

ACCIDENT INSURANCE ON ALL Students & ALL Athletes

SUMMARY OF BENEFITS:

| Plan Choice: | Standard Plan |
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| Accidental Death Benefit | \$10,000 |
| Accidental Dismemberment | Single Dismemberment - \$5,000 Double Dismemberment - \$15,000 |
| Accidental Paralysis | \$10,000 |
| Accident Medical Expense – (excess) (This Benefit Amount is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract) | Maximum Benefit Amount: \$25,000 Deductible: \$0 Coinsurance Percentage: 100% 60 days Incurral Period 52 week Benefit Period |
| Intensive Care Room and Board: | R&C up to \$200 per day |
| Private/Semi-private Room and Board: | R&C up to \$200 per day |
| Hospital Miscellaneous Services | R&C up to \$500 per day |
| Surgeon's Fees | R&C up to \$750 |
| Assistant Surgeon Fees | 20% of surgery benefit |
| Second Opinion or Consultation Fees: | R&C up to \$200 |
| Anesthesiologist Fees: | 20% of surgery benefit |
| Emergency Room Treatment | R&C up to \$200 |
| Ambulatory Medical Center Fees | R&C up to \$750 |
| Office Visits (other than for Physical Therapy) | R&C up to \$30 first visit, up to \$25 for subsequent visits |
| Physical Therapy: | R&C up to \$30 for first visit, up to \$25 for subsequent visits up to 5 Maximum Visit(s) |
| X-rays: | R&C up to \$200 |
| MRI/CT Scan: | R&C up to \$200 |
| Laboratory Services: | R&C up to \$50 |
| Dental Services | R&C up per tooth: \$100 |
| Prescription Drugs | R&C up to \$50 |
| Registered or Licensed Nurse: | 75% of R&C |
| Emergency Transportation Vehicle: | R&C up to \$200 for ground and air ambulance |
| Durable Medical Equipment | R&C up to \$50 |

Additional Benefits:

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| Loss of Life: Heart or Circulatory Malfunction (This Benefit Amount is subject to Section IV – Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract) | Benefit Amount: \$10,000 Malfunction Occurs within: 24 hours |
| Loss of Life Heatstroke (This Benefit Amount is subject to Section IV – Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract) | Benefit Amount: \$10,000 |
| Medical Expense - Heart or Circulatory Malfunction (This Benefit Amount is not subject to Section IV – Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract) | Benefit Amount: \$10,000 Medical Expense Deductible: \$0 Incurral Period: 52 weeks |
| Random Act of Violence II (This Benefit Amount is not subject to Section IV – Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract) | Benefit Amount: \$10,000 |

Special NOTES:

- This Accident Insurance policy is SECONDARY coverage and pays on accident claims after other insurance has paid. If there is no other available insurance this accident insurance policy becomes primary.
- This Accident Insurance provides **LIMITED BENEFITS**. Parents may wish to consider purchasing the voluntary student Accident Insurance available online at <http://www.k12studentinsurance.com>
- If a student has an accident a school administrator must complete and sign the designated area on the accident claim form- Questions 17-20 with required supervisor signature. The staff completes their part and gets the form to the parent to follow the submission steps directly on the claim form (page 3).
- It is the parent or guardian's responsibility to complete the remainder of the claim form and submit it, along with all itemized bills, to the claims office by email, fax or mail (addresses is on the claim form). The step-by-step claims process submission is listed on the online fillable claim form (page 3).

For questions pertaining to a claim contact the HSRI claims office at 1-866-409-5734 or at K12claims@hsri.com.

This is only a summary of the benefits available under your district's student Accident Insurance policy. For complete details refer to the master policy on file at your district office. Any discrepancies between this summary and the master policy, the master policy shall prevail.