



Proposal of Insurance

Jackson County School District

PO Box 5958
2903 Jefferson St.
Marianna, FL 32447

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Payment Plans

<i>Carrier / Payable Carrier</i>	<i>Line Of Coverage</i>	<i>Payment Schedule</i>	<i>Payment Method</i>
Gerber Life Insurance Company	Student Accident - Base	Full Payment-Premium Due within 20 days of binding	Agency Bill

Full Program Details

Student Accident - Base

Carrier Information	Proposed
Policy Term	7/1/2025 - 6/30/2026
Carrier	Gerber Life Insurance Company
A.M. Best Rating	A+ XI
Admitted/Non-Admitted	Admitted
Payment Plan	Full Payment-Premium Due within 20 days of binding
Payment Method	Agency Bill

Premium & Exposures	Proposed
Premium	\$236,226.54
Estimated Cost	\$236,226.54

Standard Coverages	Proposed
Maximum Medical Expense for Each Injury:	\$25,000
Maximum Medical Expense for Football Injuries:	\$25,000
Maximum Medical Expense for Each Injury Involving Motor Vehicles:	\$25,000
Accidental Death, Dismemberment, Or Loss of Sight, Speech and Hearing Benefit:	\$20,000
Single Dismemberment:	\$10,000
Double Dismemberment:	\$20,000
Benefit Period:	2 Years
Hospital Room and Board:	100% of Reasonable Expenses up to the Semi-Private Room Rate
Hospital Intensive Care:	100% of Reasonable Expenses
Inpatient Hospital Miscellaneous:	100% of Reasonable Expenses
Outpatient Hospital Miscellaneous (Except Physician's Services and X-Rays Paid as Below):	100% of Reasonable Expenses
Hospital Emergency Room	100% of Reasonable Expenses
Free - Standing Ambulatory Surgical Facility:	100% of Reasonable Expenses
Physician's Services	
Surgical:	100% of Reasonable Expenses
Assistant Surgeon:	Reasonable Expenses to 100% of Surgical Benefit Paid Only if Surgeon is Paid
Anesthesiologist:	Reasonable Expenses to 100% of Surgical Benefit Paid Only if Surgeon is Paid.
Physician's Non-Surgical Treatment (Except as in 5. Below):	100% of Reasonable Expenses
Physician's Outpatient Treatment in Connection with Physical Therapy and/or Spinal Manipulation:	100% of Reasonable Expenses.
Other Services	
Registered Nurses' Services:	100% of Reasonable Expenses

Standard Coverages	Proposed
Prescriptions (Dispensed by a Licensed Pharmacist) - Outpatient:	100% of Reasonable Expenses
Laboratory Tests - Outpatient:	100% of Reasonable Expenses
X-Rays (Includes Interpretation) - Outpatient:	100% of Reasonable Expenses
Diagnostic Imaging (MRI, CAT Scan, Etc.) - Includes Interpretation:	100% of Reasonable Expenses
Ground Ambulance:	100% of Reasonable Expenses
Air Ambulance:	100% of Reasonable Expenses
Durable Medical Equipment - Includes Orthopedic Braces and Appliances:	100% of Reasonable Expenses
Dental Treatment: for the treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma	100% of Reasonable Expenses
Replacement of Eyeglasses, Hearing Aids, Contact Lenses, If Medical Treatment is Also Received for the Covered Injury:	100% of Reasonable Expenses
Heart or Circulatory Malfunction:	100% of Reasonable Expenses
Maximum Medical Expense for Each Injury:	\$25,000
Maximum Medical Expense for Football Injuries:	\$25,000
Maximum Medical Expense for Each Injury Involving Motor Vehicles:	\$25,000
Accidental Death, Dismemberment, Or Loss of Sight, Speech and Hearing Benefit:	\$20,000
Single Dismemberment:	\$10,000
Double Dismemberment:	\$20,000
Benefit Period:	2 Years
Hospital Room and Board:	100% of Reasonable Expenses up to the semi-private room rate
Hospital Intensive Care:	100% of Reasonable Expenses
Inpatient Hospital Miscellaneous:	100% of Reasonable Expenses to a Maximum of \$1,200 Per Day
Outpatient Hospital Miscellaneous (Except Physician'S Services and X-Rays Paid as Below):	100% of Reasonable Expenses to a Maximum of \$2,000
Hospital Emergency Room	100% of Reasonable Expenses to a Maximum of \$2,000
Free - Standing Ambulatory Surgical Facility:	100% of Reasonable Expenses to a Maximum of \$5,000
Surgical:	100% of Reasonable Expenses to a Maximum of \$5,000
Assistant Surgeon:	Reasonable Expenses to 25% of Surgical Benefit Paid Only if Surgeon is Paid
Anesthesiologist:	Reasonable Expenses to 25% of Surgical Benefit Paid Only if Surgeon is Paid.
Physician's Non-Surgical Treatment (Except as in 5. Below):	100% of Reasonable Expenses to a Maximum of \$125 Per Day
Physician's Outpatient Treatment in Connection with Physical Therapy and/or Spinal Manipulation:	100% of Reasonable Expenses \$75 Per Visit to a Maximum of \$1,000
Registered Nurses' Services:	100% of Reasonable Expenses
Prescriptions (Dispensed by a Licensed Pharmacist) - Outpatient:	100% of Reasonable Expenses

Standard Coverages	Proposed
Laboratory Tests - Outpatient:	100% of Reasonable Expenses to a Maximum of \$2,000
X-Rays (Includes Interpretation) - Outpatient:	100% of Reasonable Expenses to a Maximum of \$500
Diagnostic Imaging (Mri, Cat Scan, Etc.) - Includes Interpretation:	100% of Reasonable Expenses to a Maximum of \$2,000
Ground Ambulance:	100% of Reasonable Expenses to a Maximum of \$1,500
Air Ambulance:	100% of Reasonable Expenses to a Maximum of \$5,000
Durable Medical Equipment - Includes Orthopedic Braces and Appliances:	100% of Reasonable Expenses to a Maximum of \$5,000
Dental Treatment: For the Treatment, Repair or Replacement of Injured Natural Teeth, Includes Initial Braces when Required for Treatment of a Covered Injury, As Well as Examination, X-Rays, Restorative Treatment, Endodontics, Oral Surgery and Treatment for Gingivitis Resulting from Trauma.	100% of Reasonable Expenses to a Maximum of \$1,000
Replacement of Eyeglasses, Hearing Aids, Contact Lenses, If Medical Treatment is Also Received for the Covered Injury:	100% of Reasonable Expenses to a Maximum of \$400
Heart or Circulatory Malfunction:	100% of Reasonable Expenses

Deductibles	Proposed
Accident Medical Schedule of Benefits	The Deductible is the greater of: \$100: or
Accident Medical Schedule of Benefits	The Deductible is the greater of: \$100: or

Form Type	Expiring	Proposed
Form Type	Student Accident - Base	Student Accident - Base

Endorsements (including but not limited to)
All Students School Time Activities (PRE-K-12), All Interscholastic Sports Including Football Coverage - CPC 262
Field Trip Coverage - CPC 633
Religious Education Coverage - CPC 630
Overnight Field Trip Coverage - CPC 602
Summer Camper Coverage - CPC 636
Expanded Medical Coverage - CPC 606
Before and After School Day Care Coverage - CPC 627
Vocational Students Coverage - CPC 643
Needle Sticks - CPC 644
One Day Field Trip Coverage - CPC 633
IMPORTANT NOTICE – THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS - Form COL-11
Summer School Activities Coverage - CPC 647

Exclusions (including but not limited to)
No Benefits are payable for Hospital and Professional Services for the following:

Exclusions (including but not limited to)

- 1) Injuries which are not caused by an Accident;
- 2) Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis;
- 3) Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three-, or four-wheeled recreational motor vehicle or snowmobile;
- 4) Aggravation, during a Regularly Scheduled Activity, of an Injury the Insured suffered before participating in that Regularly Scheduled Activity, unless the Company receives a written medical release from the Insured's Physician;
- 5) Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the Football and/or Sports Coverage provision has been paid;
- 6) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association;
- 7) Treatment performed by a member of the Insured's Immediate Family or by a person retained by the School;
- 8) Injury caused by war or acts of war; suicide or intentionally self-inflicted Injury, while sane or insane (in Missouri while sane); violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered by or on the advice of a Physician;
- 9) Medical expenses for which the Insured is entitled to benefits under any (a) Workers' Compensation act; or (b) mandatory no-fault automobile insurance contract; or similar legislation;
- 10) Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain;
- 11) Expenses incurred for experimental or investigational treatment or procedures.