

PARTICIPANT ACCIDENT EXCESS MEDICAL EXPENSE COVERAGE PRIVATE SECONDARY SCHOOLS

- **Basic Medical Program not available in:** District of Columbia, New Hampshire, New Mexico, New York, Ohio
- **Catastrophic Medical Program not available in:** New Hampshire, New York

Who is covered?

Students enrolled in the School (Class 1 or 2) and/or Participants of approved Summer Camps and classes of the School (Class 3). Class 3 is only available if Class 1 and/or 2 is purchased. No list or roster form is required for mandatory coverages because all participants in each coverage option must be insured.

What is covered?

Medical expenses resulting from an injury. We pay 100% of Covered Expenses above the deductible incurred within two years which are not paid by the Insured Person's own primary coverage. Covered Expenses are listed below under Definitions.

When are they covered?

Persons are covered while engaged in a Covered Activity. Covered Activity is all activities conducted under the supervision of the School (including interscholastic sports) as well as Summer camp and classes activity sponsored by the School. Group or team travel to and from a covered activity conducted under the supervision of the School is also covered.



Coverage Limits:

Basic Medical Policy

(Underwritten by A.M. Best rated A+ Insurance Carrier)

Maximum Limit: \$25,000 per injury per individual
 Deductible: \$0
 Benefit Period: 2 years
 Reasonable & Customary: 100%

Catastrophic Medical Policy

(Underwritten by A.M. Best rated A+ Insurance Carrier)

Maximum Limit: \$1,000,000 per injury per individual
 Deductible: \$25,000
 Benefit Period: 10 years
 Reasonable & Customary: 100%

- Basic Medical Program not available in: District of Columbia, New Hampshire, New Mexico, New York, Ohio
- Catastrophic Medical Program not available in: New Hampshire, New York

Accidental Death & Dismemberment Benefit

Principal Sum \$10,000

If the Insured Person's Injury results in any of the losses listed in the table below within 365 days after the date of the accident, we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum shown for each Insured Person for all losses due to the same accident. The Principal Sum amount is shown in the Schedule below.

LOSS	BENEFIT
Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand and Sight of One Eye	Principal Sum
Either Foot and Sight of One Eye	Principal Sum
Speech and Hearing in Both Ears	Principal Sum
Either Hand or Foot	1/2 Principal Sum
Sight of One Eye	1/2 Principal Sum
Speech or Hearing in Both Ears	1/2 Principal Sum
Thumb and Index Finger on the Same Hand	1/4 Principal Sum

Loss means, with respect to:

- hand and feet, actual severance through or above wrist or ankle joints;
- sight, speech and hearing, entire and irrecoverable loss thereof;
- thumb and index finger, actual severance through or above the metacarpophalangeal joints.

What is excluded?

1. intentionally self-inflicted Injury, suicide, or attempted suicide, whether sane or insane;
2. war or act of war, whether declared or undeclared;
3. Injury sustained while in the armed forces (land, water or air) of any country or international authority;
4. Injury sustained while in or on, boarding or alighting from, being struck or run down by, any aircraft except as an airline passenger on an aircraft: (a) operated by a passenger airline on a regularly scheduled trip over its established route or that is chartered by that airline; or (b) any transport type aircraft operated by the Military Airlift Command (MAC) of the United States or any national government recognized by the United States;
5. services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee
6. repair, replacement, examination for prescriptions, or fitting of (a) eyeglasses; (b) contact lenses; or (c) hearing aids.
7. dental work or treatment on natural teeth which is not necessary for the repair or relief of Injury;
8. cosmetic or plastic surgery which is not necessary for the repair or relief of Injury;
9. repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
10. repair or replacement of artificial limbs or orthopedic braces;
11. Injury sustained while the Insured Person is voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines or hallucinogens, unless the drug is taken as prescribed or administered by a licensed Physician;
12. Injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges;
13. Injury sustained as a result of the Insured Person's being legally intoxicated from the use of alcohol while operating a motor vehicle;
14. Expenses covered under any automobile reparations insurance (no-fault) or automobile insurance medical payments benefit;

Premium

For \$1,000,000 limit with \$0 deductible, (Basic Medical plus Catastrophic Medical Coverage), the rate is \$20.00 per student for Class 1 and \$43.50 per student for Class 2. An additional \$6.00 per non-enrolled student participating in Summer Camps and classes.

Policy Administration and Claims Handling

K&K Insurance Group, Inc. is assigned as the third party administrator for all claims for this program. K&K has been involved with insuring interscholastic students for over 20 years.

Schedule of Benefits – Up to \$1,000,000 Maximum Benefit

Reasonable charges are based on data provided by Ingenix, Inc. using the 90th percentile.

Covered Expenses are the reasonable and customary charges for:

Local ambulance service	100% of R&C
Hospital or surgical center care	100% of R&C
Medical treatment	100% of R&C
Nursing care	100% of R&C
X-ray and laboratory services	100% of R&C
Prescription drugs	100% of R&C
Therapeutic services and supplies	100% of R&C
Dental treatment for injuries to sound, natural teeth.	100% of R&C
Home health care is covered when it is required instead of a hospital confinement.	100% of R&C

Definitions:

Injury means bodily injury of an Insured Person that results directly and independently of all other causes from an accident which occurs while he or she is participating in a Covered Activity.

Reasonable Expenses means fees and prices which do not exceed those generally charged for similar Medical Care in the local area where received by the Insured Person. An expense is considered to be incurred on the date the Medical Care is rendered.

Medical Care means necessary: a) medical or surgical treatment, services and supplies; and b) hospital, nursing and ambulance services, prescribed by a Physician for the sole purpose of treating the Injury.

NOTE: This coverage may vary in your state.

Please refer to the master policy for exact limitations and/or benefits.

How to apply

1. Complete the Request for Coverage form. Select Class 1,2 and/or Class 3 options on the Basic Coverage. Class 3 is only available if Class 1 and/or 2 is purchased. For Class 3, only count those participants that are not currently enrolled as a Student under Class 1 and/or 2. Complete the premium calculation. *Basic Medical coverage has a minimum premium of \$310.00 and Catastrophic Medical coverage has a minimum premium of \$350.00.*
2. Return the completed form with the premium you calculated to K&K Insurance Group, Inc.
3. Coverage becomes effective on the date requested or the date premium is received – whichever is later.
4. For questions about the program, please contact Serena McMullen at K&K Insurance at 800.441.3994 x 5042 (Direct 260.459.5042) and/or Clifford Allen Associates at 888.342.2224.



PARTICIPANT ACCIDENT EXCESS MEDICAL EXPENSE COVERAGE PRIVATE SECONDARY SCHOOLS ENROLLMENT FORM

General Information

Name of School (group's name): _____
 Permanent mailing address: _____ P.O. Box: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____ Email Address: _____
 Desired Effective Date*: _____ Desired Expiration Date: _____

**Please Note - effective dates should be for full 12 months if you are including Class 3 participants (i.e. Summer Camps & classes).*

BASIC MEDICAL COVERAGE

Covered Activities - All activities conducted under the supervision of the School named above (including interscholastic sports) as well as Summer camp and classes activity sponsored by the School only if selected below and the indicated premium is included. Group or team travel to and from a covered activity conducted under the supervision of the School is a covered activity.

MEDICAL EXPENSE	
Overall Maximum	\$25,000 per injury per individual
Deductible	\$0
AD&D	\$10,000

<i>Class</i>	<i>Eligible Persons</i>	<small>Premium per Person Policy Year</small> <i>Rate</i>	<i>X</i>	<small>Number of Students</small>	<i>=</i>	<i>Premium</i>
1	All PK-5 students enrolled with School during policy year	\$20.00				
2	All 6-12 students enrolled with School during policy year	\$43.50				
3	All participants of approved Summer Camps & Classes of the School who are not enrolled Students of the School.	\$6.00				

Policy Minimum premium is \$310.00 Basic Medical Coverage Premium: \$ _____

CATASTROPHIC MEDICAL COVERAGE

Covered Activities/Eligible Persons - (COVERAGE FOR INTERSCHOLASTIC ATHLETICS, SUMMER CAMPS, CLASSES AND NORMAL STUDENT ACTIVITIES) Covered Activity means (1) an interscholastic competition that is authorized, sanctioned or scheduled by the Plan Sponsor including school supervised practice, game related activity and related travel and (2) (a) intramural and club sports; (b) summer sports camps; (c) physical education classes; (d) classroom and laboratory activities for credit; (e) faculty sponsored clubs, plays and concerts; (f) faculty sponsored and supervised field trips; and (g) related travel. Travel means team or group travel arranged and supervised by the school to or from any Covered Activity.

MEDICAL EXPENSE	
Deductible	\$25,000 per injury per individual
Overall Maximum	\$1,000,000 per injury per individual

<i>Class</i>	<i>Eligible Persons</i>	<small>Premium per Person Policy Year</small> <i>Rate</i>	<i>X</i>	<small>Number of Students</small>	<i>=</i>	<i>Premium</i>
1	Student athletes, student managers, student athletic trainers, student cheerleaders and student participants.	\$2.50				

Policy Minimum premium is \$350.00 Catastrophic Medical Coverage Premium: \$ _____

Premium Calculation

BASIC MEDICAL COVERAGE

Class 1 \$ _____

Class 2 \$ _____

Class 3 \$ _____

CATASTROPHIC MEDICAL COVERAGE

Class 1 \$ _____

TOTAL PREMIUM DUE = \$ _____

(Basic Medical Coverage + Catastrophic Medical Coverage)

Premium Payment

It is understood and agreed that the premium will be paid in advance based on the total estimated exposure count.

Complete this enrollment form and mail with payment to:

K&K Insurance Group
1712 Magnavox Way,
Fort Wayne, IN 46804
Attention: Serena McMullen

Please make check payable to: K&K Insurance Group, Inc. (one check for combined Basic & Catastrophic Coverage)

Note: Please retain a copy of your enrollment form.

This is not an offer of coverage nor an application for insurance. Requests for coverage will be subject to company underwriting standards. Actual coverage terms will be described in a policy of insurance if one is issued.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

Date Signature of applicant

Printed name of applicant Title

Phone Number of Applicant