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July 1, 2022

To: All Parents and Guardians
From: Risk Management Department
RE: Student Accident Insurance

Dear Parents and Guardians:

Fulton County Schools (FCS) provides access to Student Accident Insurance coverage through T. W. Lord & Associates. The program offered through T. W. Lord & Associates is widely used through school districts in Georgia. The link to the brochure detailing the summary of coverages is provided below.

If your child(ren) is/are covered under a family medical plan or some other medical program (for example Medicaid, PeachCare, etc.), you do not have to purchase accident insurance.

Please be advised that in general FCS may not be liable or responsible for student injuries/accidents or the medical expenses associated with such injuries/accidents occurring on district property or while participating in a district sponsored event(s).

Hard copies of the Student Accident and Football Accident Insurance Plan brochures will not be available in schools, but are available electronically on the Risk Management Public Portal:

Accident Insurance Plan Brochures: <https://www.fultonschools.org/riskmanagement>
Enrollment Application - TW Lord site: <https://twlord.net/application-for-enrollment/>

You may also contact T. W. Lord at (770) 427-2461 for additional information on obtaining coverage, or you may contact the Risk Management Department at (470) 254-2176 or via email at fairr1@fultonschools.org or wrightt@fultonschools.org.

Thank you

Maximum Benefits Per Occurrence

Compare and Choose

Premier Option
\$250,000

Preferred Option
\$100,000

Basic Option
\$50,000

Benefits are Payable Up To The Following Maximums

	PREMIER Semi Private room rate	PREFERRED Semi Private room rate	BASIC \$300.00 per day
Hospital Room & Board			
Hospital Inpatient Services & Supplies (or Outpatient Day Surgery)	80% of Reasonable & Customary up to \$7,500.00	80% of Reasonable & Customary up to \$5,000.00	80% of Reasonable & Customary up to \$3,000.00
Hospital Emergency Room (includes all services and supplies except x-rays)	Reasonable & Customary up to \$500.00	Reasonable & Customary up to \$300.00	Reasonable & Customary up to \$200.00
Surgery	Reasonable & Customary at 80%	Reasonable & Customary at 80%	Reasonable & Customary at 80%
Physician Outpatient Treatment (all services & supplies except x-rays)	\$100.00 for first treatment; \$75.00 for each subsequent treatment - maximum of 5 treatments	\$75.00 for first treatment; \$50.00 for each subsequent treatment - maximum of 5 treatments	\$50.00 for first treatment; \$35.00 for each subsequent treatment - maximum of 5 treatments
Registered Nurses Services	Reasonable & Customary in full	Reasonable & Customary in full	Reasonable & Customary in full
X-rays, diagnostic imaging, MRIs, CAT Scans, etc.	80% of Reasonable & Customary up to \$1,000.00	80% of Reasonable & Customary up to \$750.00	80% of Reasonable & Customary up to \$400.00
Physical Therapy (in or out of the hospital)	\$75.00 for first treatment, \$50 ea. subsequent treatment, maximum of 5 treatments	\$60.00 for first treatment, \$40 ea. subsequent treatment, maximum of 5 treatments	\$40.00 for first treatment, \$30 ea. subsequent treatment, maximum of 5 treatments
Ambulance-Ground Transportation	Reasonable & Customary	Reasonable & Customary	One trip in full
Braces & Orthopedic Appliances	Reasonable & Customary up to \$300.00	Reasonable & Customary up to \$200.00	Reasonable & Customary up to \$100.00
Prescriptions	Reasonable & Customary charges as an inpatient; Reasonable & Customary up to \$300.00 as an outpatient	Reasonable & Customary charges as an inpatient; Reasonable & Customary up to \$200.00 as an outpatient	Reasonable & Customary charges as an inpatient Reasonable & Customary up to \$100.00 as an outpatient
Dental treatment	\$500.00 per natural tooth	\$400.00 per natural tooth	\$250.00 per natural tooth
Injuries Involving Motor Vehicles	Up to \$3,000.00 per injury	Up to \$2,000.00 per injury	Up to \$1,000.00 per injury

Accidental Death, Dismemberment & Loss of Sight Benefits

Pays in addition to other benefits, one of the following:

the largest applicable amount:

(within 180 days from date of injury)

Loss of Life

Loss of Both Hands, Both Feet or Sight of Both Eyes

Loss of One Hand, One Foot, or Sight of One Eye

\$10,000.00

\$15,000.00

\$ 7,500.00