

**K & K
INSURANCE**

**Kentucky Student Accident Plan #4
Middle Option**

Eligible Persons Are: Means any person who is a registered student, teacher, and/or coach of the policyholder.

Covered Activities: This policy covers each Eligible Person during the policy period while he or she is: a) participating in school related activities; 1) Sponsored by the Plan Sponsor; and 2) on the premises designated and supervised by the Policyholder; or b) traveling with a group in connection with the activities under the direct supervision of the Policyholder c) while participating as a member of a team in intramural, club or interscholastic competitive sports activities sponsored and supervised by the Policyholder.

ACCIDENT MEDICAL EXPENSE BENEFIT	CLASS 1
Maximum Benefit Amount:	\$25,000 per Insured per Injury
Deductible:	\$0 per Insured per Injury
Benefit Percentage:	100% of R & C
Loss Period:	26 weeks
Benefit Period:	2 year

SCHEDULE OF BENEFITS

The Policy provides benefits for loss due to a covered injury up to the Maximum Benefit of \$25,000 for each injury. Provided that the treatment begins within 60 days from the date of the injury, benefits will be payable for the covered Medical Expenses incurred within two years from the date of the injury up to the maximum benefit per service as scheduled below. Covered Expenses means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay. Benefits are subject to all applicable conditions, exclusions and limitations and any deductible and coinsurance provisions shown. Benefits are limited to the amounts shown for specific services or supplies.

Note: This Benefit is subject to the Exclusions and other provisions of the Policy. In addition, the following limitations apply. Benefits for Covered Expenses shown below are subject to the Maximum Benefit Amount, Benefit Percentage, Loss Period, and Benefit Period shown above, unless otherwise specified. Benefits sub-limits shown below are per Insured Person per Injury, unless otherwise specified.

Covered Expenses	Benefit Sub-Limits
Inpatient Hospital Services	
Hospital Miscellaneous Expense: (including general nursing care and pre-admission testing performed within 3 working days prior to admission)	Maximum \$5,000
Outpatient Hospital Services	
Hospital Miscellaneous Expenses:	Maximum \$1,000
Day Surgery Miscellaneous: (including supplies, drugs and services in connection with scheduled outpatient day surgery)	Maximum \$5,000
Combined X-Ray and Diagnostic Imaging Services:	Maximum \$500
Orthopedic Braces and Appliances:	Maximum \$500
Physical Therapy:	Maximum \$40 for each visit, Maximum of \$400
Prescription Drugs:	Maximum \$100 per injury
Dental Services:	Maximum \$500 per tooth

R & C = Reasonable Charges

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ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT	CLASS ALL
Aggregate Limit of Liability:	\$500,000
Accidental Death Principal Sum:	\$10,000
Specific Loss Principal Sum:	\$10,000

See the Specific Loss Benefit Provision in the Policy for any applicable benefit reduction in the Principal Sum.

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. The policy contains an Excess Provision for mandatory coverage. No benefits are payable for expense incurred that is paid or payable by other valid and collectable insurance. The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 75th percentile of Ingerdx schedules. The insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.