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TO: Parents or Guardians of USD 350 Students

DATE: August 1, 2022

RE: Accident Insurance for PK-12 Students

The following facts should be fully understood by the parents and guardians of all students.

1. The School District has entered into a contractual agreement with K&K Insurance Company for supplemental student accident insurance. This coverage is for students in **all grades during school-related activities** and for **students in grades 6 through 12 for extracurricular activities and athletics**.
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. (See attached.) 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.
9. Additionally, KSHSAA provides a catastrophic insurance policy with a \$25,000 deductible. This covers any student in grades 7-12 that participates in a KSHSAA activity. USD 350 also provides a similar policy with a \$25,000 deductible for students of all ages participating in any school sponsored activity.

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

Board of Education

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

SCHEDULE OF BENEFITS

ACCIDENT MEDICAL BENEFIT

Scope of Coverage Applicable to Accident Medical Benefits

Any benefit limits and benefit percentages apply, unless otherwise specified, on a per Insured Person – per Covered Loss basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

| | |
|--|--|
| Full Excess Medical Expense Maximum Benefit | \$25,000 |
| First Covered Expenses must be incurred within | 60 days after the Covered Accident |
| Benefit Period | 52 weeks from the date of the Covered Accident |
| Deductible | \$0 |
| Deductible applies to | each Covered Accident |
| Deductible must be satisfied within | 52 weeks from the date of the Covered Accident |

High Option

Covered Expenses

Determination of the amount of each Covered Expense, and where applicable, each Usual and Customary Charge, will be made solely by the Company.

Benefit Percentage and Other Limits

Expanded Medical Benefit For Covered Sports Conditions

100% of Usual and Customary Charges

Covered Sports Conditions

bursitis; sprains; hernia; muscle tears; tendonitis; and repetitive motion injuries

Heart and Circulatory Conditions

100% of Usual and Customary Charges

Covered Heart and Circulatory Conditions

heat exhaustion; heart attack; cardiac arrest, stroke; burst aneurysm

Inpatient Hospital Services

Room and Board Expenses

Semi-Private Room

80% of Usual and Customary Charges

Miscellaneous Expenses

Physician's Visits (limited to one visit per day)

\$1,200 maximum per day

\$60 first day/\$40 each subsequent day

Ambulatory Medical Center

\$1,200 maximum

Emergency Room Treatment (treatment must be rendered within 72 hours from the time of the injury)

\$300 maximum

Surgery

\$1,200 maximum

*Allowance is calculated: 100% of Usual and Customary Charges for the 1st procedure, 50% of Usual and Customary Charges for the 2nd procedure, and 25% of Usual and Customary Charges for each additional procedure when performed through different incisions/portals.

Assistant Surgeon

100% of Usual and Customary Charges

*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.

Anesthesia and its Administration 100% of Usual and Customary Charges

*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.

Outpatient Physician Visits (limited to one visit per day) \$60 first day/\$40 each subsequent day

Outpatient X-ray \$600 maximum

Outpatient Diagnostic Imaging Services \$600 maximum

Outpatient Laboratory \$300 maximum

Outpatient Physiotherapy (limited to one visit per day) \$60 first day/\$40 each subsequent day, 5 day maximum

(includes acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment)

Ambulance Services (Air and Ground) \$800 maximum

Medical Equipment Rental \$140 maximum

(Includes Orthopedic devices)

Dental Services \$10,000 maximum per policy term

Prescription Drugs \$200 maximum

Consultant \$400 maximum

Replacement of Eye Glasses, Contact Lenses or Hearing Aids 100% of Usual and Customary Charges

KANSAS PLAN 200 \$7,500 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

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.