



Texas Kids First

Individual Accident-Only Insurance for Students

Texas Kids First offers Accident-Only Insurance to students. These plans provide benefits for loss due to a covered injury up to \$25,000. The plans are designed to help offset deductibles and co-insurance. They are affordable limited-benefit plans that are renewable annually. There are several options for you to choose from:

- The **At-School Accident** Plan covers accidents occurring at school, during school hours. (Excludes participation in High School Varsity Football activities). At-School coverage may be purchased with or without sports.

\$30.00 per school year without sports
\$90.00 per school year with sports

- The **24-Hour Accident** Plan covers accidents anywhere, around the clock. (Excludes participation in High School Varsity Football activities). 24-Hour coverage may be purchased with or without sports.

\$ 80.00 per school year without sports
\$180.00 per school year with sports

- The **Football Accident** Plan covers only High School Varsity Football accidents that occur during practice or during a game. **\$325.00 per school year.**

See back of page for Schedule of Benefits and Exclusions for all Accident-Only Plans.

Please pick up a brochure from the school for more information regarding these plans. You may also view or purchase plans online at www.texaskidsfirst.com.

To receive a brochure in the mail or for more information, call us toll-free at 1-800-388-5620.

Plans are underwritten by Universal Fidelity Life Insurance Company. This is a brief illustration of the coverage offered through the Texas Kids First K-12 Student Accident Insurance Program. The Policy issued will be the contract and will govern and control the payment of benefits subject to the exclusions and limitations in the Policy.

SCHEDULE OF BENEFITS FOR ALL INDIVIDUAL ACCIDENT-ONLY PLANS

Medical Maximum:	\$25,000 for each Injury
Policy Term:	1-Year – Renewable
Benefit Period:	52 Weeks from the date of Injury
Initial treatment Period:	90 days from the date of Injury
Deductible:	\$0.00

Inpatient

Inpatient Hospital:	Usual & Customary Charges up to \$750.00 per day/ 6 days maximum (includes facility and services)
Doctor Visits:	Usual & Customary Charges up to \$40.00 per day

Outpatient

Ambulatory Surgical Center:	Usual & Customary Charges up to \$2,000.00 (facility charge)
Doctor Visits:	Usual & Customary Charges up to \$40.00 per day
Physiotherapy:	\$50.00 1 st visit/\$25.00 per visit thereafter up to 5 visits total ((limited to 1 visit per day)
Medical Emergency:	Usual & Customary Charges up to \$175.00 (for use of emergency room facility and services within 72 hours of Injury)
Medical Emergency Doctor:	Usual & Customary Charges up to \$40.00
Diagnostic X-ray:	Usual & Customary Charges up to \$200.00 and \$50.00 for reading
CAT Scan/MRI:	Usual & Customary Charges up to \$500.00 and \$50.00 for reading
Laboratory Procedures:	Usual & Customary Charges up to \$50.00

Other (Inpatient and/or Outpatient)

Surgeon:	75% of Usual & Customary Charges up to \$2,000.00 (limited to primary procedure including removal of surgical Implanted pins within two years of Injury)
Anesthetist:	25% of surgeon benefit
Assistant Surgeon:	25% of surgeon benefit
Ambulance:	Usual & Customary Charges up to \$1,000.00 (first trip to Hospital only)
Dental Treatment:	Usual & Customary Charges up to \$5,000.00 (benefits paid on Injury to Sound, Natural Teeth only)
Orthopedic Braces & Appliances:	Usual & Customary Charges up to \$500.00
Post Surgical Durable Medical Equipment:	Usual & Customary Charges up to \$150.00
Eye Glasses, Contact Lenses and and Hearing Aid Replacement:	Usual & Customary Charges (as a result of a covered Injury only)
Prescription Drugs:	\$15 per prescription

POLICY EXCLUSIONS AND LIMITATIONS FOR ALL INDIVIDUAL ACCIDENT-ONLY PLANS

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:

- Acupuncture.
- 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.
- Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore unless specifically provided for in the Schedule of Benefits.
- Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered Injury.
- Dental treatment, except for accidental Injury to Sound, Natural Teeth.
- Elective Surgery or Elective Treatment.
- Food poisoning or bacterial infections (except an infection occurring through an open visible wound); cysts or skin lesions such as blisters or boils; tumors; over-exerting (not to include heat stroke); fainting; neuritis, lumbago, hernia, regardless of how caused; illness or disease in any form.
- Bursitis, muscle tears, repetitive motion injuries, shin splints, strains, tennis elbow aggravation, and treatment of stress fractures.
- Immunizations, preventive medicines or vaccines, except where required for treatment of a covered Injury.
- Intoxicants and narcotics. The Company is not liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a Doctor.
- Injury for which benefits are paid or payable by workers' compensation or employer's liability or occupational disease law.
- Injury where the Insured 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).
- Injury where the Insured is riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway, or proving ground.
- 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.
- Orthodontics (braces) for any reason, damage to, or loss of orthodontics.
- Play or practice of interscholastic High School Football; except where the coverage is elected.
- Participating in or attending any School-Sponsored overnight activities, except where 24-Hour coverage is elected.
- Pre-existing Conditions or aggravation of a Pre-existing Condition, as defined. A Pre-existing Condition is a disease or physical condition for which the Insured received medical advice or treatment during the three months before the Insured's Effective Date of Coverage.
- Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
- Skiing, scuba diving, surfing, roller skating, ice skating, or riding in a rodeo.
- Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planning, bungee jumping, bob-sledding, or ballooning.
- Suicide or attempt thereof, while sane or insane (including drug overdose); intentionally self-inflicted Injuries; fighting.
- Supplies, except as specifically provided in the Policy.
- While committing or attempting to commit an assault or felony, or to which a contributory cause was the Insured being engaged in an illegal occupation.
- Participation in terrorism.