

Voluntary Student Accident Insurance Plans

To Enroll Visit www.specialtyriskunderwriters.com

Three steps to enroll: 1) Click on K12 Voluntary Enrollment 2) Set up your account 3) Find District and purchase
Need Help Enrolling - call 855-237-5280

This 24 Hour Accident Insurance Plan provides coverage 24 hours, 7 days a week with Benefits payable for up to 12 months from the injury date. Includes school sponsored and supervised activities and sports. EXCLUDES senior high school interscholastic football grades 10, 11, 12. Includes travel to and from school sponsored and supervised activities only in a vehicle furnished by the school district.

24 Hour Plan Schedule of Benefits	Standard Plan \$85.00	Economy Plan \$55.00	Budget Plan \$39.00
Excess Medical Benefit Maximum	\$25,000 per Injury	\$25,000 per Injury	\$25,000 per Injury
Deductible	\$0	\$0	\$0
Coverage Type	Full Excess	Full Excess	Full Excess
Benefit Period	1 Year	1 Year	1 Year
Loss Period	60 days	60 days	60 days
<i>Inpatient Benefits</i>			
Room & Board:	100% U&C	100% U&C	\$200 per day
Intensive Care:	100% U&C	100% U&C	\$400 per day
Hospital Miscellaneous:	\$1,200 per day	\$900 per day	\$500 per day
Surgery:	80% U&C / \$3,000 Max.	80% U&C / \$2,500 Max.	80% U&C / \$1,000 Max.
Assistant Surgeon:	25% of Surgery Benefit Paid	25% of Surgery Benefit Paid	25% of Surgery Benefit Paid
Anesthetist:	25% of Surgery Benefit Paid	25% of Surgery Benefit Paid	25% of Surgery Benefit Paid
Registered Nurse:	100% U&C	100% U&C	80% U&C
Physician's Visits:	\$50 per day	\$40 per day	\$25 per day
<i>Outpatient Benefits</i>			
Surgery:	80% U&C/\$3,000 Maximum	80% U&C/\$2,000	80% U&C / \$1,000 Maximum
Day Surgery Miscellaneous:	\$3,000 Maximum	\$2,000 Maximum	\$750 Maximum
Assistant Surgeon:	25% of Surgery Benefit Paid	25% of Surgery Benefit Paid	25% of Surgery Benefit Paid
Anesthetist:	25% of Surgery	25% of Surgery	25% of Surgery
Outpatient Misc. Benefit:	\$1,200 Maximum	\$1,100 Maximum	\$400 Maximum
Physician's Visits:	\$50 per day	\$40 per day	\$25 per day
Physiotherapy:	\$50 per day/\$800Maximum	\$40 per day \$600	\$25 per visit 10 visit Maximum
Medical Emergency:	\$300 Maximum	\$200 Maximum	\$100 Maximum
X-Rays:	\$800 Maximum	\$600 Maximum	\$300 Maximum
Laboratory:	\$500 Maximum	\$300 Maximum	\$100 Maximum
Prescription Drugs:	\$300 Maximum	\$200 Maximum	\$75 Maximum
<i>Other Benefits</i>			
Ambulance:	\$1,000 Maximum	\$800 Maximum	\$300 Maximum
Durable Medical Equipment:	\$500 Maximum	\$400 Maximum	\$100 Maximum
Dental:	\$1,500 Maximum	\$1,000 Maximum	\$500 Maximum
Accidental Death & Dismemberment:	\$20,000	\$20,000	\$10,000
Eye Glass, Contact, Hearing Aids	\$400 Maximum	\$300 Maximum	\$200 Maximum

● Coverage is excess of any other collectible insurance plan. Primary if no plan exists. ● Policy contains terms, conditions and exclusions. For a copy of your schools policy contact your school. ● 24 Hour coverage begins on the date of premium receipt but not before the start of the school year activities and ends when school reopens for the following fall term. This is not health insurance and does not pay sickness or wellness benefits.