



Help Protect your child with Student Health Insurance

Kids will be kids.

School is not a spectator sport. From hopping and skipping to blocking and tackling, our commitment to protecting kids starts as early as kindergarten.

That's why we're here!

Underwritten by:
UnitedHealthcare Insurance Company

Online Enrollment - Secured Health Plans

- Checks, money orders, or credit cards accepted.

- **DO NOT SEND CASH**

www.k12StudentInsurance.com



STUDENT HEALTH PLAN COVERAGE

(Students Ages 4 - 18 ONLY)

- \$147 per quarter, or \$588 annual (Per Policy Year) (Annual coverage can not be purchased after September 30th).
- Covers sickness & accidents which happen anytime, 24-hours a day, while your student is insured under this plan (excluding interscholastic sports).
- Benefits are payable according to the benefit schedule up to \$50,000, after the \$50 deductible has been met per policy year.

Choose How to Enroll

**ON-LINE @ : www.K12StudentInsurance.com
for fast, easy and secure enrollment or:**

- Complete and detach the enrollment form.
- Make check or money order payable to Health Special Risk. **Do not send cash.** The Company is not responsible for cash payments.
- Write your child's name on your check or money order.
- Mail directly to Health Special Risk, P.O. Box 678328, Dallas, TX 75267-8328.
- Your cancelled check, credit card billing, or a money order stub will be your official receipt and confirmation of payment.
- Keep this brochure for future reference. Individual policies will not be sent to you.
- No premium notices will be sent. Initial enrollment deadline is September 30th for Annual Premium Payment (Per Policy Year).

Facts About the Policy

1. **STUDENT TRANSFER:** The policy continues in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.
2. **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.
3. The Master Policy on file with the school district is a non-renewable one year term policy.
4. This is a limited benefit policy.
5. **INITIAL ENROLLMENT:** Coverage is effective the date the correct application and premium are received by the Company.
6. **LATE ENROLLMENT:** There is no premium reduction for any individual who enrolls late in the year.
7. **STUDENT INJURY AND SICKNESS POLICY (Health Plan):** Coverage terminates on the earliest of: 1) the date the Master Policy terminates as held by the School District; or, 2) the last day of the period for which the appropriate premium has been paid.
8. Your cancelled check, credit card billing, or money order stub is your only receipt and notification of coverage.

Definitions

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. 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.

Pre-existing Condition means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 months immediately prior to the Covered Person's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Covered Person's Effective Date under the policy.

Sickness means sickness or disease of the Covered Person which causes loss, and originates while the Covered Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness.

Extension of Benefits After Termination

The coverage provided under the policy ceases on the Termination Date. However, if a Covered Person is Totally Disabled on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date. This Extension of Benefits will not apply if the coverage is replaced with a succeeding carrier providing substantially equivalent or greater benefits than those provided by this policy. Totally Disabled means confinement as a bed patient in a Hospital. The total payment made in respect of the Covered Person for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

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. You may obtain a detailed copy of our privacy practices by calling us toll-free at (866) 313-4512 or by visiting us at www.K12StudentInsurance.com.

REVIEW YOUR BENEFITS - STUDENT HEALTH PLAN COVERAGE

INJURY AND SICKNESS BENEFITS

MAXIMUM BENEFITS PAID AS SPECIFIED BELOW

The Policy provides benefits for loss due to a covered Injury or Sickness up to the \$50,000 Maximum Benefit as specified below for each Injury or Sickness after the \$50 deductible. Benefits will be paid up to the maximum benefit for each service as scheduled below. Any supply or service not specifically listed is not covered. Usual & Customary Charges (U&C) are based on the 75th percentile.

MAXIMUM BENEFIT	\$50,000 (FOR EACH INJURY OR SICKNESS)
DEDUCTIBLE	\$50 (PER POLICY YEAR)
INPATIENT	
Room & Board / Hospital Miscellaneous	\$950 aggregate maximum per day
Registered Nurse	100% of U&C
Physician's Visit (Benefits are limited to one visit per day and do not apply when related to surgery)	\$50 first day / \$30 each subsequent day
Pre-Admission Testing (Payable within 3 working days prior to admission)	Paid under Room & Board / Hospital Miscellaneous
OUTPATIENT	
Day Surgery Miscellaneous (Usual & Customary Charges are based on the Outpatient Surgical Facility Charge Index)	\$950 maximum
Physician's Visits (Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy) (Office visits for physical exams are covered up to \$50 Per Policy Year)	\$60 first day / \$40 each subsequent day / 5 days maximum
Physiotherapy (Benefits are limited to one visit per day)	Paid under Physician's Visits
Medical Emergency (Use of room and supplies; treatment must be rendered within 72 hours from the time of the Injury or first onset of Sickness)	\$200 maximum
X-Rays	\$350 maximum
CAT Scan / MRI	\$350 maximum
Laboratory	\$200 maximum
Prescription Drugs	No Benefits
Injections	No Benefits
Orthopedic Braces & Appliances	\$100 maximum
INPATIENT AND/OR OUTPATIENT	
Surgery (Specified Surgery based on data provided by FAIR Health, Inc.) (No more than one procedure through the same incision will be paid)	\$100 surgery coefficient / \$2,500 maximum
Anesthetist	25% of Surgery Allowance
Ambulance	\$250 maximum
Consultant	No Benefits
Dental (Benefits are paid on Injury to Sound, Natural Teeth only)	\$200 per tooth
Maternity	Paid as any other Sickness
Complications of Pregnancy	Paid as any other Sickness
Benefits are provided as mandated by the state of Texas under the Student Health Plan for the Benefits for Telemedicine / Telehealth, Benefits following Brain Injury, Benefits for Temporomandibular and Craniomandibular Joint Dysfunction, Benefits for Mastectomy, Benefits for Reconstructive Surgery following Mastectomy, Benefits for Diabetes Treatment, Benefits for Off-Label Drug Use, Benefits for Maternity and Post Delivery Care, Benefits for Complications of Pregnancy, Benefits for the Treatment of Craniofacial Abnormalities, Benefits for Phenylketonuria or Heritable Disease, Benefits for Osteoporosis, and Benefits for HPV and Cervical Cancer Screening. 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.

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. Acne, acupuncture, allergy, including allergy testing.
2. 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.
3. Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore; treatment for visual or hearing defects and problems, except when due to a disease process.
4. Assistant Surgeon Fees.
5. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorders, conceptual handicap, developmental delay or disorder or mental retardation.
6. Congenital conditions, except as specifically provided in the Benefits for Temporomandibular and Craniomandibular Joint Dysfunction or Benefits for Reconstructive Surgery for Craniofacial Abnormalities.
7. Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered Injury.
8. Dental treatment, except for accidental Injury to Sound, Natural Teeth.
9. Elective Surgery or Elective Treatment; Elective abortion.
10. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury.
11. The addiction to or use of 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.
12. Injury or Sickness for which benefits are paid or payable by worker's compensation or employer's liability or occupational disease law.
13. 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).
14. Mental and Nervous Disorders.
15. 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.
16. Organ transplants, including organ donation.
17. Orthodontics (braces) for any reason or damage to or loss of orthodontics.
18. Play or practice of interscholastic sports.
19. Prescription Drugs and medicines not actually administered to the patient in a Hospital or office of a licensed Physician.
20. Pre-existing Conditions or aggravation of a Pre-existing Condition.
21. Routine newborn infant care, well-baby nursery and related Physician charges, except as specifically provided in the Benefits for Maternity and Postpartum Care.
22. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy.
23. Skiing, scuba diving, surfing, roller skating, riding in a rodeo.
24. Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding, or ballooning.
25. Suicide or attempt thereat, while sane or insane (including drug overdose); intentionally self-inflicted Injuries; fighting as an active participant.
26. Supplies, except as specifically provided in the policy.
27. While committing or attempting to commit an assault or felony, or to which a contributory cause was the Covered Persons being engaged in an illegal occupation.

How to File a Claim

NOTE: Medical treatment must be received from a qualified, licensed Physician within **60 days** from the date of accident.

1. Obtain a claim form quickly from our website, or from your school office, or call Health Special Risk (866-409-5734). 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 or first treatment of sickness.
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 in the absence of legal capacity.

Administered by:
Health Special Risk
P.O. Box 117558 • Carrollton, TX 75011-7558
866-409-5734

Underwritten by:
UnitedHealthcare Insurance Company

ENROLL ONLINE FOR QUICKER SERVICE

Enrollment Form (School Year 2011-2012) Underwritten by UnitedHealthcare Insurance Company

Student's Last Name (Please Print) <input style="width: 100%; height: 15px;" type="text"/> Student's First Name MI <input style="width: 90%; height: 15px;" type="text"/> <input style="width: 10%; height: 15px;" type="text"/> Social Security # <input style="width: 15%; height: 15px;" type="text"/> - <input style="width: 15%; height: 15px;" type="text"/> - <input style="width: 20%; height: 15px;" type="text"/> Street # Address <input style="width: 20%; height: 15px;" type="text"/> <input style="width: 80%; height: 15px;" type="text"/> City State Zip <input style="width: 40%; height: 15px;" type="text"/> <input style="width: 10%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> - <input style="width: 15%; height: 15px;" type="text"/> Name of School District (Required to Process) Name of School <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>	DOB <input style="width: 15%; height: 15px;" type="text"/> - <input style="width: 15%; height: 15px;" type="text"/> - <input style="width: 20%; height: 15px;" type="text"/> Phone <input style="width: 15%; height: 15px;" type="text"/> - <input style="width: 20%; height: 15px;" type="text"/> - <input style="width: 20%; height: 15px;" type="text"/> Grade <input style="width: 15%; height: 15px;" type="text"/>
X _____ Date _____ Email Address _____ Signature of Parent or Guardian	

Student Insurance - check <input checked="" type="checkbox"/> your selection	
Student Health Plan \$147.00 <input type="checkbox"/> Per Quarter \$588.00 <input type="checkbox"/> Annual* (Per Policy Year) (Note: No premium notices will be sent. It is the Insured's responsibility for timely premium payments.) *May not be purchased after September 30th.	
Company Use Only Check No. _____ Amount Received _____ Date Received _____	Enclose check for total payment payable to: Health Special Risk Total Enclosed: \$ _____

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.)

NRLK1206

TX11WHSREXX

To enroll online: If you would like to use a credit card to enroll, please go to www.k12StudentInsurance.com and select the Enroll Now link to enroll online.

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: _____
Health Plan Coverage: <input type="checkbox"/> INJURY AND SICKNESS Paid by Check # _____ Amount Paid: _____ Date Paid: _____
Underwritten by: UnitedHealthcare Insurance Company Claims Questions: Health Special Risk P.O. Box 117558 • Carrollton, TX 75011-7558 • 866-409-5734