

**ACCIDENT ONLY INSURANCE POLICY
GREENVILLE COUNTY SCHOOL 2011/2012 SCHEDULE OF BENEFITS
MANDATORY MIDDLE AND HIGH SCHOOL ATHLETICS COVERAGE**

Persons Covered: The insurance shall cover on a blanket basis all middle school and high school athletes, team managers and cheerleaders in the play or practice of interscholastic athletics under the supervision of a regularly employed coach or trainer or qualified adult school authority of the policyholder. Actually being transported in a school furnished vehicle as a member of a group under the direct supervision of a duly delegated representative of the Policyholder for the purpose of participating in the above mentioned interscholastic athletic competitions. Spring training, off-season workouts and play-off games as defined and sanctioned by the state interscholastic governing body are included under this coverage.

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that medical treatment begins within 60 days from the date of the Injury, benefits will be payable for Covered Medical Expenses incurred within one year from the date of the Injury up to the maximum benefit per service as scheduled below.

INPATIENT

Room & Board: 100% of Reasonable and Customary Charges
 Intensive Care: 100% of Reasonable and Customary Charges
 Hospital Miscellaneous: \$500 per day maximum
 Registered Nurse's Services: 100% of Reasonable and Customary Charges
 Physician's Visits: \$40 per visit

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

OUTPATIENT

Day Surgery Miscellaneous: \$1,500 maximum
(Usual & Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index)
 Physician's Visits: \$40 per day/20 visits maximum
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)
 Physiotherapy: \$40 per day/10 days maximum
(Benefits are limited to one visit per day)
 Emergency Room: \$500 maximum
(Use of room and supplies, treatment must be rendered within 72 hours from time of Injury)
 X-Rays: \$300 maximum
 Diagnostic Imaging Services: \$600 maximum
 Laboratory Services: \$300 maximum
 Prescription Drugs: 100% of Reasonable and Customary Charges
 Orthopedic Braces & Appliances: \$500 maximum

INPATIENT AND/OR OUTPATIENT

Surgeon's Fees: 80% of Reasonable and Customary Charges/\$2,500 maximum
(Specified surgery based on data provided by Ingenix, Inc) (Limited to primary procedure per surgery.)
 Anesthetist: 25% of Physician Surgical Maximum
 Assistant Surgeon: 25% of Physician Surgical Maximum
 Ground Ambulance: \$500 maximum
 Air Ambulance: \$1,000 maximum
 Dental: \$400 per tooth
(Benefits paid on Injury to Sound, Natural Teeth Only)
 Replacement of Eye Glasses, Contact Lenses or Hearing Aids: 100% of Reasonable and Customary Charges *(When due to a covered Injury)*
 Motor Vehicle Injury: Paid as any other Injury/\$10,000 maximum

Expenses for the following are not covered: Injections, Consulting Physician, Prosthetic Devices, Mental and Nervous Disorders, Home Health Care.

ACCIDENTAL DEATH AND DISMEMBERMENT

Loss of Life	\$10,000.00
Loss of Both Hands, Both Feet, or Sight of Both Eyes	\$10,000.00
Loss of One Hand and One Foot	\$10,000.00
Loss of Either One Hand or One Foot and Sight of One Eye	\$10,000.00
Loss of One Hand or One Foot or Sight of One Eye	\$ 5,000.00
Loss of Entire Thumb and Index Finger of Either Hand	\$ 500.00

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. The policy contains an Excess Provision. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance.

Administered By:
 K&K Insurance Group, Inc.
 1712 Magnavox Way ♦ Fort Wayne, IN ♦ 46801
 (855) 742-3135 (Toll Free)
www.StudentInsurance-kk.com

POLICY EXCLUSIONS AND LIMITATIONS

General Exclusions: The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specially referenced.

We will not pay Benefits for:

1. An Injury or Loss that is: a. caused by war or acts of war, declared or undeclared, when serving in the military or an auxiliary unit thereto; b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces; c. caused by participating in a riot or violent disorder; d. the result of an Insured's taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act; e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician's instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being "under the influence."; or f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.
2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policyholder chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.
3. Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
4. An Accident that occurs while: a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing; b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to- automobiles, trucks, motorcycles, ATV's, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.
5. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.
6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

Additional Exclusions for the Accident Medical Expense Benefit and any applicable riders:

We will not pay Benefits for:

1. Expenses Incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is: a. employed or retained by the Policyholder, or its subsidiaries or affiliates; b. the Insured, or the Insured's Family Member.
2. Expenses Incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.
3. Expenses Incurred for charges which are in excess of Reasonable Charges.
4. Expenses Incurred for any condition covered by any Workers' Compensation Act, Occupational Disease law or similar law.
5. That part of medical expenses payable by any automobile insurance Policy without regard to fault.
6. Expenses Incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).
7. Expenses Incurred for the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless Injury has caused impairment of sight or hearing or unless repair or replacement of existing eye glasses, contact lenses or hearing aids is necessary as a result of a covered Injury.
8. Expenses Incurred for new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits, if applicable.
9. Expenses Incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.
10. Expenses Incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.
11. Expenses Incurred for supervision of an anesthetist.
12. Expenses Incurred for Durable Medical Equipment rental in excess of the purchase price.
13. Expenses Incurred for subsequent repairs and replacement of prosthetic devices and orthopedic braces and appliances.

EXCESS INSURANCE PROVISION

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance. Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for injury which has been paid or is payable by other valid and collectible insurance or under an automobile insurance policy. Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed as a result of the Covered Person's failure to comply with policy provisions or requirements. Important: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

HOW TO FILE A CLAIM

NOTE: Medical Treatment must be received from a qualified licensed Physician within 30 days from the date of accident.

1. Obtain a claim form quickly from our website or from your school office or call K&K Insurance Group at 855-742-3135. Answer all questions in detail and include signatures to avoid claim from being returned for incomplete information.
2. Attach all bills to the completed form and mail to the insurance company within 90 days of the accident.
3. Any bills not filed with the claim form should be sent to the company identified with the student's name, school district, and date of accident. Bills that cannot be attached to the initial form must be submitted within 90 days of the date of service. Bills submitted after one year will not be considered for payment except on the absence of legal capacity.