

STUDENT ACCIDENT ONLY INSURANCE

ACSI Voluntary Plan Premium Rates for 2010/2011

This Policy Plan provides coverage up to \$25,000 for each Injury and is designed to pay Covered Medical Expenses incurred as a result of accidental Injury. Certain specific benefits are limited. See Schedule of Benefits and Exclusions and Limitation pages for additional information.

OPTION 1: 24-HOUR COVERAGE	Low Option	High Option
Provides coverage for Injuries sustained all year long; 24-hours a day until one year after the date the school year begins (excluding High School Football).		
With Extended Dental	\$ 69. ⁰⁰	\$ 102. ⁰⁰
24 Hour Summer Only With Extended Dental	\$ 23. ⁰⁰	\$ 32. ⁰⁰

EXTENDED DENTAL COVERAGE
Provides supplemental coverage for Injury to Sound, Natural Teeth to students who are covered by 24-Hour coverage.

Underwritten by:
UnitedHealthcare Insurance Company



2010 Schedule of Benefits Low Option

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 paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the maximum benefit per service as scheduled below:

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

INPATIENT

Room & Board:	Semi-private room rate/\$150 per day
Hospital Miscellaneous:	\$600 per day
Registered Nurse:	75% of Usual & Customary Charges
Physician's Visits:	\$40 first day/\$25 each subsequent day

(Benefits are limited to one visit per day and do not apply when related to surgery)

OUTPATIENT

Day Surgery Miscellaneous:	\$1,000 maximum
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(Usual & Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index)

Physician's Visits:	\$40 first day/\$25 each subsequent day
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(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)

Physiotherapy:	\$30 first day/\$20 each subsequent day/5 days maximum
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(Benefits are limited to one visit per day)

Emergency Room:	\$150 maximum
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(Use of room and supplies; treatment must be rendered within 72 hours from time of Injury)

X-Rays:	\$200 maximum
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Cat Scan/MRI:	\$300 maximum
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Laboratory:	\$50 maximum
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Injections:	No Benefits
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Prescription Drugs:	\$75 maximum
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Orthopedic Braces & Appliances:	\$75 maximum
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INPATIENT AND/OR OUTPATIENT

Surgeon's Fees:	\$1,000 maximum
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*(Specified surgery based on data provided by Ingenix, Inc.)
(No more than one procedure through the same incision will be paid)*

Anesthetist/Assistant Surgeon:	20% of surgery allowance
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Ambulance:	\$300 maximum
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Consultant:	\$200 maximum
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Dental:	\$200 per tooth
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(Benefits are paid on Injury to Sound, Natural Teeth Only)

Replacement of Eyeglasses, Contact Lenses and Hearing Aids:	\$200 maximum
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(When broken as a result of a covered Injury)

Usual and Customary Charges are based on data provided by Ingenix, Inc. using the 75th percentile.

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. Benefits may vary by state.

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.

This plan is available in the following states: Alaska, California, Connecticut, Delaware, Florida, Idaho, Illinois, Indiana, Iowa, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Wisconsin.

Underwritten by:
UnitedHealthcare Insurance Company



2010 Schedule of Benefits High Option

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 paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the maximum benefit per service as scheduled below:

Maximum Benefit:	\$25,000 (For Each Injury)
INPATIENT	
Room & Board:	80% of Usual and Customary Charges/Semi-private room rate
Hospital Miscellaneous:	\$1,200 per day
Registered Nurse:	100% of Usual & Customary Charges
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)</i>
OUTPATIENT	
Day Surgery Miscellaneous:	\$1,200 per day <i>(Usual & Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index)</i>
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
Injections:	No Benefits
Laboratory:	\$300 maximum
Prescription Drugs:	\$200 maximum
Orthopedic Braces & Appliances:	\$140 maximum
INPATIENT AND/OR OUTPATIENT	
Surgeon's Fees:	\$1,200 maximum <i>(Specified surgery based on data provided by Ingenix, Inc.) (No more than one procedure through the same incision will be paid)</i>
Anesthetist/Assistant Surgeon:	25% of surgery allowance
Ambulance:	\$800 maximum
Consultant:	\$400 maximum
Dental:	\$500 per tooth <i>(Benefits paid on Injury to Sound, Natural Teeth only)</i>
Replacement of Eyeglasses, Contact Lenses and Hearing Aids:	\$300 maximum <i>(When broken as a result of a covered Injury)</i>

Usual and Customary Charges are based on data provided by Ingenix, Inc. using the 75th percentile.

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. Benefits may vary by state.

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.

This plan is available in the following states: Alaska, California, Connecticut, Delaware, Florida, Idaho, Illinois, Indiana, Iowa, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Wisconsin.

Underwritten by:
UnitedHealthcare Insurance Company



CONNECTICUT POLICY EXCLUSIONS AND LIMITATIONS

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:

1. Air travel except while as a fare-paying passenger on a regularly scheduled commercial air carrier; 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 or off-road motorized vehicle not requiring licensing as a motor vehicle.
2. Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore unless specifically provided for in the Schedule of Benefits.
3. Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered Injury.
4. Dental treatment, except as specifically provided in the Schedule of Benefits.
5. 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; illness or disease in any form.
6. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury.
7. Addiction to alcohol, intoxicants, hallucinogenics, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician, except due to a mental and nervous disorder or accidental ingestion of a controlled drug.
8. Injury for which benefits are paid or payable by worker's compensation or employer's liability or occupational disease law.
9. 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), except when Injury occurs when the Covered Person has an elevated blood alcohol content or when under the influence of intoxicating liquor or any drug or both.
10. Orthodontics (braces) for any reason or damage to or loss of orthodontics.
11. Play or practice of interscholastic high school football; except where a specific additional premium is paid.
12. Pre-existing Conditions or aggravation of a Pre-existing Condition.
13. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of injury.
14. Skiing, scuba diving, surfing, roller skating, riding in a rodeo.
15. Injury resulting from suicide or attempted suicide while sane or insane (including intentional drug overdose); or intentionally self-inflicted Injury.
16. Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding, or ballooning.
17. Supplies, except as specifically provided in the policy.
18. War, declared or undeclared (a pro-rata premium will be refunded upon request for such period not covered); or while a member of the Armed Services.
19. While committing or attempting to commit an assault or felony.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Loss of Life	\$ 10,000
Loss of Both Hands, Both Feet or Sight of Both Eyes	\$ 10,000
Loss of One Hand and One Foot	\$ 10,000
Loss of Either One Hand or One Foot and Sight of One Eye	\$ 10,000
Loss of One Hand or One Foot or Sight of One Eye	\$ 5,000
Loss of Entire Thumb and Index Finger of Either Hand	\$ 500

Pre-Existing Condition means any condition which is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Covered Person's Effective Date under the policy.

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 this policy, subject to the policy Pre-existing Condition provision. 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.

Benefits are provided as mandated by the State of Connecticut for Benefits for Accidental Ingestion of Controlled Drug, Benefits for Hypodermic Needles or Syringes, Benefits for Mammography and Comprehensive Ultrasound Screening, Benefits for Maternity Postpartum Care, Benefits for Amino Acid Modified Preparation and Low Protein Modified Products, Benefits for Isolation Care and Emergency Services, and Benefits for Home Health Care. A detail of these benefits may be found in the Master Policy.





Different Insurance for a Different Generation

Our children live in a very different world than when we grew up. Family health insurance has dramatically changed, and protecting our children through traditional plans has become a complex challenge. The K-12 Injury and Sickness insurance plan, available through your child's school*, is refreshingly different – and simple.

The Advantages of the K-12 Health Plan:

- Offered through school systems throughout America to millions of school age children
- Open enrollment throughout the school year (July 1 – June 30)
- Same Day Enrollment/Coverage
- Unrestricted choice of medical providers (Doctors, Hospitals, etc...)
- 24 Hour protection for injury and sickness, at home or at school
- Low (\$50) annual deductible
- Designed to be affordable – rates have not increased since 2006 (\$588 Annually or \$147 Quarterly or \$98 every 2 months)
- Can supplement employer-provided plans

Supplement your employer-provided coverage.

Is your child covered by a high-deductible employer plan? If you have to pay hundreds, or even thousands of dollars in order to meet your deductible, the K-12 health plan can reimburse you for your children's eligible medical expenses as you continue to work toward meeting the deductible on your employer plan.

Learn more today!

For full plan details and easy online enrollment, visit www.k12StudentInsurance.com today.

Online enrollment takes only minutes, and payment is accepted by credit card or eCheck.

Questions? We're standing by to answer them at 866-409-5733.



*Student is able to purchase the coverage only if his/her school or school district is a policy holder with the insurance company. Plan may not be available in all states or districts. Underwritten by UnitedHealthcare Insurance Company.