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. The Plan has a $250 deductible.
  $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 1-800-366-8354.

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.

Policy Form SA-IND-11-12-TX

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:	At-School/24 Hour Plans - $0.00	Varsity Football Plan - $250.00

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 1st 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.

STUDENT ACCIDENT CLAIM FORM

SUBMIT CLAIM FORM TO: **Fidelity Security Life Insurance Company**
c/o Universal Fidelity Life Insurance Company
P.O. Box 304
Duncan, OK 73534-0304
Phone: **(800) 366-8354** Fax: **(580) 252-3449**

Section 1 - Notice of Injury **(To be completed by School Official)**

Name of School District:

Name of School: School Phone No:

Name of Injured Student: ☐ Male ☐ Female Grade:

Date of Injury: Time of Injury: ☐ AM ☐ PM

Part of Body Injured: ☐ Right Side ☐ Left Side

Under whose supervision?

Was accident witnessed? ☐ Yes ☐ No If "Yes", by whom?

The accident happened while the student was participating in:
☐ Interscholastic UIL Activity ☐ Non Interscholastic UIL Activity

Specifiy Sport or Activity: _____

Explain in detail how and where the injury occurred: _____

_____

_____

_____

Signature of School Official: _____
(Title) (Date)

******** SEE REVERSE SIDE FOR IMPORTANT CLAIM FILING INSTRUCTIONS ********

Section 2 - Parent/Guardian Statement **(To be completed by Parent/Guardian)**

Name of Student: Date of Birth: Home Phone No:

Is student covered by any insurance plan? ☐ Yes ☐ No If yes, Policy No.

Parent/Guardian Name: Relationship to Student:

Address: _____
(Street) (City) (State) (Zip)

Father's Name: Father's Employer:

Name of Father's Insurance Company (must be completed - If Father has no insurance - write "None") **Does this Policy insure the Student?**

Insurance Company: Yes_____ No_____

Mother's Name: Mother's Employer:

Name of Mother's Insurance Company (must be completed - If Mother has no insurance - write "None") **Does this Policy insure the Student?**

Name of Insurance Company: Yes_____ No_____

I hereby authorize any insurance company, their authorized agent, hospital, physician, employer, school official or other person who has attended or examined the claimant to disclose when requested to do so all information with respect to any injury, policy coverage, medical history, consultations, prescription or treatment, and copies of all hospital or medical records, and itemized bills. A photo static copy of this authorization shall be considered as effective and valid as the original. I swear that the above information is true and correct to the best of my knowledge. **I further understand that any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**

_____ _____ _____
(Date) (Print Name of Student) (Signature of Parent/Guardian)

Form CLM-2 (13)

ATTENTION PARENTS

Dear Parents,

Below are instructions for filing the Claim Form. Should you have any questions, contact a district representative (athletic director, athletic trainer, coach, etc) or call the number listed below. The district is **NOT** responsible for medical payments for your child. The district may have purchased a supplemental Accident Only Policy, not sickness and illness, which has limits of how much it will and will not pay. If you have insurance for your child, the district policy will pay after your insurance to help reduce service charges remaining for covered benefits. If you have no other insurance for your child, this policy may pay first or primary. The district policy is a limited accident only benefit policy and it may not cover all medical bills for your child. Any charges not paid by insurance are **YOUR RESPONSIBILITY.**

For all school-related accidents, be sure to contact a district representative (athletic trainer, coach or administrator).

IMPORTANT INSURANCE TIPS

Regardless of whether you have personal insurance or not:

- treatment by a licensed doctor must occur within 90 days from the date of the injury.
- filing of a fully completed and signed claim form by the district and parent/guardian must occur within 90 days from the date of the injury (parent/guardian should submit form to claims administrator).
- filing of all bills for provider services must occur within 90 days from the date of service. It is the parent/guardian's responsibility to follow-up with each provider to make certain bills are submitted on time.

INSTRUCTIONS FOR FILING THE CLAIM FORM

- A completed and signed district claim form (by the parent/guardian and District official) must be sent to:

Fidelity Security Life Insurance Company
c/o Universal Fidelity Life Insurance Company
P.O. Box 304
Duncan, OK 73534-0304
Phone: (800) 366-8354 Fax: (580) 252-3449

Claim Form may be scanned and sent electronically to **SAclaims@uflic.com** to expedite payment of the claim as bills are submitted. Be sure to indicate on all information submitted to the claim administrator: 1) the name of school district, 2) the name of the school, 3) the name of the injured student, and 4) the date of the accident. **DO NOT RELY** on the provider or facility to submit the Claim Form.

- If you have personal insurance, then you must comply with the provisions of your primary insurance.
  - File all bills with your primary insurance first.
  - Submit copies of all primary Explanation of Benefits (EOBs) to the claim administrator as you receive them.
  - Leave a **copy** of a completed district claim form with each provider.
  - Request each provider to submit copies of all UB92 or HCFA 1500 forms for their services to the district claim administrator (address indicated on claim form).

- If you have no personal insurance, then
  - Leave a **copy** of a completed district claim form with each provider.
  - Request each provider to submit copies of all UB92 or HCFA 1500 forms for their services to the district claim administrator (address indicated on claim form). Parent/guardian must follow-up with each provider to make certain bills are submitted on time.

Texas Kids First has unique access to one of the most creative innovations in the insurance industry – the Texas Kids First Provider Network (TKF Network)* – a "no balance bill" network of providers in the State. The network consists of medical professionals and hospitals that have agreed to treat injured students from our insured districts for the services paid and outlined in the Schedule of Benefits of the Texas Kids First Student Accident Plans when the student patient has no other insurance.

Districts that purchase accident insurance with Texas Kids First obtain access to the Provider Directory on our website, www.texaskidsfirst.com . A District representative should contact providers in your area to verify full assignment acceptance prior to making an appointment.

*The TKF Network is made available by Texas Kids First and is not affiliated with Fidelity Security Life Insurance Company.

FRAUDULENT CLAIM DISCLOSURE

Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.