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TO: Parents or Guardians of USD 350 Students

DATE: August 1, 2019

RE: Accident Insurance for PK-12 Students

The following facts should be fully understood by the parents and guardians of all students who participate in school sponsored activities all grades.

1. The School District has entered into a contractual agreement with K&K Insurance Company for athletic and extracurricular student accident insurance. This coverage is for students in **all grades during school-related activities** and for **students in grades 7 through 12 for extracurricular activities and athletics**. This is for KSHSAA sponsored activities, including all KSHSAA athletic events. Your child will be covered while participating in, practicing for, and traveling to and from such an activity in a school furnished vehicle.
2. School District assumes no responsibility as a result of injuries that occur during school activities or KSHSAA event, however, this insurance is provided at school expense. This is SECONDARY INSURANCE to whatever health insurance the parent or guardian has for their children, and all claims should be filed with the primary health insurance company and with K&K. You will need to indicate on the claim form the name and address of your regular insurance carrier.
3. All policies have limitations. K&K will pay up to the amounts that are listed on the student brochure with a \$250 deductible. Parents will be responsible for any amounts remaining after both the primary health insurance and K&K limitations have been reached. A second policy covers amounts above \$6,500 with some limitations.
4. The School District and its employees are NOT responsible for any costs for treatment to your child by any doctor.
5. In case of an injury, it is the responsibility of the parent to file a claim form. These forms are available in the principal's office and on the school website. Claim forms can also be printed from K&K Insurance Company's website at www.studentinsurance-kk.com. The coaches, sponsors, teachers, or administrative personnel will be happy to help complete the form, but it is up to the parents to get the form completed and turned into the office.
6. It is the responsibility of parents to ensure that the claim is filed. However, school office personnel will be glad to mail the claim form and provide parents with a copy.
7. As with any policy, there are policy exclusions. Please review the Policy Exclusions and Limitations that are listed in the brochure.
8. **Treatment must begin within 30 days from the injury and claims must be filed within 90 days of the injury.** Benefits will be paid for covered expenses incurred within 52 weeks from the date of the accident.

If you have any questions, feel free to call the principal or ask your teacher, sponsor, or coach.

Board of Education

Chad Fisher, President Derek Foote, Vice Pres. Carl Behr Darin Brummer Vance Fisher Debby Waddle Shawn Ward

Voluntary Coverage - High Option Student Accident Plan Schedule of Benefits

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that the treatment begins within 60 days from the date of the Injury, benefits will be payable for covered Medical Expenses incurred within one year from the date of the Injury up to the maximum benefit per service as scheduled below. Covered Expenses means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay. Benefits are subject to all applicable conditions, exclusions and limitations and any deductible and coinsurance provisions shown. Benefits are limited to the amounts shown for specific services or supplies.

Maximum Benefit: \$25,000 (For Each Injury)	Deductible: None \$250
Inpatient	
Room & Board:	80% of Reasonable Charges
Hospital Miscellaneous:	\$1,200 per day
Registered Nurse:	100% of Reasonable Charges
Physician's Visits:	\$60 first day/\$40 each subsequent day
Outpatient	
Day Surgery Miscellaneous:	\$1,200 maximum
Physician's Visits:	\$60 first day/\$40 each subsequent day <i>(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)</i>
Physiotherapy:	\$60 first day/\$40 each subsequent day/5 days maximum <i>(Benefits are limited to one visit per day)</i>
Emergency Room:	\$300 maximum <i>(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)</i>
X-Rays:	\$600 maximum
CAT Scan/MRI:	\$600 maximum
Laboratory:	\$300 maximum
Prescription Drugs:	\$200 maximum/30 day supply per prescription
Orthopedic Braces & Appliances:	\$140 maximum
Inpatient and/or Outpatient	
Surgeon's Fees:	\$1,200 maximum <i>(Limited to primary procedure per injury)</i>
Anesthetist/Assistant Surgeon:	25% of surgery allowance
Ambulance:	\$800 maximum
Consultant:	\$400 maximum
Dental:	\$500 per tooth

Expenses for the following are not covered:

Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. The policy contains an Excess Provision. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance. The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 75th percentile of Ingenix schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

KANSAS PLAN 200

6,500
~~6,500~~ DEDUCTIBLE

Student Accident Plan Schedule of Benefits

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that the treatment begins within 60 days from the date of the Injury, benefits will be payable for covered Medical Expenses incurred within one year from the date of the Injury up to the maximum benefit per service as scheduled below. Covered Expenses means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay. Benefits are subject to all applicable conditions, exclusions and limitations and any deductible and coinsurance provisions shown. Benefits are limited to the amounts shown for specific services or supplies.

Maximum Benefit: \$25,000 (For Each Injury)

Deductible: \$7,500

Inpatient

Room & Board: 100% of Reasonable Charges/Semi-private room rate

Hospital Miscellaneous: 100% of Reasonable Charges

Registered Nurse: 100% of Reasonable Charges

Physician's Visits: 100% of Reasonable Charges
(Benefits are limited to one visit per day and do not apply when related to surgery)

Outpatient

Day Surgery Miscellaneous: 100% of Reasonable Charges

Physician's Visits: 100% of Reasonable Charges
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)

Physiotherapy: 100% of Reasonable Charges
(Benefits are limited to one visit per day)

Medical Emergency: 100% of Reasonable Charges
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)

X-Rays: 100% of Reasonable Charges

CAT Scan/MRI: 100% of Reasonable Charges

Laboratory: 100% of Reasonable Charges

Prescription Drugs: 100% of Reasonable Charges

Orthopedic Braces & Appliances: 100% of Reasonable Charges

Inpatient and/or Outpatient

Surgeon's Fees: 100% of Reasonable Charges
(Limited to primary procedure per injury)

Anesthetist/Assistant Surgeon: 25% of surgery allowance

Ambulance: 100% of Reasonable Charges

Consultant: 100% of Reasonable Charges

Dental: 100% of Reasonable Charges
(Benefits paid on Injury to Sound, Natural Teeth Only)

Replacement of eye glasses, contact lenses, or hearing aids that are broken as a result of a covered injury: 100% of Reasonable Charges

Expenses for the following are not covered:

Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. The Policy contains an Excess Provision for mandatory coverage. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance. The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 75th percentile of Ingenix schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.