance even if you have other health or medical coverage because this plan may pay for expenses not covered by other insurance programs.

Enrollment in the voluntary student accident insurance program is quick and easy and no student will be declined or deemed ineligible for this insurance coverage. Simply select the limit and type of coverage desired and decide whether you would like to supplement your child's plan with dental or football coverage.

To activate this insurance coverage, simply complete the enrollment form on page two. Mail the completed enrollment form along with your premium payment to our office at the address listed above. Alternatively, for faster service you can fax or email the completed enrollment form along with your credit card information to our office. Once your enrollment is completed our office will provide you with your coverage confirmation letter and claims kit within fifteen days.

Voluntary Student Accident Insurance

Underwriting Company: United State Fire Insurance Company (Financial Size Category: XIV (\$1.5 to \$2 Billion))



Assigned to companies that have, in our opinion, an excellent ability to meet their ongoing obligations to policyholders.

For 2008 – 2009 School Year



This brochure serves as a summary of coverage only, please refer to actual policy (available in English only) for full coverage details.

Form A – Certificate # US030129

Form B – Certificate # US030130

Form C - Certificate #US030131

ACCIDENT PLAN ONE:	PLAN A <u>\$50.00</u>	PLAN B <u>\$60.00</u>	PLAN C <u>\$70.00</u>
School Time Coverage: 1. Attending School during <u>regular school days and regular school hours</u> . 2. Traveling directly to or from the insured's home and school, when such travel time does not exceed one hour before or one hour after regular school classes. 3. Attending an activity organized, sponsored and solely supervised by the school and school employees. This includes travel directly to or from the activity in a vehicle furnished and authorized by the School for the express purpose of transporting students directly to and/or from the school or school-sponsored activities and to be operated and supervised solely by school authorized employees.			
ACCIDENT PLAN TWO:	PLAN A <u>\$138.00</u>	PLAN B <u>\$181.00</u>	PLAN C <u>\$230.00</u>
24 Hour Coverage: 1. Extension to 24 hour Coverage. 2. Policy will pay the benefits described in this Certificate for any Accident which happens to a Covered Person: (1) While he is covered by this Certificate; and (2) Including travel or flight in any Aircraft only as a fare-paying passenger. 3. This coverage is subject to all of the exclusions listed in this Certificate. Benefits which become payable due to this coverage will be reduced by benefits paid due to other hazard coverage's.			
SUPPLEMENT OPTION:	PLAN A <u>\$12.00</u>	PLAN B <u>\$12.00</u>	PLAN C <u>\$12.00</u>
Dental Supplement: <i>(Can only be purchased as supplement to the School Time Coverage or 24 Hour Coverage)</i> <u>Increases dental limit</u> coverage from \$5,000. to \$25,000.			
If the completed enrollment form and full payment are processed by Bridge Norena & Associates within 15 calendar days of the date school begins regularly scheduled classes for the 2008-2009 school year (the "School Start Date"), coverage for plan one, two and the dental supplement will be effective at 12:01am on the date that is the earlier of (a) the School Start Date, and (b) July 1, 2008. If the completed enrollment form and full payment are not processed by Bridge Norena & Associates within 15 calendar days of the School Start Date, coverage will be effective at 12:01 am on the date that is one business day after the enrollment form and full payment are processed by Bridge Norena & Associates. Coverage ends at 12:01am on date that is the earlier of (i) the date school begins regularly scheduled classes for the 2009-2010 school year, and (ii) July 1, 2009.			
SUPPLEMENT OPTION:	PLAN A <u>\$137.00</u>	PLAN B <u>\$175.00</u>	PLAN C <u>\$278.00</u>
High School Football Coverage: <i>(Can only be purchased as supplement to the School Time Coverage or 24 Hour Coverage)</i> Broadens school time coverage or 24 hour coverage to <u>include Football</u> . If the completed enrollment form and full payment are processed by Bridge Norena & Associates within 15 calendar days of the first official day of school football practice of 2008(the "Football Start Date"), football coverage will be effective at 12:01am on the date that is the earlier of (a) the Football Start Date, and (b) July 1, 2008. If the completed enrollment form and full payment are not processed by Bridge Norena & Associates within 15 calendar days of the Football Start Date, coverage will be effective at 12:01 am on the date that is one business day after the enrollment form and full payment are processed by Bridge Norena & Associates. Coverage ends at 12:01am on the date that is the earlier of (i) the first official day of school football practice of 2009, and (ii) July 1, 2009.			

-----TEAR OFF HERE-----

STEP ONE: Complete Enrollment Form

School Name: _____

Grade _____ Date Rcvd: ____/____/____ Male Female Birth-date: ____/____/____

Student Name: _____ Social Security # _____ - _____ - _____

Parent or Guardian: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Phone #: _____ Fax #: _____ E-mail: _____@_____ . _____

(please print all information)

STEP TWO: Select the coverage desired

ACCIDENT PLAN	A	B	C
1. School Time	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$70.00
2. 24 Hour	<input type="checkbox"/> \$138.00	<input type="checkbox"/> \$181.00	<input type="checkbox"/> \$230.00
SUPPLEMENT	A	B	C
1. Dental	<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$12.00
2. High school football	<input type="checkbox"/> \$137.00	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$278.00

TOTAL AMOUNT DUE: \$ _____

DO NOT SEND CASH

STEP THREE: Remit payment to: BRIDGE NORENA & ASSOCIATES INSURANCE.

Pay by mail: 23945 Calabasas Road, #210, Calabasas, Ca 91302

Personal Check Money Order Credit Card (visa and mastercard only)

Payment Options: Check # _____

Amount Enclosed: \$ _____

Name on check: _____

Pay by fax or Email: 818-225-7029, 818-225-7737 or Contact@bridgenorena.com

Credit Card (only)

_____ - _____ - _____ - _____

EXP Date: ____/____/____ Validation Code: _____

Card Holder's Name: _____

Billing Address: _____

City _____ State: _____ Zip Code: _____

Phone Number: () _____ **DO NOT SEND CASH**

Questions? 818-225-1627, 323-872-3831 / Email: contact@bridgenorena.com. **IMPORTANT NOTICE:** Checks returned for non-sufficient funds are subject to \$27.00 NSF charge. The certificate issued to the policyholder will be subject to flat cancellation until a money order is received and processed by Bridge Norena & Associates within 10 (ten) business days. Otherwise a new certificate will be issued and be effective the date the full payment was received by Bridge- Norena & Associates.

	Plan A	Plan B	Plan C
Aggregate Benefit Limits			
Maximum Medical Benefit (School Time or 24-Hour Plans)	\$50,000	\$100,000	\$250,000
Optional High School Football Benefit	\$25,000	\$25,000	\$25,000
Optional Dental Injury Benefit	\$25,000	\$25,000	\$25,000
Motor Vehicle Injuries	\$5,000	\$5,000	\$5,000
Death Benefit	\$5,000	\$5,000	\$5,000
Dismemberment Benefit	\$10,000	\$10,000	\$10,000
Hospital / Facility Services – Inpatient			
Hospital Room and Board: Semi-Private Room	\$250 per day	\$300 per day	\$500 per day
Hospital Intensive Care (when hospital confinement demands a medically necessary ICU stay)	\$500 per day 3 days max	\$500 per day 3 days max	\$1,000 per day 3 days max
Hospital Miscellaneous Expenses: Not under another benefit)	\$250 per day	\$300 per day	\$500 per day
Hospital / Facility Services – Outpatient			
Hospital Outpatient / Emergency Room Treatment: Includes facility fees, Physician fees, and supplies	\$375 per day	\$375 per day	\$750 per day
Outpatient Surgical Facility Other than an Emergency Room	\$250 per day	\$250 per day	\$500 per day
Physician's Services			
Surgeon Expenses: Expenses for the Physician conducting an Inpatient or Outpatient surgical operation.	70% UR&C not to exceed \$1,500	70% UR&C not to exceed \$1,500	80% UR&C not to exceed \$2500
Assistant Surgeon Expenses: Only if Surgeon Expense is paid	25% Surgeon Expense	25% Surgeon Expense	25% Surgeon Expense
Anesthesiologist Expenses: Only if surgeon Expense is paid	25% Surgeon Expense	25% Surgeon Expense	25% Surgeon Expense
Physician's Physiotherapy Outpatient Treatment: Outpatient physiotherapy or spinal manipulation, if treatment is required for a covered loss	\$35 first visit; \$25 for each subsequent visit, 5 visits maximum	\$40 first visit; \$25 for each subsequent visit, 5 visits maximum	\$50 first visit; \$25 for each subsequent visit, 5 visits maximum
Physician's Physiotherapy Inpatient Treatment: Inpatient physiotherapy or spinal manipulation, if treatment is required for a covered loss	10 days	10 days	20 days
Physician's Outpatient Treatment: Outpatient visits that require a Physician other than a Surgeon, except for Physiotherapy or spinal manipulation	\$35 first visit; \$25 for each subsequent visit, 5 visits maximum	\$40 first visit; \$25 for each subsequent visit, 5 visits maximum	\$50 first visit; \$25 for each subsequent visit, 5 visits maximum
Consulting Physicians: Second opinions	\$50	\$50	\$100
Other Services			
Registered Nurses' Services: Except for nursing services provided in connection with Anesthesiology	UR&C	UR&C	UR&C
Laboratory Tests - Outpatient: At a Physicians direction	\$100	\$100	\$250
RX - Outpatient: Dispensed by a licensed pharmacist at physician's direction; does not include mechanical devices	\$100	\$100	\$100
X-Ray - Outpatient: At Physician's direction; includes interpretation	70% of UR&C not to exceed \$200	70% of UR&C not to exceed \$200	70% of UR&C not to exceed \$250
Diagnosis Imaging - Outpatient: At a Physician's direction; includes MRI & Cat Scans and interpretation	70% of UR&C not to exceed \$200	70% of UR&C not to exceed \$200	70% of UR&C not to exceed \$250
Ambulance Expense: One trip per Injury from scene of Accident	UR&C for ground; \$500 for air	UR&C for ground; \$500 for air	UR&C for ground; \$1,000 for air
Orthopedic Braces and Appliances: At Physician's request	\$100	\$100	\$200
Dental Treatment: For Injury to sound and natural teeth	\$200 per tooth up to \$5,000	\$200 per tooth up to \$5,000	\$300 per tooth up to \$10,000
Replacement of Eyeglasses, Hearing Aids and Contact Lenses: Only when medical treatment for the Injury is covered	\$100	\$100	\$200

Exclusions:

Benefits will not be paid for a Covered Person's loss which:

- 1 Is caused by or results from the Covered Person's own: (A) Intentionally self inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.); (B) Voluntary self administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.); (C) Commission or attempt to commit a felony; (D) Participation in a riot or insurrection; (E) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or; (F) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
- 2 Is caused by or results from: (A) Declared or undeclared war or act of war; (B) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.); (C) Aviation, except as specifically provided in this Certificate; (D) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning; (E) Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and the loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and: The Covered Person was within a 25 mile radius of the site of the release either: At the time of the release; or 2) Within 24 hours of the start of the release.

Additional Exclusions:

Benefits will not be paid for:

- 1. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within 6 months of the Accident;
- 2. Services or treatment rendered by a doctor, nurse or any other person who is: (A) Employed or retained by the Certificate holder; or (B) Who is the Covered Person or a member of his immediate family;
- 3. Charges which: (A) The Covered Person would not have to pay if he did not have insurance; or (B) Are in excess of Usual, Reasonable and Customary charges.
- 4. An Injury that is caused by flight in: (A) An aircraft, except as a fare paying passenger; (B) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or (C) An ultra light, hang gliding, parachuting or bungi cord jumping
- 5. Travel in or upon: (A) A snowmobile; (B) Any two or three wheeled motor vehicle; (C) Any off road motorized vehicle not requiring licensing as a motor vehicle;
- 6. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
- 7. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
- 8. Injury that is: (A) The result of the Covered Person being Intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or (B) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
- 9. Any sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food;
- 10. An Injury resulting from participation in or practice for football;
- 11. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
- 12. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
- 13. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
- 14. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request;
- 15. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
- 16. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
- 17. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
- 18. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
- 19. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
- 20. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
- 21. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
- 22. Services and supplies furnished by a Student Infirmary, its employees, or doctors who work for the School;
- 23. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits; or Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.

Limitations

Any benefits payable under this Certificate will be limited to the following:

- 1 The medical benefits otherwise payable under this Certificate will be reduced by 50% if: (A) Excess insurance is provided under this Certificate; and (B) The Covered Person has coverage under another plan providing medical expense benefits; and (C) The other plan is an HMO, PPO or similar arrangement ("PPO Preferred Provider Organization" means an Organization offering health care services through designated health care providers who agree to perform these services at rates lower than nonpreferred providers.); and (D) The Covered Person does not use the facilities or services of the HMO, PPO or similar arrangement for the provision of benefits.

he Covered Person's limitation does not apply to emergency treatment required within 24 hours after an Accident which occurred outside the geographic area serviced by the HMO, PPO or similar arrangement.

- 2 The application of the Coordination of Benefits or Non-Duplication of Benefits provision.

Form A - Certificate # US007755

Form B - Certificate # US007756

Form C - Certificate # US007757

In the event of a claim please be sure to: 1. Complete your student accident claim form. 2. Fax, E-Mail, or Mail the completed form to: Bridge-Norena & Associates, 23945 Calabasas Road, Suite #210, Calabasas, Ca 91302 (Fax: 818-225-7029, 818-225-7737). (Email: Contact@bridgenorena.com). 3. Mail, E-mail or fax all medical bills to Bridge Norena & Associates (Be sure all medical bills are itemized, for immediate processing).