

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:

Maximum Benefit: 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

(Usual & Customary Charges are based on the Outpatient Surgical Facility Charge Index)

Physician's Visits: Usual & Customary Charges

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

Physiotherapy: Usual & Customary Charges

(Benefits are limited to one visit per day)

Emergency Room: Usual & Customary Charges

(Use of room and supplies; treatment must be rendered within 72 hours from time of Injury)

X-Rays: Usual & Customary Charges

Cat Scan/MRI: Usual & Customary Charges

Laboratory: Usual & Customary Charges

Prescription Drugs: Usual & Customary Charges

Injections: No Benefits

Orthopedic Braces & Appliances: Usual & Customary Charges

INPATIENT AND/OR OUTPATIENT

Surgery: Usual & Customary Charges

*(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

Ambulance: Usual & Customary Charges

Consultant: No Benefits

Dental: Usual & Customary Charges

(Benefits are paid on Injury to Sound, Natural Teeth Only)

Other Special Coverages: Usual & Customary Charges

(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

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 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 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 sports; 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.

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 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.

