



# LAUREL COUNTY SCHOOLS

Doug Bennett, Ed.D., Superintendent  
Denise M. Griebel, Deputy Superintendent

The Laurel County School District provides basic/low option student/athletic insurance through K & K Insurance Company for all students while participating in school sponsored activities. This plan **DOES NOT** provide 100% coverage and is secondary to the student's personal insurance policy as provided by the parent/guardian. Please see attachment labeled: Kentucky Student Accident Plan #5 in regards to Schedule of Benefits.

Parents have the option for the 2015-2016 school year to purchase additional K & K Insurance via online enrollment. Please see the attachment labeled K-12 Student Accident Insurance Enroll Online. This additional coverage would provide insurance for a child 24 hours and day and 7 days a week, not just for school sponsored activities. If you have any questions, please call the Laurel County Schools Central Office at (606) 862-4600.

Laurel County Board of Education  
718 North Main Street, London, Kentucky 40741  
Telephone: (606) 862-4600 Fax: (606) 862-4601 Website: [www.laurel.k12.ky.us](http://www.laurel.k12.ky.us)

#### BOARD MEMBERS

Ed Jones • Jeff Lewis • Joe Schenkenfelder • Tommy Smith • Charles "Bud" Stuber

# K-12 Student Accident Insurance **Enroll Online**



[www.studentinsurance-kk.com](http://www.studentinsurance-kk.com)

Protect your child with student accident insurance. If you don't have other insurance, this student accident insurance is vital. If you have other insurance, student accident insurance can help with deductibles and copays.

## **K-12 Accident Plans available through your school:**

- *At-School Accident Only*
- *24-Hour Accident Only*
- *Extended Dental*
- *Football*

## **How to Enroll Online**

Enrolling online is easy and should take only a few minutes.

Go to [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com) and click the "Enroll Now" button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

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Proteja a su hijo con el seguro de accidentes para estudiantes. Si usted no tiene otro seguro, este seguro de accidentes para estudiantes es fundamental. Si tiene otro seguro, el seguro de accidentes para estudiantes puede ayudarle a pagar los deducibles y copagos.

## **Planes de accidentes para K-12 disponibles a través de su escuela:**

- *Sólo accidentes en la escuela*
- *Solo accidentes, 24 horas*
- *Dental extendido*
- *Fútbol*

## **Cómo inscribirse en línea**

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos.

Visite [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com) y haga clic en el botón "Enroll Now" ("Inscribirse ahora").

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles, incluso costos, beneficios, exclusiones, y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.

# Kentucky Student Accident Plan #5

## Basic 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 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, Deductible, 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
<b><i>Inpatient Hospital Services</i></b>	
Room & Board – Semi-Private or Private:	Maximum \$150 per day
Hospital Miscellaneous Expense: <i>(including general nursing care and pre-admission testing performed within 3 working days prior to admission)</i>	Maximum \$600 per day
Registered Nurse Services: <i>(private duty nursing care when ordered by a licensed Physician)</i>	75% of R&C
Emergency Room Services: <i>(including use of the emergency room and supplies)</i>	Maximum \$150 if rendered within 72 hours of Injury
<b><i>Physician Services</i></b>	
Physician Non-Surgical Services:	Maximum \$40 for the first visit, and \$25 for each subsequent visit, limited to one visit per day
Physician Surgical Services, Inpatient or Outpatient:	Maximum \$1,000 (limited to primary procedure per surgery)
Consultant Physician, when requested and approved by the attending Physician:	Maximum \$200
Assistant Surgeon:	20% of Physician Surgical Maximum
Anesthetist Services: <i>(not including supervision of an anesthetist)</i>	20% of Physician Surgical Maximum
Day Surgery Miscellaneous: <i>(including supplies, drugs and services in connection with scheduled outpatient day surgery)</i>	Maximum \$1,000

X-Ray Services:	Maximum \$200 for Outpatient
Diagnostic Imaging Services:	Maximum \$300 for Outpatient
Laboratory Services:	Maximum \$50 for Outpatient
Combined Ground and Air Ambulance Services:	Maximum \$300
Orthopedic Braces and Appliances:	Maximum \$75
Outpatient Physical Therapy:	Maximum \$30 for the first visit, and \$20 for each subsequent visit for a maximum of 5 visits, limited to one visit per day
Prescription Drugs:	Maximum \$75

**R&C** = Reasonable Charges

<b>ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT</b>	<b>Class ALL</b>
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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 collectible 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 Ingenix schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.**