

Over four decades protecting children.

Protect your child with Student Accident or Health Insurance



Kids will be kids.

School is not a spectator sport. From hopping and skipping to blocking and tackling, our commitment to protecting kids starts as early as kindergarten.

That's why we're here!

- Coverage can be purchased any time throughout the year. Remember to visit our website for faster enrollment.
- Checks, money orders, or credit cards accepted!

DO NOT SEND CASH

**Online Enrollment – Secured
Accident & Health Plans**

www.K12StudentInsurance.com



Underwritten by:
United HealthCare Insurance Company

Administered by: UnitedHealthcare StudentResources
P.O. Box 809027 • Dallas, TX 75380-9027
866-313-4512

Choose Your Coverage Plan:

One Time Payment For Accident Coverage

24-Hour Accident (Students & Employees)

WITH EXTENDED DENTAL	WITHOUT DENTAL
\$205.00	\$199.00
\$125.00	\$119.00

Summer Only

WITH EXTENDED DENTAL	WITHOUT DENTAL
\$ 55.00	\$ 49.00
\$ 35.00	\$ 29.00

- Around-the-clock/anywhere in the world; until one year after the date the school year begins
- Before, during and after school
- Weekends, vacation and all summer including summer school
- School sponsored and extracurricular sports **excluding high school football**

At-School Accident (Students & Employees)

WITH EXTENDED DENTAL	WITHOUT DENTAL
\$50.00	\$44.00
\$34.00	\$28.00

- During the regular school term, on school premises while school is in session
- Direct and uninterrupted travel to and from home and scheduled classes
- School sponsored and supervised sports **excluding high school football**
- Travel to and from school sponsored and supervised sports while in a school furnished vehicle

Extended Dental (Accident Only)

- Supplemental coverage extended to students with At-School, 24-Hour or Football Coverage - Limited to Covered Person's policy effective dates and accident only coverage option selected
- Usual and customary expenses for examinations, x-rays, endodontics and oral surgery to a maximum of \$10,000
- Dental expenses toward cost of bridge, denture or replacement of previous dental repairs with a maximum limit of \$250

High School Football (Grades 10-12 Accident Only)

- | | |
|----------------------|----------------|
| WITH EXTENDED DENTAL | WITHOUT DENTAL |
| \$171.00 | \$165.00 |
| \$102.00 | \$ 96.00 |
- Practicing or participating in regularly scheduled high school football
 - An additional premium is required for high school interscholastic football
 - Any 9th grade student that plays with the senior high team must purchase senior high football coverage
 - Consult your Athletic Department for enrollment instructions

Student Health Plan (Students ages 5-18 Only)

- Covers sickness & accidents which happen anytime, 24-hours a day, while your student is insured under this plan (excluding interscholastic sports)
- Benefits are payable according to the benefit schedule up to \$50,000 after the \$50.00 deductible has been met per policy year

Review Your Benefits:

Maximum Benefits Paid As Specified Below

Any supply or service not specifically listed is not covered. Usual and Customary Charges are based on the 75th percentile. **STUDENT HEALTH PLAN ONLY COVERAGE:** The Policy provides benefits for loss due to a covered injury or sickness up to the \$50,000 Maximum Benefit as specified below for each injury or sickness after the \$50 Deductible.

ACCIDENT ONLY COVERAGE: The Policy provides benefits for loss due to a covered injury up to the Maximum Benefit specified below for each injury. Provided that treatment by a qualified, licensed physician begins within 30 days from the date of injury, benefits will be paid for covered medical expenses incurred within 52 weeks from the date of injury up to the Maximum Benefit per service as shown below. Policy benefits are not payable for any expenses incurred which are paid or payable by other valid and collectible insurances.

COMPARE AND CHOOSE	High Option	Low Option	Student Health Plan
MAXIMUM BENEFIT	\$50,000.00 (For Each Injury)	\$25,000 (For Each Injury)	\$50,000 (For Each Injury or Sickness)
Deductible	\$0	\$0	\$50 (Per Policy Year)
INPATIENT			
Room & Board	\$800 per day	\$300 per day	\$700 Aggregate maximum per day
Hospital Miscellaneous	\$1,000 first day / \$600 each subsequent day	\$500 first day / \$300 each subsequent day	Included under Room & Board
Intensive Care	\$1,000 per day	\$500 per day	Included under Room & Board
Physiotherapy (Benefits are limited to one visit per day / 5 days maximum)	\$80 first day / \$50 each subsequent day / 5 days maximum	\$40 first day / \$25 each subsequent day / 5 days maximum	Included under Room & Board
Registered Nurse	100% of Usual & Customary Charges	80% of Usual & Customary Charges	100% of Usual & Customary Charges
Physician's Visit (Benefits are limited to one visit per day and do not apply when related to surgery)	\$80 first day / \$50 each subsequent day	\$40 first day / \$25 each subsequent day	\$50 first day / \$35 each subsequent day
Pre-Admission Testing (Payable within 3 working days prior to admission)	Paid under Hospital Miscellaneous	Paid under Hospital Miscellaneous	Paid under Room & Board / Hospital Miscellaneous
OUTPATIENT			
Day Surgery Miscellaneous (Usual & Customary Charges are based on the Outpatient Surgical Facility Charge Index)	\$1,500 maximum	\$750 maximum	\$700 maximum
Physician's Visits (Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	\$70 first day / \$25 each subsequent day	\$35 first day / \$15 each subsequent day	\$35 first day / \$25 each subsequent day / 5 days maximum (Office visits for physical exams are covered up to \$10 Per Policy Year)
Physiotherapy (Benefits are limited to one visit per day / 5 days maximum)	\$80 first day / \$50 each subsequent day / 5 days maximum	\$40 first day / \$25 each subsequent day / 5 days maximum	Paid under Physician's Visit
Medical Emergency (Use of room and supplies; treatment must be rendered within 72 hours from the time of the injury or first onset of sickness)	\$300 maximum	\$150 maximum	\$100 maximum
X-Rays	\$300 maximum (Fracture or dislocation \$600 maximum)	\$300 maximum	\$100 maximum
CAT Scan/MRI	\$800 maximum	\$300 maximum	Included under X-Rays
Laboratory	100% of Usual & Customary Charges	80% of Usual & Customary Charges	\$100 maximum
Prescription Drugs	100% of Usual & Customary Charges	80% of Usual & Customary Charges	No Benefits
Injections	No Benefits	No Benefits	No Benefits
Orthopedic Braces & Appliances (Exception: See Benefits for Prosthetic Devices)	\$400 maximum	\$200 maximum	\$100 maximum
INPATIENT AND/OR OUTPATIENT			
Surgery (Specified Surgery based on data provided by Agency, Inc) (No more than one procedure through the same incision will be paid)	\$140 surgery coefficient / \$2,500 maximum	\$70 surgery coefficient / \$1,250 maximum	\$100 surgery coefficient / \$,500 maximum
Anesthetist	25% of surgery allowance	25% of surgery allowance	25% of surgery allowance
Ambulance	\$1,000 maximum	\$500 maximum	\$250 maximum
Consultant	\$600 maximum	\$300 maximum	No Benefits
Dental (Benefits are paid on injury to sound, natural teeth only)	\$800 per tooth	\$400 per tooth	\$200 per tooth
Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury	\$800 maximum	\$400 maximum	No Benefits
Maternity	No Benefits	No Benefits	Paid as any other Sickness
Complication of Pregnancy	No Benefits	No Benefits	Paid as any other Sickness
Motor Vehicle Injury	Paid as any other injury / \$1,000 maximum	Paid as any other injury / \$1,000 maximum	Paid as any other injury

Benefits are provided as mandated by the State of Colorado for Prosthetic Devices, Telemedicine Services, and under the Student Health Plan Benefits for Diabetics, Benefits for Newborn Infants, Benefits for Biologically Based Mental Illness and Benefits for Mental and Nervous Disorders. Details of these benefits may be found in the Master Policy on file at the School District.

NOTE: This is a brief summary of the benefits and not a contract. A Master Policy has been provided to your school district that contains all of the provisions, limitations and exclusions and qualifications of the insurance benefits. The Master Policy is the contract and will govern and control the payment of benefits.

Facts About The Policy:

- STUDENT TRANSFER:** The policy continues in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.
- CANCELLATION:** Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
- The Master Policy on file with the school district is a non-renewable one year term policy.
- This is a limited benefit policy.
- INITIAL ENROLLMENT:** Coverage is effective the date correct application and premium are received by the Company.
- LATE ENROLLMENT:** There is no premium reduction for any individual who enrolls late in the year.
- STUDENT INJURY AND SICKNESS POLICY (Health Plan):** Coverage terminates on the earliest of: 1) the date the Master Policy terminates as held by the School District; or 2) the last day of the period for which the appropriate premium has been paid.
- Your cancelled check, credit card billing, or money order stub is your only receipt and notification of coverage.

DEFINITIONS: Injury means bodily injury which is 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; and 4) sustained while the Covered Person is covered under the Policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. **Pre-existing condition** means any condition for which a Covered Person: 1) incurred charges; 2) received medical treatment; 3) consulted a health care professional; or 4) took Prescription Drugs within 6 months immediately prior to the Covered Person's Effective Date under the policy. Pre-existing Condition does not include pregnancy.

Sickness means sickness or disease of the Covered Person which causes loss, and originates while the Covered Person is covered under this policy. All related conditions, and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance.

PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy practices by calling us toll-free at (866) 313-4512 or by visiting us at www.K12StudentInsurance.com.

Administered by:

UnitedHealthcare StudentResources
P.O. Box 809066 • Dallas, TX 75380-9066
866-313-4512

Accidental Death And Dismemberment (Accident Only Coverage)

One amount, the greatest, may be payable at the Covered Person's option within 180 days from the date of accident in addition to other benefits under the Policy.

Accidental Death	\$ 5,000.00
Accidental Loss of:	
Both Hands, Both Feet, or Sight of Both Eyes	\$10,000.00
One Hand and One Foot	\$10,000.00
One Hand or One Foot and Sight of One Eye	\$10,000.00
Either One Hand or One Foot or Sight of One Eye	\$ 2,000.00
Entire Thumb and Index Finger of Either Hand	\$ 500.00

Policy Exclusions And Limitations For All Accident Plans

Benefits will not be paid for: a) loss or expense only caused by, contributed to, or resulting from: or b) treatment, services or supplies for, at, or related to:

- Air travel except while as a fare-paying passenger on a regularly scheduled commercial air carrier; other than casual or non professional participation, travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle limited to: two or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snowmobile.
- Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore unless specifically provided for in the Schedule of Benefits.
- Assistant Surgeon Fees.
- Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered injury.
- Dental treatment, except for accidental injury to Sound, Natural Teeth. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered injury.
- Food poisoning or bacterial infections (except an infection occurring through an open visible wound); cysts or skin lesions such as blisters or boils; tumors; over-exerting; fainting; hernia; regurgitation of flow caused; illness or disease in any form.
- Injury for which benefits are paid or payable by worker's compensation or employer's liability or occupational disease law.
- Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
- Motor Vehicle Injury excess of \$1,000.00.
- Nuclear reactions or radiation contamination; war, declared or undeclared (a pro-rata premium will be refunded upon request for such period not covered); participation in a riot or civil disorder; or while a member of the Armed Services.
- Orthodontics (braces) for any reason or damage to or loss of orthodontics.
- Play or practice of interscholastic high school football; except where a specific additional premium is paid.
- Pre-existing Conditions or aggravation of a Pre-existing Condition.
- Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of injury.
- Skating, except snow skiing for casual or nonprofessional participation, scuba diving, surfing, roller skating, riding in a rodeo.
- Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planning, bungee jumping, bob-sledding, or ballooning.
- Suicide or attempt thereof, while sane (including drug overdose), intentionally self-inflicted injuries; fighting.
- Supplies, except as specifically provided in the policy.
- While committing or attempting to commit an assault or felony, or to which a contributory cause was the Covered Persons being engaged in an illegal occupation.

Policy Exclusions And Limitations For Health Plan Coverage

Benefits will not be paid for: a) loss or expense caused by, contributed to, or resulting from: or b) treatment, services or supplies for, at, or related to:

- Acne, acupuncture, allergy, including allergy testing.
- Air travel except while as a fare-paying passenger on a regularly scheduled commercial air carrier; Other than casual or non professional participation, travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limited to: two or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snowmobile.
- Alcoholism and drug abuse.
- Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore; treatment for visual or hearing defects and problems, except when due to a disease process.
- Assistant Surgeon Fees.
- Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorders, conceptual handicap, developmental delay or disorder or mental retardation.
- Congenital conditions, except as specifically provided in the Benefits for Newborn Infants.
- Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered injury.
- Dental treatment, except for accidental injury to Sound, Natural Teeth.
- Elective Surgery or Elective Treatment; Elective abortion.
- Immunizations; preventive medicines or vaccines, except where required for treatment of a covered injury.
- Injury or Sickness for which benefits are paid or payable by worker's compensation or employer's liability or occupational disease law.
- Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
- Outpatient Mental and Nervous Disorders, except as specifically provided for in the Benefits for Biologically Based Mental Illness.
- Nuclear reactions or radiation contamination; war, declared or undeclared (a pro-rata premium will be refunded upon request for such period not covered); participation in a riot or civil disorder; or while a member of the Armed Services.
- Organ transplants, including organ donation.
- Orthodontics (braces) for any reason or damage to or loss of orthodontics.
- Play or practice of interscholastic sports.
- Prescription drugs and medicines not actually administered to the patient in a hospital or office of a licensed physician.
- Pre-existing Conditions, except for: 1) individuals who have been continuously insured for at least 6 consecutive months under the school's student health insurance plan or policy; The Pre-existing Condition exclusion-any period will be reduced by the total number of months that the insured provides documentation of continuous coverage under prior Creditable Coverage if such Creditable Coverage was continuous to a date not more than 90 days prior to the Covered Person's Effective Date under this policy.
- Routine newborn infant care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for Cesarean delivery. If 48 hours following a vaginal delivery falls after 8:00 p.m., coverage shall continue until 8 a.m. the following morning. If 96 hours following the cesarean section falls after 8 p.m., coverage shall continue until 8 a.m. the following morning.
- Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy.
- Skating, except snow skiing for casual or nonprofessional participation, scuba diving, surfing, roller skating, riding in a rodeo.
- Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planning, bungee jumping, bob-sledding, or ballooning.
- Suicide or attempt thereof, while sane (including drug overdose), intentionally self-inflicted injuries; fighting.
- Supplies, except as specifically provided in the policy.
- While committing or attempting to commit an assault or felony, or to which a contributory cause was the Covered Persons being engaged in an illegal occupation.

FIELD TRIP ROSTER FORM

CONTACT PERSON: _____

DATE OF TRIP: _____

DESTINATION: _____

RETURN DATE: _____

DISTRICT/PARISH NAME: _____

TIME OF DEPARTURE: _____ TIME OF RETURN: _____

SCHOOL: _____

Circle One: Day Field Trip Overnight Field Trip

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This list must be received or faxed to the Company prior to the date of the Field Trip. All information on this list must be completed before the form will be accepted.

	FIELD TRIP RATES
SAME DAY TRIP	\$.35 PER PARTICIPANT
OVERNIGHT TRIP	\$2.00 PER PARTICIPANT FOR 5 NIGHTS & UNDER
ONE WEEK TRIP	\$1.00 PER PARTICIPANT PER DAY FOR 5 NIGHTS & OVER
Total Number of Students to Be Insured _____	x \$.35 Per Participant (Same Day Trip) = _____
Total Number of Students to be Insured _____	x \$2.00 Per Participant (Overnight Trip 5 Nights or Less) = _____
Total Number of Students to be Insured _____	x \$1.00 Per Participant (Per Day for Over 5 Nights) = _____

MAIL OR FAX THIS LIST TO THE ATTENTION OF:

PREMIUM DEPARTMENT
 Fax: 972-448-2046 or 972-448-2047
 P.O. Box 809066
 Dallas, TX 75380-9066

MAKE CHECK PAYABLE TO:

STUDENT INSURANCE