

Texas Kids First



- Covers UIL Sports & Activities including Vocational classes, FFA, and more...
- Plans endorsed by Southwest Athletic Trainers' Association
- Plans endorsed by Texas State Athletic Trainers' Association
- Internet-based management systems
- Network of Medical Providers that take policy benefits on Full Assignment



2025-2026 Student Accident Insurance Plans

Underwritten by:
National Health Insurance Company
P.O. Box 619999
Dallas, TX 75261-6199

Website: www.texaskidsfirst.com

Marketed by:
Greater East Texas Insurance Associates, LLC
P.O. Box 445
Hearne, TX 77859
Phone: 979-268-5333

Administered by:
Universal Fidelity Life Insurance Company
P.O. Box 21570
Oklahoma City, OK 73156
Phone: 800-366-8354

PROGRAM SUMMARY

All descriptions below are subject to the terms and conditions of the Policy

BLANKET PROGRAMS

- Premium paid by the school district
- Benefits are provided on an excess basis
- Choice of Schedule of Benefits – Lone Star, Lone Star Advantage and Lone Star Custom
- 52-Week Benefit Period from the Date of Injury
- 90-day Period to submit signed Claim Form from Date of Injury
- 90-day Initial Treatment Period from the Date of Injury

PLAN OPTIONS

- All School Activities and Athletics (with or without Interscholastic Football)
- All School Activities excluding Athletics
- All Interscholastic Athletics and Activities (with or without Interscholastic Football)
- All Interscholastic Athletics (with or without Interscholastic Football)

Coverage pays the applicable benefit, subject to the deductible and coinsurance percentage (if any), that are in excess of Covered Charges payable by any Other Valid and Collectible Insurance or Plan, including ERISA or self-funded group. Subject to premium adjustments, plan options can include or exclude Interscholastic Football, athletics, and activities.

ALL SCHOOL COVERAGE

Each Insured will be covered for Injury which occurs while the Insured is:

- on the School premises if participating in or attending any School-Sponsored Activity;
- away from the School premises if participating in or attending any School-Sponsored Activity;
- attending day-only summer camps organized by and held on the premises of the Policyholder;
- traveling directly, uninterruptedly and under the direct supervision of a qualified adult School authority to or from a School-Sponsored Activity in a designated vehicle furnished by the School; or when traveling by other than a designated vehicle provided by the School, covered travel time shall not exceed one hour each way. This includes traveling to and from the Insured's home, School, or a School-Sponsored Activity. The covered travel time includes the period before the Insured's required attendance time and the period after the Insured's dismissal or when He competes.

ALL INTERSCHOLASTIC COVERAGE

Coverage does not cover normal classroom activities and is restricted to Interscholastic Athletics and Activities as defined and sanctioned by the state interscholastic governing body. Benefits will be paid for Injuries sustained by an Insured while actually engaged, as an official representative of the Policyholder, in the play or practice of Interscholastic Athletics and Activities under the supervision of a regularly employed coach or trainer of the Policyholder. Coverage includes physical education classes and intramurals for grades 7-12, day-only summer camps organized by and held on the premises of the Policyholder, weightlifting, off-season conditioning, and other activities as defined in the Policy.

ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT BENEFIT

If, within 180 days from the date of an accident covered by the Policy, Injury from such accident results in one of the specific Losses listed: Loss of Life \$20,000; Loss of both Hands or both Feet or sight of both Eyes \$20,000; Loss of One Hand and One Foot \$10,000; Loss of One Hand or One Foot and Entire Sight of One Eye \$10,000; Loss of One Hand or One Foot or the Sight of One Eye \$5,000; Loss of Thumb and Index Finger of Same Hand \$500. The Insured may request the Benefit Amount for such Loss in lieu of payment under the "Medical Expense Benefits" provision of the Policy.

Usual and Customary Charges are based on data provided by Context 4 Healthcare, Inc. using the 75th percentile.

SCHEDULE OF BENEFITS FOR BLANKET PLANS

*Maximums per Plan are for each Injury.

	Lone Star Custom	Lone Star Advantage	Lone Star
Athletics/Activities Coverage Also Includes Day Field Trip Coverage & Vocational Coverage	\$30,000	\$30,000	\$30,000
Motor Vehicle Injury	\$5,000	\$5,000	\$5,000

INPATIENT

Room and Board	Private room rate	Private room rate	Private room rate
Intensive Care (in lieu of R&B)	Private room rate	Private room rate	Private room rate
Hospital Miscellaneous	Usual & Customary Charges	U&C up to \$750 1st day, \$250 per day thereafter/ \$5,000 maximum	U&C up to \$250 per day/ \$5,000 maximum
Registered Nurse	Usual & Customary Charges	Usual & Customary Charges	Usual & Customary Charges
Physician Visits	Usual & Customary Charges / 5 days maximum	Usual & Customary Charges up to \$40 per day	Usual & Customary Charges up to \$40 per day
Family Travel (outside a 100 mile radius from home)	After 5 continuous days of inpatient hospital stay, \$300 per day for each continuous day thereafter/5 days max	After 5 continuous days of inpatient hospital stay, \$300 per day for each continuous day thereafter/5 days max	After 5 continuous days of inpatient hospital stay, \$300 per day for each continuous day thereafter/5 days max

OUTPATIENT

Ambulatory Surgical Center (facility charge)	Usual & Customary Charges up to \$3,500	Usual & Customary Charges up to \$2,000	Usual & Customary Charges up to \$1,750
Doctor Visits	Usual & Customary Charges / 5 days maximum	Usual & Customary Charges up to \$40 per day	Usual & Customary Charges up to \$40 per day
Physiotherapy (limited to 1 visit per day)	\$50 per visit up to 20 visits total	\$50 1st visit; \$25 per visit thereafter up to 10 visits total	\$50 1st visit; \$25 per visit thereafter up to 8 visits total
Medical Emergency (for use of emergency room facility and services within 72 hours of Injury)	Usual & Customary Charges up to \$475	Usual & Customary Charges up to \$225	Usual & Customary Charges up to \$175
Medical Emergency Doctor	Usual & Customary Charges up to \$250	Usual & Customary Charges up to \$200	Usual & Customary Charges up to \$150
Shots and Injections (within 24 hours of an Injury)	Usual & Customary Charges up to \$60 maximum	Usual & Customary Charges up to \$60 maximum	Usual & Customary Charges up to \$60 maximum
Diagnostic X-ray	Usual & Customary Charges up to \$300 and \$50 for reading	Usual & Customary Charges up to \$225 and \$50 for reading	Usual & Customary Charges up to \$200 and \$50 for reading
CAT Scan/MRI/Bone Scan	Usual & Customary Charges up to \$1,100 and \$50 for reading	Usual & Customary Charges up to \$750 and \$50 for reading	Usual & Customary Charges up to \$500 and \$50 for reading
Laboratory Procedures	Usual & Customary Charges	Usual & Customary Charges up to \$100	Usual & Customary Charges up to \$50

OTHER (INPATIENT and/ or OUTPATIENT)

Surgeon (limited to primary procedure including removal of surgical implanted pins within 2 years of Injury)	Usual & Customary Charges up to \$5,000	Usual & Customary Charges up to \$4,500	Usual & Customary Charges up to \$3,500
Anesthetist	25% of surgeon benefit	25% of surgeon benefit	25% of surgeon benefit
Assistant Surgeon	25% of surgeon benefit	25% of surgeon benefit	25% of surgeon benefit
Ambulance	Usual & Customary Charges up to \$5,000	Usual & Customary Charges up to \$5,000	Usual and Customary Charges up to \$5,000
Dental Treatment (benefits paid on Injury to Sound, Natural Teeth only)	Usual & Customary Charges up to \$10,000	Usual & Customary Charges up to \$10,000	Usual & Customary Charges up to \$5,000
Cosmetic-Only Dental Benefit	Usual & Customary Charges up to \$1,000	Usual & Customary Charges up to \$1,000	Usual & Customary Charges up to \$500
Post Surgical Durable Medical Equipment	Usual & Customary Charges up to \$300	Usual & Customary Charges up to \$200	Usual & Customary Charges up to \$175
Eyeglasses, Contact Lenses and Hearing Aid Replacement (as a result of a covered Injury only)	Usual & Customary Charges	Usual & Customary Charges	Usual & Customary Charges
Prescription Drugs	Usual & Customary Charges	Usual & Customary Charges	Usual & Customary Charges
Post Surgical Orthopedic Braces & Appliances	Usual & Customary Charges up to \$500	Usual & Customary Charges up to \$500	Usual & Customary Charges up to \$500
Expanded Medical Benefit	Pays for Services per Schedule of Benefits up to \$350	Pays for Services per Schedule of Benefits up to \$350	Pays for Services per Schedule of Benefits up to \$350

This is a brief illustration of coverage offered through the Texas Kids First K-12 Student Accident Insurance Program.

The Policy issued will be the contract and will govern and control the payment of benefits.

The Policy is a one-year non-renewable term policy. This is not a Policy of Workers' Compensation Insurance.

**POLICY EXCLUSIONS AND LIMITATIONS
FOR ALL BLANKET ACCIDENT PLANS**

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:

- Acupuncture.
- 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.
- Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore unless specifically provided for in the Schedule of Benefits.
- Osgood-Schlatters, spondylolysis, osteochondritis, and osteomyelitis.
- Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered Injury.
- Dental treatment, except for accidental Injury to Sound, Natural Teeth.
- Elective Surgery or Elective Treatment.
- 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 (not to include heat stroke); rhabdomyolysis; fainting; hernia, regardless of how caused; illness or disease in any form.
- Immunizations, preventive medicines or vaccines, except where required for treatment of a covered Injury.
- Intoxicants and narcotics. The Company is not liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a Doctor.
- Injury for which benefits are paid or payable by workers' compensation or employer's liability or occupational disease law.
- Injury where the Insured 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).
- Nuclear reactions or radiation contamination; war, declared or undeclared; participation in a riot or civil disorder; or while a member of the Armed Services.
- Orthodontics (braces) for any reason, damage to, or loss of orthodontics.
- Orthopedic appliances used to protect an injury which allows an Insured to participate in athletic activities.
- Treatment for Re-Injury, except when the Insured is treatment free during the four months prior to the Effective Date of the Policy.
- Routine physical examinations and routine testing, preventive testing or treatment, screening exams or testing in the absence of Injury.
- Skiing, scuba diving, surfing, roller skating, ice skating, or riding in a rodeo.
- Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planning, bungee jumping, bob-sledding, or ballooning.
- Suicide or attempt thereat, while sane or insane (including drug overdose); intentionally self-inflicted Injuries; fighting.
- Supplies, except as specifically provided in the Policy.
- While committing or attempting to commit an assault or felony, or to which a contributory cause was the Insured being engaged in an illegal occupation.
- Participation in Interscholastic Football during the months of August through December unless such coverage is specifically added by rider.

HOW TO FILE A CLAIM

The claim form must be submitted within 90 days from the date of Injury regardless of whether the Insured has other insurance or not.

Step 1 - File a claim with primary insurance first. Copies of all bills are to be submitted to the primary insurance first. Primary insurance is the Insured's family and/or group insurance coverage. **The district's Policy is supplemental to all other valid coverage.**

Step 2 – After receiving payment or copies of Explanation of Benefits (EOB) from the primary insurance, the claim form is to be completed and submitted to the claims office at the address indicated below or sent electronically to SAclaims@uflic.com. The Insured should keep a copy of the claim form for their records. **The provider or facility is not to be relied upon to submit the claim form.** Itemized bills are original bills the Insured receives, not monthly statements. Itemized bills are often called UB92 or HCFA1500 forms that provide the procedure code, diagnosis code, and the provider's address and Tax ID Number.

Submit claims to:

Universal Fidelity Life Insurance Company
P.O. Box 21570
Duncan, OK 73156
Phone: (800) 366-8354 Fax: (580) 252-3449

Texas Kids First has unique access to one of the most creative innovations in the insurance industry – the Texas Kids First Provider Network* – a network consisting of medical professionals and hospitals that have agreed to treat injured students from our insured districts for the services paid and outlined in the Schedule of Benefits of the Texas Kids First Student Accident Plans.

Please refer to the website www.texaskidsfirst.com or call 1-800-366-8354 for a list of contracted providers in your area and to verify full assignment acceptance.

*The Texas Kids First Provider Network is made available by Texas Kids First and is not affiliated with National Health Insurance Company.



Texas Kids First

Individual Accident-Only Insurance for Students

Texas Kids First offers Accident-Only Insurance to students. These plans provide benefits for loss due to a covered injury up to \$25,000. The plans are designed to help offset deductibles and co-insurance. They are affordable limited-benefit plans that are renewable annually. There are several options for you to choose from:

- The **At-School Accident** Plan covers accidents occurring at school, during school hours. (Excludes participation in High School Varsity Football activities). At-School coverage may be purchased with or without sports.

\$30.00 per school year without sports
\$90.00 per school year with sports

- The **24-Hour Accident** Plan covers accidents anywhere, around the clock. (Excludes participation in High School Varsity Football activities). 24-Hour coverage may be purchased with or without sports.

\$ 80.00 per school year without sports
\$180.00 per school year with sports

- The **Football Accident** Plan covers only High School Varsity Football accidents that occur during practice or during a game. The Plan has a \$250 deductible.

\$325.00 per school year.

You may view or purchase plans online at www.texaskidsfirst.com.

- 1) To view plans, click on "Our Plans" at the top of the page to view a brief explanation of the options available.
- 2) To enroll, simply click on "Enroll Now" at the top of the page. Read the section on Facts about the Policy. Then click on Begin Enrollment. Select your student's school district and type of plan you want to purchase. The transaction will be processed using a secure payment gateway.

To receive more information about the plan options, call us toll-free at 1-800-366-8354.

Plans are underwritten by Universal Fidelity Life Insurance Company. This is a brief illustration of the coverage offered through the Texas Kids First K-12 Student Accident Insurance Program. The Policy issued will be the contract and will govern and control the payment of benefits subject to the exclusions and limitations in the Policy.

SCHEDULE OF BENEFITS FOR ALL INDIVIDUAL ACCIDENT-ONLY PLANS

Medical Maximum:	\$25,000 for each Injury
Policy Term:	1-Year – Renewable
Benefit Period:	52 Weeks from the date of Injury
Initial treatment Period:	90 days from the date of Injury
Deductible:	At-School/24 Hour Plans - \$0.00 Varsity Football Plan - \$250.00

Inpatient

Inpatient Hospital:	Usual & Customary Charges up to \$750.00 per day/ 6 days maximum (includes facility and services)
Doctor Visits:	Usual & Customary Charges up to \$40.00 per day

Outpatient

Ambulatory Surgical Center:	Usual & Customary Charges up to \$2,000.00 (facility charge)
Doctor Visits:	Usual & Customary Charges up to \$40.00 per day
Physiotherapy:	\$50.00 1 st visit/\$25.00 per visit thereafter up to 5 visits total ((limited to 1 visit per day)
Medical Emergency:	Usual & Customary Charges up to \$175.00 (for use of emergency room facility and services within 72 hours of Injury)
Medical Emergency Doctor:	Usual & Customary Charges up to \$40.00
Shots and Injections	Usual & Customary Charges up to \$60 (within 24 hours of an Injury)
Diagnostic X-ray:	Usual & Customary Charges up to \$200.00 and \$50.00 for reading
CAT Scan/MRI:	Usual & Customary Charges up to \$500.00 and \$50.00 for reading
Laboratory Procedures:	Usual & Customary Charges up to \$50.00

Other (Inpatient and/or Outpatient)

Surgeon:	75% of Usual & Customary Charges up to \$2,000.00 (limited to primary procedure including removal of surgical Implanted pins within two years of Injury)
Anesthetist:	25% of surgeon benefit
Assistant Surgeon:	25% of surgeon benefit
Ambulance:	Usual & Customary Charges up to \$1,000.00
Dental Treatment:	Usual & Customary Charges up to \$5,000.00 (benefits paid on Injury to Sound, Natural Teeth only)
Post Surgical Durable Medical Equipment:	Usual & Customary Charges up to \$150.00
Eye Glasses, Contact Lenses and and Hearing Aid Replacement:	Usual & Customary Charges (as a result of a covered Injury only)
Prescription Drugs:	\$15 per prescription
Prosthetic Devices, Orthotic Devices and Related Services:	Usual & Customary Charges up to \$500.00 (Post Surgical Only)
Expanded Medical Benefit:	Pays for services per the Schedule of Benefits up to \$350 maximum

POLICY EXCLUSIONS AND LIMITATIONS FOR ALL INDIVIDUAL ACCIDENT-ONLY PLANS

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:

- Acupuncture.
- 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.
- Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore unless specifically provided for in the Schedule of Benefits.
- Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered Injury.
- Dental treatment, except for accidental Injury to Sound, Natural Teeth.
- Elective Surgery or Elective Treatment.
- 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 (not to include heat stroke); fainting; neuritis, lumbago, hernia, regardless of how caused; illness or disease in any form.
- Chronic or degenerative conditions, treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including but not limited to Osgood-Schlatter Disease, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, and injuries from overuse, bursitis, tendonitis, muscle tears, repetitive motion injuries, shin splints, sprains, strains, tennis elbow aggravation, neuritis, lumbago, and stress fractures unless specifically provided for in the Schedule of Benefits.
- Immunizations, preventive medicines or vaccines, except where required for treatment of a covered Injury.
- Intoxicants and narcotics. The Company is not liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a Doctor.
- Injury for which benefits are paid or payable by workers' compensation or employer's liability or occupational disease law.
- Injury where the Insured 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).
- Injury where the Insured is riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway, or proving ground.
- 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.
- Orthodontics (braces) for any reason, damage to, or loss of orthodontics.
- Orthopedic appliances used to protect an injury to allow an Insured to participate in athletic activities.
- Play or practice of interscholastic High School Football; except where the coverage is elected.
- Participating in or attending any School-Sponsored overnight activities, except where 24-Hour coverage is elected.
- Pre-existing Conditions or aggravation of a Pre-existing Condition, as defined. A Pre-existing Condition is a disease or physical condition for which the Insured received medical advice or treatment during the six months before the Insured's Effective Date of Coverage.
- Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
- Skiing, scuba diving, surfing, roller skating, ice skating, or riding in a rodeo.
- Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding, or ballooning.
- Suicide or attempt thereof, while sane or insane (including drug overdose); intentionally self-inflicted Injuries; fighting.
- Supplies, except as specifically provided in the Policy.
- While committing or attempting to commit an assault or felony, or to which a contributory cause was the Insured being engaged in an illegal occupation.
- Participation in terrorism.



STUDENT ACCIDENT CLAIM FORM

SUBMIT CLAIM FORM TO: National Health Insurance Company
c/o Universal Fidelity Life Insurance Company
P. O. Box 21570
Oklahoma City, OK 73156
Phone: (800) 366-8354 Fax: (580) 252-3449

Section 1 - Notice of Injury		(To be completed by School Official)	
Name of School District: _____			
Name of School: _____		School Phone No: _____	
Name of Injured Student: _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Grade: _____			
Date of Injury: _____		Time of Injury: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Part of Body Injured: _____		<input type="checkbox"/> Right Side	<input type="checkbox"/> Left Side
Under whose supervision? _____			
Was accident witnessed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", by whom? _____			
The accident happened while the student was participating in:			
<input type="checkbox"/> Interscholastic UIL Activity		<input type="checkbox"/> Non Interscholastic UIL Activity	
Specify Sport or Activity: _____			
Explain in detail how and where the injury occurred: _____			

Signature of School Official: _____			
		(Title)	(Date)

***** SEE REVERSE SIDE FOR IMPORTANT CLAIM FILING INSTRUCTIONS *****

Section 2 - Parent/Guardian Statement		(To be completed by Parent/Guardian)	
Name of Student: _____		Date of Birth: _____	
Home Phone No: _____			
Is student covered by any insurance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Personal <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/>			
Name of Other Insurance: _____			
Parent/Guardian Name: _____		Relationship to Student: _____	
Mailing Address: _____			
(Street/P. O. Box)		(City)	(State) (Zip)
Father's Name: _____		Father's Employer: _____	
Name of Father's Insurance Company (Must be completed - If father has no insurance - write "None")		Does this policy insure the student?	
Insurance Company: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mother's Name: _____		Mother's Employer: _____	
Name of Mother's Insurance Company (Must be completed - If mother has no insurance - write "None")		Does this policy insure the student?	
Name of Insurance Company: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>	
I hereby authorize any insurance company, their authorized agent, hospital, physician, employer, school official or other person who has attended or examined the claimant to disclose, when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records and itemized bills. A photo static copy of this authorization shall be considered as effective and valid as the original. I swear that the above information is true and correct to the best of my knowledge. Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.			
_____ (Date)		_____ (Print Name of Student)	
		_____ (Print Name of Parent/Guardian)	
		_____ (Signature of Parent/Guardian)	

ATTENTION PARENTS

Dear Parents,

Below are instructions for filing the claim form. Should you have any questions, contact a district representative (athletic director, athletic trainer, coach, etc.) or call the number listed below. The district is **NOT** responsible for medical payments for your child. The district may have purchased a supplemental Accident-Only Policy, not sickness and illness, which has limits of how much it will pay. If you have insurance for your child, the district policy will pay after your insurance to help reduce service charges remaining for covered benefits. If you have no other insurance for your child, this policy may pay first or primary. The district policy is a limited accident-only benefit policy and it may not cover all medical bills for your child. Any charges not paid by insurance are **YOUR RESPONSIBILITY**.

For all school-related accidents, be sure to contact a district representative (athletic trainer, coach, or administrator).

IMPORTANT INSURANCE TIPS

Regardless of whether your child has insurance or not:

- Treatment by a licensed doctor must occur within 90 days from the date of the injury.
- Filing of a fully completed and signed claim form by the district and parent/guardian must occur within 90 days from the date of the injury. (Parent/guardian should submit form to claims administrator.)
- Filing of all bills for provider services must occur within 90 days from the date of service. It is the parent/guardian's responsibility to follow up with each provider to make certain bills are submitted on time.

INSTRUCTIONS FOR FILING THE CLAIM FORM

- A completed and signed district claim form (by the parent/guardian and district official) must be sent to:

National Health Insurance Company
c/o Universal Fidelity Life Insurance Company
P. O. Box 21570
Oklahoma City, OK 73156
Phone: (800) 366-8354 Fax: (580) 252-3449

- Claim form may be scanned and sent electronically to SAclaims@uffic.com to expedite payment of the claim as bills are submitted. Be sure to include the following information with all documents/forms submitted to the claim administrator: 1) the name of school district, 2) the name of the school, 3) the name of the injured student, and 4) the date of the accident. **DO NOT RELY** on the provider or facility to submit the claim form.
- If your child has insurance (personal or other medical coverage), then you must comply with the provisions of your child's insurance.
 - File all bills with your child's insurance first.
 - Submit copies of all Explanations of Benefits (EOB) to the district's claim administrator as you receive them.
 - Leave a **copy** of a completed district claim form with each provider.
 - Request each provider submit paper copies of all UB92 or HCFA 1500 forms (electronic form filing not available) for their services to the district's claim administrator. (Address is indicated on claim form.)
- If your child has no insurance (personal, Medicaid, or other medical coverage), then
 - Leave a **copy** of a completed district claim form with each provider (notify provider or facility if child has Medicaid).
 - Request each provider submit paper copies of all UB92 or HCFA 1500 forms (electronic form filing not available) for their services to the district's claim administrator. (Address is indicated on claim form.) Parent/guardian must follow up with each provider to make certain bills are submitted on time.

Texas Kids First has unique access to one of the most creative innovations in the insurance industry – the Texas Kids First Provider Network (TKF Network)* – a network consisting of medical professionals and hospitals that have agreed to treat injured students from our insured districts for the services paid and outlined in the Schedule of Benefits of the Texas Kids First Student Accident Plans.

Districts that purchase accident insurance with Texas Kids First obtain access to the provider directory on our website, www.texaskidsfirst.com. A district representative should contact providers in your area to verify full assignment acceptance prior to making an appointment.

*The TKF Network is made available by Texas Kids First and is not affiliated with National Health Insurance Company.

FRAUDULENT CLAIM DISCLOSURE

Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.