Voluntary Student Accident Insurance

Health Special Risk, Inc.
HSR Plaza II
4100 Medical Parkway
Carrollton, TX 75007-1517
Phone: 866.409.5733, Ext. 5660
Fax: 972.512.5819
www.healthspecialrisk.com

HSR is an independent licensed insurance agency and is authorized to sell this student accident insurance on behalf of Starr Companies. Coverage underwritten by: Starr Indemnity & Liability, Dallas, TX

STARR COMPANIES
GLOBAL INSURANCE & INVESTMENTS

HSR
Health Special Risk, Inc.

THIS IS A LIMITED BENEFIT POLICY

TEXAS

2016-2017

K-12 Voluntary Student Accident Insurance Coverage
LIUI AH BACC P001 EI TX (Ed. 12 13), LIUI BACC CONR001 (ED. 08, 13)
Coverage underwritten by: Starr Indemnity & Liability, Dallas, TX

Eligibility

All registered students of a participating school/district in grades Pre K-12.

Coverages

Option A: 24 Hour excluding High School Football: Coverage is provided at all times except while participating in any activity, including tryouts, practice or any competitions or games for high school football.

Option B: School plus Interscholastic Athletics & Activities excluding High School Football: Coverage is provided during 1. Regularly scheduled classroom instruction; 2.regularly-scheduled and supervised recess or lunch period; 3.a study period or special instruction period supervised by a member of the School's faculty; 4.a Supervised and Sponsored School Activity; or 5. Covered School Travel. Coverage is also provided during School sponsored interscholastic sports and activities. High school football is not covered.

Option C: High School Football only: Coverage is provided during: 1. regularly-scheduled practice or training; 2. regularly-scheduled competition or exhibition game; 3.a scheduled tryout, workout session or team meeting; 4. a Sponsored Sports Covered Activity; or 5. Covered Sports Travel.

Benefits

Accident Medical Expense: When a covered injury to an Insured Person results in treatment by a Physician or surgeon beginning within 60 days of the date of the covered accident; we will pay benefits, in excess of the Deductible, if any. Eligible Medical expenses must be incurred by the Insured Person within 52 weeks from the date of the covered accident are covered. Benefits for any one accident shall not exceed the Accidental Medical Expense Maximum of $25,000.

Eligible medical expenses include

- Room and board in a semi-private Private room;
- Hospital Miscellaneous Services;
- Physician services, Surgery, Assistant Surgeon, Physician's Surgical Facilities, Second Opinion, or consultation, Anesthesia and it administration, In Physician Hospital Visits, Physician Office visits;
- Emergency Room;
- Outpatient Services**;**
- Outpatient X Ray, CT Scan**,** MRI, and Laboratory Test includes charges for reading;
- Outpatient physiotherapy;
- Orthopedic Appliances
- Ambulance Services: one trip to the nearest Hospital by air or ground**;**
- Dental Services provided by a Dentist or Physician;
- Outpatient prescription drugs;
- Eyeglasses, Contacts lenses and Hearing Aids;
- Medical equipment rental or if less than the purchase of equipment;
- Hernia;

Full Excess Medical Expense: The Company will pay Covered Expenses only when they are in excess of amounts payable by any Other Insurance whether or not claim has been made for benefits it provides. Other Insurance means any reimbursement for or recovery of any element of Covered Injury as a result of an Accident available from any other source whatsoever, except gifts and donations, but including without limitations:

- Any individual, group, blanket or franchise policy of Accident, disability or health insurance or any similar type of arrangement that provides for payments or reimbursement of medical expenses or disability payments;
- Social Security Disability Benefits; and any benefits payable under any program provided or sponsored solely or primarily by and federal, state or local governmental unit or agency or subdivision or through operation of law or regulation; except Medicaid If the Policyholder provides mandatory coverage for students under another program, benefits will be payable under those programs before being considered under the voluntary policy.

Deferred Dental Treatment Expense (Available only when selected): Deferred Dental Expenses are Covered Expenses for treatment, including X-rays, to repair injury to a tooth (1) with no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps; and (2) for which pulpal tissues are healthy and intact; and (3) for which periodontal tissue shows little or no signs of active or chronic inflammation; or to the supporting structures of the teeth of the Insured Person. If there is more than one way to treat a dental problem, the Company will pay based on the least expensive procedure if that procedure meets commonly accepted standards of the American Dental Association. No coverage is provided for orthodontics for any reason or damage or loss thereof.

Dental x-rays, endodontic and Oral Surgery are covered up to $10,000 per Covered Injury

Bridges, dentures or replacement of dental repairs are covered up to $250 per Covered Injury The

benefit period for this benefit is 52 weeks.

Accidental Death, Dismemberment, or Loss of Sight, Speech or Hearing: We will pay the benefit amounts shown for Accidental Death, Dismemberment or Loss of Sight, Speech or Hearing which results solely from an injury to the Insured Person which occurs during a covered activity, and from no other contributory cause, and is sustained within 180 days after the date of the injury. If an Insured Person sustains more than one such loss as the result of one Covered Accident, we will pay only one amount, the largest to which he or she is entitled. This amount will not exceed the Principal Sum that applies for the Insured Person.

Loss of Life	$2,000
Loss of Two or More Hands or Feet	$10,000
Loss of Sight of Both Eyes	$10,000
Loss of Speech and Hearing (in Both Ears)	$10,000
Loss of One Hand or Foot and Sight in One Eye	$10,000
Loss of One Hand or Foot	$5,000
Loss of Sight in One Eye	$5,000
Loss of Speech	$5,000
Loss of Hearing (in Both Ears)	$5,000
Loss of Thumb and Index Finger of the Same Hand	$500

Definitions

Covered Accident means a sudden, unexpected, specific and abrupt event that results directly and independently of all other causes, in a Covered Injury or Covered Death and meets all of the following conditions: 1. occurs while the Insured Person's coverage under the Policy is in force; 2.occurs while the Insured Person is attending, participating in or traveling to and from a Covered Activity; and 3. is not otherwise excluded under the terms of the Policy.

Covered Death means Accidental death: 1.which is the direct result of a Covered Accident; 2.which results directly and independently from all other causes from a Covered Accident and independent of Sickness, disease, mental incapacity, bodily infirmity or any other cause; and 3.suffered by the Insured Person within the applicable time period specified in the Schedule of Benefits.

Covered Injury means Accidental bodily injury: 1.which is sustained by an Insured Person as a direct result of a Covered Accident that is external to the body; 2.which results directly and independently from all other causes from a Covered Accident (independent of Sickness, disease, mental incapacity, bodily infirmity or any other cause) that causes a Covered Loss; and 3.suffered by the Insured Person within the applicable time period specified in the Schedule of Benefits. The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

Covered Loss means a loss which results from a Covered Injury or Covered Death, and for which benefits are payable under the Policy. Covered Loss includes any expenses arising from services or supplies rendered or obtained by the Insured Person when such services and supplies are covered by the Policy.

Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint. Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means. Loss of Sight means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means. Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means. Loss of a Thumb and Index Finger of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

Exclusions and Limitations

This Policy does not cover:

1. Intentionally self-inflicted injury, suicide, or any attempt while sane or insane; 2.Commission or attempt to commit a felony or an assault; 3. Commission of or active participation in a riot or insurrection; 4.Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by the Policy; 5.The Insured Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Loss occurred or the laws of the Home Country; 6.Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; 7.A Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon the Company's receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days; 8.Travel or activity outside the United States; 9.Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as: a. A fare-paying passenger on a regularly scheduled commercial airline; b. A passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight; c. A passenger in a Military Aircraft flown by the Air Mobility Command or its foreign equivalent; 10. Bungee-cord jumping; parachuting; skydiving; parasailing; hang-gliding; skiing; scuba diving; surfing; roller skating; riding in a rodeo; glider flying; flight in an ultralight aircraft; sailplaning; bob-sledding; ballooning; fighting or brawling except in self-defense; operating, sitting or riding in or upon, alighting to or from, or working on or around any motorcycle or recreational motor vehicle including but not limited to two or three wheeled motor vehicles, four wheeled all-terrain vehicles (ATVs), jet skis, ski cycles, or snowmobiles; 11. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;12.Travel in or on any off-road motorized vehicle that does not require licensing as a motor vehicle;13. Injuries compensable under Workers' Compensation law or any similar law; 14. An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor; In addition, benefits will not be paid for services or treatment rendered by any person who is: employed or retained by the Policyholder; A Resident of the Same Household; An Immediate Family Member including Domestic Partner of either the Insured Person or the Insured Person's Spouse; the Insured Person.

Texas Voluntary Student Accident Insurance
Schedule of Benefits

ACCIDENT MEDICAL EXPENSE BENEFIT	ECONOMY	PREMIER
Full Excess Accident Expense Benefit Maximum	$25,000	$25,000
First Covered Expenses must be received within	60 days after the Covered Injury	60 days after the Covered Injury
Benefit Period	1 year from the date of the Covered Injury	1 year from the date of the Covered Injury
Benefit Limit for Covered Injuries from any one motor vehicle Accident	$5,000	$5,000
INPATIENT HOSPITAL SERVICES		
Room and Board Expenses		
Semi-Private Room	100% of the Usual and Customary Charges	100% of the Usual and Customary Charges
Hospital Miscellaneous Expenses	up to $250 per day, to a maximum of $4,000 per Covered Injury	up to $250 per day to a maximum of $5,000 per Covered Injury
Emergency Room Treatment	up to $75 per Covered Injury	up to $150 per Covered Injury
Emergency Room Treatment must occur within	72 hours of the Covered Injury	72 hours of the Covered Injury
Registered Nursing Services	up to $400 per Covered Injury	up to $400 per Covered Injury
Physician Services		
Surgery	75% of the Usual and Customary Charges up to $3,500 per Covered Injury	75% of the Usual and Customary Charges up to $3,750 per Covered Injury
Assistant Surgeon	25% of Physician's Surgery Allowance	25% of Physician's Surgery Allowance
Anesthesia and its Administration	25% of Physician's Surgery Allowance	25% of Physician's Surgery Allowance
Physician In-Hospital Non –Surgical Visits	up to $20 per visit	up to $40 per visit
OUTPATIENT BENEFITS		
Physician Office Non- Surgical Visits	up to $20 per visit	up to $40 per visit
Combined Maximum for CT scan, MRI	up to $250 per Covered Injury	up to $500 per Covered Injury
X-ray	up to $100 per Covered Injury	up to $200 per Covered Injury
Laboratory tests	up to $50 per Covered Injury	up to $100 per Covered Injury
Outpatient Physiotherapy Benefit	up to 2 treatments; up to $40 per Covered Injury; 1 visit in a day	up to 5 treatments; up to $100 per Covered Injury; 1 visit in a day
Outpatient Orthopedic Appliances	up to $300 per Covered Injury	up to $300 per Covered Injury
Hospital Outpatient Surgery Facilities Payment	up to $750 per Covered Injury	up to $1,250 per Covered Injury
Ambulance Services	up to $100 per Policy Year	100% of the Usual and Customary Charges
Medical Equipment	up to $150 per Covered Injury	up to $150 per Covered Injury
Dental Services	up to $150 per Tooth	up to $250 per tooth
Outpatient Prescription Drugs	100% of the Usual and Customary Charges	100% of the Usual and Customary Charges
Eyeglasses, Contact Lenses, Hearing Aids	100% of the Usual and Customary Charges	100% of the Usual and Customary Charges
AVAILABLE ONLY WHEN SELECTED		
Deferred Treatment - Dental	up to $10,000 per Covered Injury; Cost of bridges, dentures, or replacement of dental repairs up to $250 per Covered Injury; 52 week benefit period	up to $10,000 per Covered Injury; Cost of bridges, dentures, or replacement of dental repairs up to $250 per Covered Injury; 52 week benefit period

Plan & Rate Options

	without Deferred Dental		with Deferred Dental	
	Economy	Premier	Economy	Premier
Option A 24 Hour without HS Football	$ 128.00	$ 196.00	$ 137.00	$ 205.00
Option B At School without HS Football	$ 64.00	$ 94.00	$ 73.00	$ 103.00
Option C High School Football	$ 189.00	$ 291.00	$ 198.00	$ 300.00
Option C Spring High School Football	$ 76.00	$ 116.00	$ 85.00	$ 125.00

Note: Any 9th grade student that plays with the High School Football Team (grades 10-12) must purchase Football coverage.

HSR
Health Special Risk, Inc.

STUDENT ACCIDENT INSURANCE - ENROLLMENT FORM

2016-2017
VOLUNTARY

Student's Last Name _____ Student's DOB (MM-DD-YYYY) _____

Student's First Name _____ MI ____ Telephone Number _____

Student's Social Security Number _____ Grade _____ Student Identification Number _____

Street # _____ Address _____

City _____ State _____ Zip Code _____

Name of School District to process) _____ Name of School/Campus (required _____

Signature of Parent/Guardian _____ Date _____

Email Address _____

Please select your Plan below:

	Without Deferred Dental		With Deferred Dental	
	Economy*	Premier*	Economy*	Premier*
Option A 24 Hour without HS Football	☐ $128.00	☐ $196.00	☐ $137.00	☐ $205.00
Option B At School without HS Football	☐ $64.00	☐ $94.00	☐ $73.00	☐ $103.00
Option C High School Football	☐ $189.00	☐ $291.00	☐ $198.00	☐ $300.00
Option C Spring High School Football	☐ $76.00	☐ $116.00	☐ $85.00	☐ $125.00
Company Use ONLY: **Check #:** _____ **Amt Rec'd:** _____	**Enclose check for total amount payable to:** ***Health Special Risk*** TOTAL All Selections HERE: _____			

* There is a $1.00 administration fee due with each paper enrollment form submission.

Once completed, mail this form to:

Health Special Risk, Inc.
P.O. Box 674239 Dallas, TX 75267-4239

For more information or assistance regarding all Student Insurance, contact our Customer Service Department at **866-243-7885.**

IF YOU WISH TO PAY WITH MASTERCARD OR VISA: Go to www.K12StudentInsurance.com**

*****A 5% administrative charge will be added for Credit Card Orders***

FACTS ABOUT THE POLICY 1. POLICIES ARE ONE YEAR RENEWABLE TERM. 2. 30 DAY RIGHT TO EXAMINE POLICY: If you are not satisfied with this Policy for any reason, return it to us within 30 days after you receive it. Any premium paid will be refunded. The Policy will be void from the beginning. It will be as if no Policy was issued. 3. THIS IS A LIMITED, ACCIDENT ONLY POLICY. Benefits are provided for loss due to a covered Injury up to the Maximum Benefit for each Injury. 4. STUDENT TRANSFER: An Insured may transfer to any school and still be covered, subject to the Policy provisions, exclusions and limitations. 5. INITIAL ENROLLMENT: Coverage is effective on the later of: 1) the Policy Effective Date; or 2) 12:01 a.m. on the day after premium and an application are received in the home office of the Company. 6. NO LATE ENROLLMENT: An individual may enroll anytime during the school year. Coverage is renewable annually. 7. YOUR RECEIPT OF PAYMENT is your cancelled check, credit card billing, or money order stub. 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. **Coverage underwritten by: Starr Indemnity & Liability, Dallas, TX**

HSR
Health Special Risk, Inc.

STARR COMPANIES
GLOBAL INSURANCE & INVESTMENTS

2016-2017
TEXAS
K-12 INSURANCE
VOLUNTARY RATE SCHEDULES

Coverage Underwritten by: Starr Indemnity and Liability Company, Dallas, TX

OPTION A: 24-HOUR COVERAGE

Provides coverage for injuries incurred 24-Hours a day, 365 days a year (except injuries incurred while participating in High School Football events/activities).

	PREMIER VOLUNTARY	ECONOMY VOLUNTARY
With Extended Dental	$175.00 Per Student	$117.00 Per Student
Without Extended Dental	$167.00 Per Student	$109.00 Per Student

OPTION B: AT SCHOOL COVERAGE

Provides coverage for injuries incurred at school, during school sponsored and supervised activities (except injuries incurred while participating in High School Football events/activities).

	PREMIER VOLUNTARY	ECONOMY VOLUNTARY
With Extended Dental	$88.00 Per Student	$62.00 Per Student
Without Extended Dental	$80.00 Per Student	$54.00 Per Student

OPTION C: FOOTBALL COVERAGE

Provides coverage for injuries incurred while participating in sponsored and supervised practice or play for High School Football events

Note: Any 9th grade student that plays with the High School Football Team (grades 10-12) must purchase Football coverage.

	PREMIER VOLUNTARY	ECONOMY VOLUNTARY
With Extended Dental	$255.00 Per Student	$169.00 Per Student
Without Extended Dental	$247.00 Per Student	$161.00 Per Student
Spring Football With Extended Dental	$107.00 Per Student	$73.00 Per Student
Spring Football Without Extended Dental	$99.00 Per Student	$65.00 Per Student

Extended Dental Coverage must be purchased in conjunction with a 24-Hour, At School or Football program, it cannot be purchased as a stand alone coverage.

2016-2017 TEXAS K-12 VOLUNTARY PLANS
SCHEDULE OF BENEFITS

Coverage underwritten by Starr Indemnity & Liability Company, Dallas, TX

Coverage is provided for loss due to a covered injury up to a maximum per injury benefit amount of $25,000 ($5,000 for Motor Vehicle Injuries). Treatment of covered injuries must begin within 60 days of the accident date. Only eligible expenses incurred within 52 weeks from the date of the accident are covered. The maximum benefit amount per service/treatment is as shown below. Benefits will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers' compensation.

INPATIENT:	**PREMIER VOLUNTARY PLAN**	**ECONOMY VOLUNTARY PLAN**
Room & Board	Semi-Private Room Rate	Semi-Private Room Rate
Intensive Care	1.5 times the Semi-Private Room Rate	1.5 times the Semi-Private Room Rate
Hospital Miscellaneous	Up to $250 per day, to a maximum of $5,000	Up to $250 per day, to a maximum of $4,000
Registered Nurse	Up to $400 per injury	Up to $400 per injury
Physician's Nonsurgical Visits	Up to $40 per visit	Up to $20 per visit
(Benefits are limited to one visit per day and do not apply when related to surgery)		
Orthopedic Braces and Appliances	Included in Hospital Miscellaneous Benefit	Included in Hospital Miscellaneous Benefit
OUTPATIENT:		
Hospital Outpatient Surgery – Facility Charge	Up to $1,250 per injury	Up to $750 per injury
Physician's Nonsurgical Visits	Up to $40 per visit	Up to $20 per visit
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)		
Physiotherapy	Up to $20 per visit, to a $100 maximum (Benefits are limited to one visit per day)	Up to $20 per visit, to a $40 maximum (Benefits are limited to one visit per day)
Emergency Room	Up to $150 per injury	Up to $75 per injury
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)		
Physician Emergency Room	Up to $60/injury	Up to $40/injury
X-Ray Services (includes charges for reading)	Up to $200 per injury	Up to $100 per injury
Cat Scan/MRI Services (includes charges for reading)	Up to $500 per injury	Up to $250 per injury
Laboratory	Up to $50 per injury	Up to $25 per injury
Injections	Up to $25 per injury	Up to $25 per injury
Prescription Drugs	100% of Allowable Expense	100% of Allowable Expense
Orthopedic Braces and Appliances	Up to $300 per injury (When prescribed by a physician for healing)	Up to $300 per injury (When prescribed by a physician for healing)
Durable Medical Equipment (Post Surgical Only)	Up to $150 per injury	Up to $150 per injury
INPATIENT AND/OR OUTPATIENT:		
Surgeon's Fees	75% of Allowable Expense up to a $3,750 maximum (Limited to the primary procedure per surgery)	75% of Allowable Expense up to a $3,500 maximum (Limited to the primary procedure per surgery)
Anesthetist/Assistant Surgeon	25% of surgeon's allowance	25% of surgeon's allowance
Ambulance	100% of Allowable Expense, first trip to the hospital	First trip to the hospital up to a $100 maximum
Treatment of Heat Exhaustion	100% of Allowable Expense	100% of Allowable Expense
Dental	Up to $250 per tooth (Benefits are paid on sound natural teeth only)	Up to $150 per tooth (Benefits are paid on sound natural teeth only)
Replacement of Eyeglasses, Contact Lenses & Hearing Aids	100% of Allowable Expense for replacement if broken due to injury	100% of Allowable Expense for replacement if broken due to injury
Extended Dental Coverage	This is supplemental coverage for expenses resulting from covered accidental injuries. The dental benefits provided are: (a) 100% of Allowable Expense for examinations, X-Rays, endodontics and oral surgery to a maximum of $10,000 and (b) dental expenses toward the cost of bridges, dentures or replacement of previous dental repairs to a maximum of $250. No coverage is provided for orthodontics (braces) for any reason or damage or loss thereof.	

This document provides only a brief description of the coverage provided. The policy contains full details of the coverage including definitions, limitations and exclusions. In the event of a conflict between the policy and this document, the policy shall be the governing document.