



Alisa Fisher
Board Clerk
fishera@usd350.com

Marla Irvine
Board Treasurer
irvinem@usd350.com

Josh Meyer
Superintendent
meyerj@usd350.com

St. John – Hudson USD 350

505 N. Broadway
St. John, Kansas 67576
Ph. (620) 549-3564
FAX (620) 549-3964

TO: Parents or Guardians of USD 350 Students

DATE: August 1, 2021

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 - High Option with \$250 Deductible

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	\$1,200 maximum per day
Physician's Visits (limited to one visit 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 1 st procedure, 50% of Usual and Customary Charges for the 2 nd 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 (Includes Orthopedic devices) \$140 maximum

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 SCHEDULE OF BENEFITS - PLAN 200 - \$6,500 DEDUCTIBLE

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.

Excess Medical Expense	
Other Health Care Plan Reduction	0%
Total Maximum for all Accident Medical Benefits	\$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	\$7,500
Deductible applies to	each Covered Accident
Deductible must be satisfied within	52 weeks from the date of the Covered Accident

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

100% of Usual and Customary Charges

Miscellaneous Expenses

100% of Usual and Customary Charges

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

100% of Usual and Customary Charges

Ambulatory Medical Center

100% of Usual and Customary Charges

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

100% of Usual and Customary Charges

Surgery

100% of Usual and Customary Charges

*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) 100% of Usual and Customary Charges

Outpatient X-ray 100% of Usual and Customary Charges

Outpatient Diagnostic Imaging Services 100% of Usual and Customary Charges

Outpatient Laboratory 100% of Usual and Customary Charges

Outpatient Physiotherapy (limited to one visit per day) 100% of Usual and Customary Charges

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

Ambulance Services (Air and Ground) 100% of Usual and Customary Charges

Medical Equipment Rental (Includes Orthopedic devices) 100% of Usual and Customary Charges

Dental Services 100% of Usual and Customary Charges

Prescription Drugs 100% of Usual and Customary Charges

Consultant 100% of Usual and Customary Charges

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