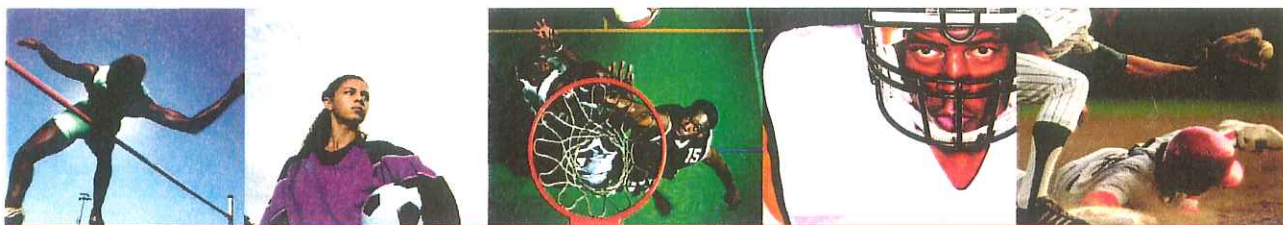


Texas Kids First



- Covers UIL Sports & Activities including Vocational classes, FFA, and more...
- **Plans endorsed by Texas State Athletic Trainers Association**
- Internet-based management systems
- Network of Medical Providers that take policy benefits on Full Assignment



2010-2011 Student Accident Insurance Plans

Underwritten by:
Fidelity Security Life Insurance Company
3130 Broadway
Kansas City, MO 64111-2406

Website: www.texaskidsfirst.com

Marketed by:
Jerry Hutchins
Legend Insurance Agency, L.L.C.
2524 Lillian Miller Parkway, #115
Denton, TX 76210
Phone: 940-566-2063 Fax: 940-566-0985
Toll Free: 800-388-5620
Email: jhutchins@legendtx.com

Administered by:
Universal Fidelity Life Insurance Company
P.O. Box 304
Duncan, OK 73534-0304
Phone: 800-366-8354

PROGRAM SUMMARY

All descriptions below are subject to the terms and conditions of the Policy

BLANKET PROGRAMS

- Premium paid by the school district
- Benefits are provided on an excess basis
- Choice of Schedule of Benefits – Lone Star, Lone Star Advantage and Lone Star Custom
- 52 Week Benefit Period from the Date of Injury
- 90-day Initial Treatment Period from the Date of Injury

PLAN OPTIONS

- All School Activities and Athletics (with or without Interscholastic Football)
- All School Activities excluding Athletics
- All Interscholastic Athletics and Activities (with or without Interscholastic Football)
- All Interscholastic Athletics (with or without Interscholastic Football)

Coverage pays the applicable benefit, subject to the deductible and coinsurance percentage (if any), that are in excess of Covered Charges payable by any Other Valid and Collectible Insurance or Plan, including ERISA or self-funded group. Subject to premium adjustments, plan options can include or exclude Interscholastic Football, athletics, and activities.

ALL SCHOOL COVERAGE

Each Insured will be covered for Injury which occurs while the Insured is:

- on the School premises if participating in or attending any School-Sponsored Activity;
- away from the School premises if participating in or attending any School-Sponsored Activity;
- traveling directly, uninterrupted and under the direct supervision of a qualified adult School authority to or from a School-Sponsored Activity in a designated vehicle furnished by the School; or when traveling by other than a designated vehicle provided by the School, covered travel time shall not exceed one hour each way. This includes traveling to and from the Insured's home, School, or a School-Sponsored Activity. The covered travel time includes the period before the Insured's required attendance time and the period after the Insured's dismissal or when He competes.

ALL INTERSCHOLASTIC COVERAGE

Coverage does not cover normal classroom activities, intramural activities or Physical Education classes and is restricted to Interscholastic Athletics and Activities as defined and sanctioned by the state interscholastic governing body. Benefits will be paid for Injuries sustained by an Insured while actually engaged, as an official representative of the Policyholder, in the play or practice of Interscholastic Athletics and Activities under the supervision of a regularly employed coach or trainer of the Policyholder. Coverage includes weightlifting, off-season conditioning, and other activities as defined in the Policy.

ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT BENEFIT

If, within 180 days from the date of an accident covered by the Policy, Injury from such accident results in one of the specific Losses listed: Loss of Life \$20,000; Loss of both Hands or both Feet or sight of both Eyes \$20,000; Loss of One Hand and One Foot \$10,000; Loss of One Hand or One Foot and Entire Sight of One Eye \$10,000; Loss of One Hand or One Foot or the Sight of One Eye \$5,000; Loss of Thumb and Index Finger of Same Hand \$500. The Insured may request the Benefit Amount for such Loss in lieu of payment under the "Medical Expense Benefits" provision of the Policy.

SCHEDULE OF BENEFITS FOR BLANKET PLANS

*Maximums per Plan are for each Injury.

	Lone Star Custom	Lone Star Advantage	Lone Star
Athletics/Activities Coverage Also Includes Day Field Trip Coverage Vocational Coverage	\$25,000	\$25,000	\$25,000
Motor Vehicle Injury	\$5,000	\$5,000	\$5,000

INPATIENT

Room and Board	Usual & Customary	Semi-Private room rate	Semi-Private room rate
Intensive Care (in lieu of R&B)	Usual & Customary	Semi-Private room rate	Semi-Private room rate
Hospital Miscellaneous	Usual & Customary	U&C up to \$750 1st day;\$250 per day thereafter/ \$5,000 maximum	U&C up to \$250 per day/ \$5,000 maximum
Registered Nurse	Usual & Customary	Usual & Customary	Usual & Customary
Physician Visits	Usual & Customary/5 days maximum	U&C up to \$40 per day	U&C up to \$40 per day
Family Travel (outside a 100 mile radius from home)	After 5 continuous days of inpatient hospital stay, \$150 per day for each continuous day thereafter/5 days max	After 5 continuous days of inpatient hospital stay, \$150 per day for each continuous day thereafter/5 days max	After 5 continuous days of inpatient hospital stay, \$150 per day for each continuous day thereafter/5 days max

OUTPATIENT

Ambulatory Surgical Center (facility charge)	Usual & Customary Charges up to \$3,500	Usual & Customary Charges up to \$1,750	Usual & Customary Charges up to \$1,500
Doctor Visits	Usual & Customary Charges/ 5 days maximum	Usual & Customary Charges up to \$40 per day	Usual & Customary Charges up to \$40 per day
Physiotherapy (limited to 1 visit per day)	\$50 per visit up to 20 visits total	\$50 1st visit; \$25 per visit thereafter up to 10 visits total	\$50 1st visit; \$25 per visit thereafter up to 8 visits total
Medical Emergency (for use of emergency room facility and services within 72 hours of Injury)	Usual & Customary Charges up to \$475	Usual & Customary Charges up to \$225	Usual & Customary Charges up to \$175
Medical Emergency Doctor	Usual & Customary Charges up to \$150	Usual & Customary Charges up to \$100	Usual & Customary up to \$50 maximum
Diagnostic X-ray	Usual & Customary Charges up to \$300 and \$50 for reading	Usual & Customary Charges up to \$225 and \$50 for reading	Usual & Customary Charges up to \$200 and \$50 for reading
CAT Scan/MRI/Bone Scan	Usual & Customary Charges up to \$1,100 and \$50 for reading	Usual & Customary Charges up to \$750 and \$50 for reading	Usual & Customary Charges up to \$500 and \$50 for reading
Laboratory Procedures	Usual & Customary Charges	Usual & Customary Charges up to \$100	Usual & Customary Charges up to \$50

OTHER (INPATIENT and/ or OUTPATIENT)

Surgeon (limited to primary procedure including removal of surgical implanted pins within 2 years of Injury)	Usual & Customary Charges up to \$5,000	90% of Usual & Customary Charges up to \$4,500	75% of Usual & Customary Charges up to \$3,500
Anesthetist	25% of surgeon benefit	25% of surgeon benefit	25% of surgeon benefit
Assistant Surgeon	25% of surgeon benefit	25% of surgeon benefit	25% of surgeon benefit
Ambulance (first trip to Hospital only)	Usual & Customary Charges	Usual & Customary Charges	Usual and Customary Charges
Dental Treatment (benefits paid on Injury to Sound, Natural Teeth only)	Usual & Customary Charges up to \$10,000	Usual & Customary Charges up to \$10,000	Usual & Customary Charges up to \$5,000
Orthopedic Braces & Appliances	Inpatient up to \$1,000/ Outpatient up to \$500	Usual & Customary Charges up to \$500	Usual & Customary Charges up to \$500
Post Surgical Durable Medical Equipment	Usual & Customary Charges up to \$300	Usual & Customary up to \$200 maximum	Usual & Customary up to \$175 maximum
Eyeglasses, Contact Lenses and Hearing Aid Replacement (as a result of a covered Injury only)	Usual & Customary Charges	Usual & Customary Charges	Usual & Customary Charges
Prescription Drugs	Usual & Customary Charges	Usual & Customary Charges	Usual & Customary Charges

*Usual and Customary Charges are based on data provided by Captiva, Inc. using the 75th percentile.

This is a brief illustration of 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.

The Policy is a one-year non-renewable term policy. This is not a Policy of Workers' Compensation Insurance.

POLICY EXCLUSIONS AND LIMITATIONS

FOR ALL BLANKET ACCIDENT 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; hernia, regardless of how caused; illness or disease in any form.
- 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).
- Nuclear reactions or radiation contamination; war, declared or undeclared; 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.
- 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.
- Routine physical examinations and routine testing, preventive testing or treatment, screening exams or testing in the absence of Injury.
- 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, bobsledding, or ballooning.
- Suicide or attempt thereat, 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 Interscholastic Football during the months of August through December unless such coverage is specifically added by rider.

HOW TO FILE A CLAIM

The claim form must be submitted within 90 days from the date of Injury regardless of whether the Insured has other insurance or not.

Step 1 - File a claim with primary insurance first. Copies of all bills are to be submitted to the primary insurance first. Primary insurance is the Insured's family and/or group insurance coverage. **The district's Policy is supplemental to all other valid coverage.**

Step 2 – After receiving payment or copies of Explanation of Benefits (EOB) from the primary insurance, the claim form is to be completed and submitted to the claims office at the address indicated below or sent electronically to SAclaims@uflic.com. The Insured should keep a copy of the claim form for their records. **The provider or facility is not to be relied upon to submit the claim form.** Itemized bills are original bills the Insured receives, not monthly statements. Itemized bills are often called UB92 or HCFA1500 forms that provide the procedure code, diagnosis code, and the provider's address and Tax ID Number.

Submit claims to:

Fidelity Security Life Insurance Company
P.O. Box 304
Duncan, OK 73534-0304
(800) 366-8354

Texas Kids First has unique access to one of the most creative innovations in the insurance industry – the Texas Kids First Provider Network* – the first “no balance bill” non-profit 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.

Please refer to the website www.texaskidsfirst.com or call 1-800-366-8354 for a list of contracted providers in your area and to verify full assignment acceptance.

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