



## Summary of Coverage Quote Letter

<b>Policyholder Name</b>	Wood Dale School District 7
<b>Address</b>	543 North Wood Dale Road
	Wood Dale IL, 60191

**EFFECTIVE DATE:** 7/1/26

**INSURANCE CARRIER:** BERKLEY ACCIDENT & HEALTH INS. CO.

**CLAIMS ADMINISTRATOR:** BOB MCCLOSKEY INSURANCE

**COVERAGE TYPE:** BASE ACCIDENT GRADES PREK-8 CLASS 1

### Blanket Accident Insurance Summary of Coverage

<b>Accident Medical Expense (AME) Maximum Per Injury/Accident</b>	\$25,000
<b>Covered Person &amp; Activities</b>	Class 1: All enrolled students of the participating school district participating in sponsored and supervised activities including sports.
<b>Deductible per Injury/Accident</b>	\$0
<b>Plan Design</b>	Full Excess
<b>Benefit Period</b>	2 Years
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	\$10,000
<b>AD&amp;D Aggregate Limit</b>	\$500,000
<b>Expanded Medical Benefit</b>	Included
<b>Outpatient Physical Therapy Benefit</b>	Included \$10,000 Max
<b>Outpatient Rehab Braces or Appliances</b>	Included \$5,000 Max
<b>Heart &amp; Circulatory Benefit</b>	Included
<b>Pre-Existing</b>	Included
<b>HMO/PPO Denial Benefit</b>	Included
<b>Dental</b>	Included up to Policy Max



Student Health &  
Special Risk

--	--

The information contained in this quote letter is only an outline of the benefits offered. It is NOT a complete explanation of the policy provisions or the specifics of the policy benefits. Additional terms, conditions, limitations and exclusions may apply.