2016-2017 Student Accident Coverage

Serviced by: **K&K Insurance Group, Inc.** Phone: 855-742-3135

Remember to visit our website for faster enrollment: **www.studentinsurance-kk.com**
Online Enrollment—Secured Accident Coverage can be purchased any time throughout the year.

ACCIDENT ONLY 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 treatment by a qualified, licensed Physician begins within 60 days from the date of Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the Maximum Benefit per service as shown below.

SCHEDULE OF BENEFITS: *Maximum Benefits Paid As Specified Below. Medically Necessary and Reasonable Charges are based on the 75th percentile.*

Compare and Choose	**Low Option Accident Only**	**High Option Accident Only**
Maximum Benefit:	$25,000 (For Each Injury)	$25,000 (For Each Injury)
Deductible:	$0	$0
Inpatient		
Room & Board:	Up to $150 per day/ Semi-private room rate	80% of Reasonable Charges/ Semi-private room rate
Hospital Miscellaneous:	$600 maximum per day	$1,200 maximum per day
Registered Nurse:	75% of Reasonable Charges	100% of Reasonable Charges
Physician's Visits: *(Benefits are limited to one visit per day and do not apply when related to surgery)*	$40 first day/$25 each subsequent day	$60 first day/$40 each subsequent day
Outpatient		
Day Surgery Miscellaneous:	$1,000 maximum	$1,200 maximum
Physician's Visits: *Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)*	$40 first day/ $25 each subsequent day	$60 first day/ $40 each subsequent day
Outpatient Physical Therapy: *(Benefits are limited to one visit per day)*	$30 first day/$20 each subsequent day/ 5 days maximum	$60 first day/$40 each subsequent day/ 5 days maximum
Emergency Room Services: *(Treatment must be rendered within 72 hours from the time of the injury)*	$150 maximum	$300 maximum
X-Rays:	$200 maximum	$600 maximum
Diagnostic Imaging Services:	$300 maximum	$600 maximum
Laboratory:	$50 maximum	$300 maximum
Prescription Drugs:	$75 maximum	$200 maximum
Injections:	No Benefits	No Benefits
Orthopedic Braces & Appliances:	$75 maximum	$140 maximum
Inpatient and/or Outpatient		
Surgery Fees: *(Limited to primary procedure per injury)*	$1,000 maximum	$1,200 maximum
Anesthetist:	20% of Surgery Allowance	25% of Surgery Allowance
Assistant Surgeon:	20% of Surgery Allowance	25% of Surgery Allowance
Ambulance:	$300 maximum	$800 maximum
Consultant:	$200 maximum	$400 maximum
Dental Treatment due to Injury to Teeth: *(For Injury to sound, natural teeth only)*	$10,000 maximum per policy term	$10,000 maximum per policy term
Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury:	100% of Reasonable Charges	100% of Reasonable Charges
Durable Medical Equipment:	No Benefits	No Benefits
Maternity:	No Benefits	No Benefits
Complication of Pregnancy:	No Benefits	No Benefits

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

This policy contains an excess provision. Benefits will not be paid under the Basic Accident Medical Expense for Covered Expenses to the extent that they are collectible under another Health Care Plan.

Details of these benefits may be found in the Master Policy on file at the School District. ***NOTE:*** *This is a brief summary of the benefits and not a contract. A Master Policy has been provided to your school district that contains all of the provisions, limitations and exclusions and qualifications of the insurance benefits. The Master policy is the contract and will govern and control the payment of benefits.*

Choose Your Coverage Plan: *One-Time Payment For Accident Coverage*

PLEASE NOTE - FOR COVERAGE PLANS LISTED BELOW

Coverage Effective Date: A person's coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.

Coverage Termination Date: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

	Low Option	High Option
24-Hour Accident (Students & Employees) Around-the-clock/anywhere in the world. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football.	$105.00	$154.00
24-Hour Accident (Summer Only Coverage, Students Only) Summer begins on the first day after the school year ends. Summer ends the first day of the next school year.	$36.00	$48.00
At-School Accident (Students & Employees) During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School Sponsored and supervised activities and sports excluding High School Football. Travel to and from school sponsored and supervised activities and sports while in a school furnished or approved vehicle.	$29.00	$37.00
High School Football (Full Year) Play or practice of regularly scheduled football. Consult your Athletic Department for enrollment instructions.	$171.00	$284.00
High School Football (Spring Only Rates) For new players who participate in spring training and not already insured under Football Coverage. Sports seasons are defined by your state high school athletic association.	$74.00	$120.00
High School Football and At-School Accident (Covers all athletics)	$200.00	$321.00
High School Football and 24-Hour Accident (Covers all athletics)	$276.00	$438.00

Facts about the Policy

1. WHO IS ELIGIBLE: students of the policyholder who make the required premium contribution for the coverage selected are eligible. Student status continues after graduation and between school years unless the person enrolls at a different school district.
2. The Master Policy on file with the school district is a non-renewable policy.
3. This is a limited benefit policy.
4. COVERAGE EFFECTIVE DATE: A person's coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.
5. COVERAGE TERMINATION DATE: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year.
   All coverage ceases if the policyholder cancels the policy or when person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.
6. LATE ENROLLMENT: Coverage may be purchased at any time during the school year. There is no premium reduction for any individual who enrolls late in the year
7. CANCELLATION: Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
8. STUDENT TRANSFER: The policy continues to be in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.

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Enroll online at:

www.StudentInsurance-kk.com

or by mail using attached enrollment form.

1. Complete and detach the enrollment form.
2. Make check or money order payable to Nationwide Life Insurance Company. Do not send cash. The Company is not responsible for cash payments.
3. Write your child's name on your check or money order.
4. Mail completed enrollment form with payment back to:
   K&K Insurance Group,
   P.O. Box 2338
   Fort Wayne, IN 46801-2338
5. Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
6. Keep this brochure for future reference. Individual policies will not be sent to you.

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information.

Administered by:

K&K Insurance Group, P.O. Box 2338,
Fort Wayne, IN 46801-2338

Cut out card and retain for your records

STUDENT INSURANCE CARD

Student's Name_____

If premium has been paid, the student whose name appears above has been insured under a Policy issued to:

School District:_____

Accident Only Coverage: ❑ 24-HOUR ❑ 24-HOUR (Summer Only Coverage)
❑ AT-SCHOOL ❑ FOOTBALL ❑ FOOTBALL (Spring Only)

Paid by Check #_____ Amount Paid:_____ Date Paid:_____

Policy #_____

Underwritten by: Nationwide Life Insurance Company
Claims Questions: K&K Insurance Group, Inc.
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917

Policy Exclusions and Limitations for Accident Only Coverages

The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced. ***We will not pay Benefits for:***

1. An Injury or Loss that is:
   a. caused by war or any act of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of military nature (which does not include acts of terrorism);
   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. That part of medical expenses payable by any automobile insurance Policy without regard to fault.
5. Expenses Incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).
6. 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.
7. 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.
8. Expenses Incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.
9. Expenses Incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.
10. Expenses Incurred for supervision of an anesthetist.
11. Expenses Incurred for Durable Medical Equipment rental in excess of the purchase price.
12. Expenses Incurred for subsequent repairs and replacement of prosthetic devices.
13. Expenses Incurred for any condition covered by any Workers' Compensation Act, Occupational Disease law or similar law.

Accident Only Definitions:

Injury A bodily injury which is:
1. directly and independently caused by specific Accidental contact with another body or object;
2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:
1. Malfunction must occur before age 65 while the Insured is taking part in a Covered Activity; and
2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within 48 hours of having taken part in a Covered Activity; and
3. Such Insured has not, within one year prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.

For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a Physician and occur within 30 days of participation in a Covered Activity.

All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered as one Injury.

Accidental Death & Specific Loss Benefits:

The Aggregate Limit is $500,000 and is the maximum amount payable for claims incurred for all Insureds under the Policy which are caused by any one Incident that occurs when the Policy is in force. If this limit is not sufficient to pay the total of all such Claims, then the Benefit payable to any one Insured will be determined in proportion to our total aggregate limit of liability. This Aggregate Limit of Liability applies only to Accidental Death and Specific Loss Benefits.

Life	$10,000
Both arms or both legs	$10,000
Both hands and both feet	$10,000
One arm and one leg	$10,000
One hand and one foot	$10,000
Either both hands or both feet	$10,000
Speech and hearing in both ears	$10,000
The sight of both eyes	$10,000
The sight of one eye and either one hand or one foot	$10,000
Either one arm or one leg	$7,500
Either one hand or one foot	$5,000
Speech or hearing in both ears	$5,000
Sight of one eye	$5,000
Hearing in one ear	$2,500
Both the thumb and index finger of one hand	$2,500

Enroll online for quicker service at www.StudentInsurance-kk.com

or complete and mail this form

Enrollment Form (School Year 2016-2017)

Student's Last Name:_____

Student's First Name:_____

Student's Middle Name:_____ Date of Birth:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Name of School District (required):_____

Name of School:_____

Grade Level: ❑ Pre-K/Headstart ❑ Kindergarten/Elementary ❑ Middle School ❑ High School/Above

Signature of Parent or Guardian:_____

Date:_____ Email Address:_____ Phone Number:_____

Student Insurance Plan Options — *Check Your Selection:*

Accident Only Coverage Plans	Low Option	High Option
24-HOUR	❑ $105.00	❑ $154.00
24-HOUR Summer Only	❑ $36.00	❑ $48.00
AT-SCHOOL	❑ $29.00	❑ $37.00
HIGH SCHOOL FOOTBALL COVERAGE Full Year	❑ $171.00	❑ $284.00
HIGH SCHOOL FOOTBALL COVERAGE Spring Only *For New Players*	❑ $74.00	❑ $120.00
HIGH SCHOOL FOOTBALL and AT-SCHOOL *Covers all athletics*	❑ $200.00	❑ $321.00
HIGH SCHOOL FOOTBALL and 24-HOUR *Covers all athletics*	❑ $276.00	❑ $438.00

Enclose check for total payment payable to: Nationwide Life Insurance Company. Checks, money orders, or credit cards accepted.
DO NOT SEND CASH
TOTAL ENCLOSED: $_____

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Mail this completed form with payment back to: *K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338*

Complete this section only if you wish to pay with a Credit Card

Full name as it appears on card
First Name:_____ MI:_____ Last Name:_____
Billing Address *(if different than above)*
Street #_____ Address_____ Apt #_____

City:_____ State:_____ Zip:_____
Card Number: | | | | | | | | | | | | | | | | Expiration Date: Month: | | Year: | | | |

Cardholder signature:_____

Company does not issue refunds nor accept responsibility for cash payments. (Rejection of check or credit card by bank for any reason, will invalidate insurance.)