

## STUDENT ACCIDENT ONLY INSURANCE

### Mandatory 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.

**Plan 1 - At-School Accident with no sports coverage (Excludes Athletics & Activities) - \$10,000 Maximum Benefit**

Grade Level	Rate per Student
Pre K – K	\$2.10
Grades 1-6	\$5.30
Grades 7-8	\$5.30
Grades 9-12	\$6.95
Teachers/Admin.	\$12.60
Overnight Field Trips -	\$210.00

**Plan 2 - At-School Accident with no sports coverage (Excludes Athletics & Activities). - \$25,000 Maximum Benefit**

Grade Level	Rate per Student
Pre K – K	\$2.40
Grades 1-6	\$5.85
Grades 7-8	\$5.85
Grades 9-12	\$7.50
Teachers/Admin.	\$15.25
Overnight Field Trips	\$210.00

**Plan 3 - At-School Accident with sports coverage (Includes Athletics & Activities). - \$10,000 Maximum Benefit**  
Sports excludes interscholastic football. Football coverage requires a separate premium per player. High School Football coverage is available only with plans 3 or 4.

Grade Level	Rate per Student
Pre K – K	\$2.10
Grades 1-6	\$5.30
Grades 7-8	\$9.75
Grades 9-12	\$12.85
Gr. 9-12 Football	\$76.65
Teachers/Admin.	\$12.60
Overnight Field Trips	\$210.00

**Plan 4 - At-School Accident with sports coverage (Includes Athletics & Activities). - \$25,000 Maximum Benefit**  
Sports excludes interscholastic football. Football coverage requires a separate premium per player. High School Football coverage is available only with plans 3 or 4.

Grade Level	Rate per Student
Pre K – K	\$2.40
Grades 1-6	\$5.85
Grades 7-8	\$11.35
Grades 9-12	\$19.80
Gr. 9-12 Football	\$92.60
Teachers/Admin.	\$15.25
Overnight Field Trips	\$210.00

**Underwritten by:**  
UnitedHealthcare Insurance Company



## Schedule of Benefits ACSI Mandatory Coverage Injury Only

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit for each Injury. Provided that the treatment by a qualified, licensed Physician begins within 60 days from the date of the Injury, benefits will be payable for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the maximum benefit per service as shown below:

<b>Maximum Benefit:</b>	Plan #1: \$10,000 (For each Injury)	Plan #3: \$10,000 (For each Injury)
	Plan #2: \$25,000 (For each Injury)	Plan #4: \$25,000 (For each Injury)

### INPATIENT

Room & Board:	Semi-private room rate/Usual & Customary Charges
Intensive Care:	Usual & Customary Charges
Hospital Miscellaneous:	Usual & Customary Charges
Registered Nurse's Services:	Usual & Customary Charges
Physician's Visits:	Usual & Customary Charges

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

### OUTPATIENT

Day Surgery Miscellaneous:	Usual & Customary Charges
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*(Usual & Customary Charges are based on the Outpatient Surgical Facility Charge Index)*

Physician's Visits:	Usual & Customary Charges
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*(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)*

Physiotherapy:	Usual & Customary Charges
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*(Benefits are limited to one visit per day)*

Emergency Room:	Usual & Customary Charges
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*(Use of room and supplies; treatment must be rendered within 72 hours from time of Injury)*

X-Rays:	Usual & Customary Charges
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Cat Scan/MRI:	Usual & Customary Charges
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Laboratory:	Usual & Customary Charges
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Prescription Drugs:	Usual & Customary Charges
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Injections:	No Benefits
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Orthopedic Braces & Appliances:	Usual & Customary Charges
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### INPATIENT AND/OR OUTPATIENT

Surgery:	Usual & Customary Charges
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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:	Usual & Customary Charges
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Ambulance:	Usual & Customary Charges
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Consultant:	No Benefits
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Dental:	Usual & Customary Charges
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*(Benefits are paid on Injury to Sound, Natural Teeth Only)*

Other Special Coverages:	Usual & Customary Charges
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*(This Benefit is for the Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a covered Injury)*

Injuries Related to Motor Vehicles:	\$10,000 Maximum
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Usual and Customary Charges are based on data provided by Ingenix, Inc. using the 75<sup>th</sup> 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 and coverage may not be available. Coverage currently not available in New Hampshire, New York, Vermont, and Washington.

This policy contains an Excess Provision in all states except Oklahoma and Oregon. In Excess states, no benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance.

Underwritten by:  
UnitedHealthcare Insurance Company



# MANDATORY PLAN ARIZONA 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 for accidental Injury to Sound, Natural Teeth.
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; hernia, regardless of how caused; illness or disease in any form.
6. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury.
7. The addiction to or use of 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.
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).
10. 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.
11. Orthodontics (braces) for any reason or damage to or loss of orthodontics.
12. Play or practice of interscholastic sports; except where a specific additional premium is paid.
13. Pre-existing Conditions or aggravation of a Pre-existing Condition.
14. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of injury.
15. Skiing, scuba diving, surfing, roller skating, riding in a rodeo.
16. Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding, or ballooning.
17. Suicide or attempt thereat, while sane or insane (including drug overdose); intentionally self-inflicted Injuries; fighting.
18. Supplies, except as specifically provided in the policy.
19. 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.

## ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Loss of Life	\$20,000
Loss of Both Hands, Both Feet or Sight of Both Eyes	\$20,000
Loss of One Hand and One Foot	\$20,000
Loss of Either One Hand or One Foot and Sight of One Eye	\$20,000
Loss of One Hand or One Foot or Sight of One Eye	\$ 10,000
Loss of Entire Thumb and Index Finger of Either Hand	\$ 500

**Pre-Existing Condition** means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 months immediately prior to the Covered Person's Effective Date under the policy; or 2) any condition which originates, 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. 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 required by the state of Arizona for Benefits for Outpatient Services and Home Health Services. A detail of these benefits may be found in the Master Policy.

