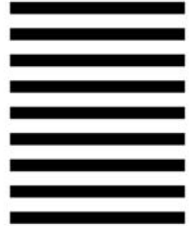




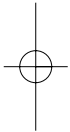
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POSTAGE WILL BE PAID BY ADDRESSEE

Health Special Risk, Inc
PO BOX 678328
DALLAS TX 75267-8328



Kids will be kids.

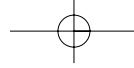


Enroll online in minutes at

k12StudentInsurance.com

Payment accepted
via credit card or eCheck.

UnitedHealthcare
A UnitedHealth Group Company



Policy Exclusions and Limitations For Accident Only Coverages

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:

- 1. 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.
2. Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore unless specifically provided for in the Schedule of Benefits.
3. Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered Injury.
4. Dental treatment, except for accidental Injury to Sound, Natural Teeth.
5. 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; fainting; hernia, regardless of how caused; illness or disease in any form.
6. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury.
7. The addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
8. Injury for which benefits are paid or payable by worker's compensation or employer's liability or occupational disease law.
9. Injury where the Covered Person 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).
10. 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.
11. Orthodontics (braces) for any reason or damage to or loss of orthodontics.
12. Play or practice of interscholastic high school football; except where a specific additional premium is paid.
13. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury.
14. Skiing, scuba diving, surfing, roller skating, riding in a rodeo.
15. Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding, or ballooning.
16. Suicide or attempt thereat, while sane or insane (including drug overdose); intentionally self-inflicted Injuries; fighting as an active participant.
17. Supplies, except as specifically provided in the policy.
18. While committing or attempting to commit an assault or felony, or to which a contributory cause was the Covered Persons being engaged in an illegal occupation.

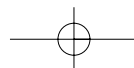
Extension of Benefits after Termination (Health Plan Coverage Only)

The coverage provided under the policy ceases on the Termination Date. However, if a Covered Person is Totally Disabled on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date. This Extension of Benefits will not apply if the coverage is replaced with a succeeding carrier providing substantially equivalent or greater benefits than those provided by this policy. Totally Disabled means confinement as a bed patient in a Hospital. The total payment made in respect of the Covered Person for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

Accidental Death And Dismemberment Benefits (Accident Only Coverages)

One amount, the greatest, may be payable at the Covered Person's option within 180 days from the date of accident in lieu of other benefits under the Policy.

Table with 2 columns: Benefit Description and Amount. Rows include Accidental Death (\$ 2,000), Accidental Loss of: Both Hands, Both Feet, or Sight of Both Eyes (\$10,000), One Hand and One Foot (\$10,000), One Hand or One Foot and Sight of One Eye (\$10,000), One Hand or One Foot or Sight of One Eye (\$ 5,000), and Entire Thumb and Index Finger of Either Hand (\$ 500).



Choose How To Enroll: Online at www.texas-monarch.com for fast, easy enrollment or:

- Complete and detach the enrollment form.
- Make check or money order payable to UnitedHealthcare **StudentResources**. **Do not send cash**. The Company is not responsible for cash payments.
- Write your child's name on your check or money order.
- Insert check, credit card information or money order in the attached envelope.
- Mail envelope to Health Special Risk, P.O. Box 678328, Dallas TX 75267-8328.
- Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
- Keep this brochure for future reference. Individual policies will not be sent to you.
- For Student Health Plan, no premium notices will be sent. Initial enrollment deadline is September 30th for Annual Premium Payment (Per Policy Year).

Facts About The Policy:

1. **STUDENT TRANSFER:** The policy continues in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.
2. **CANCELLATION:** Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
3. The Master Policy on file with the school district is a non-renewable one year term policy.
4. This is a limited benefit policy.
5. **INITIAL ENROLLMENT:** Coverage is effective the date correct application and premium are received by the Company.
6. **LATE ENROLLMENT:** There is no premium reduction for any individual who enrolls late in the year.
7. **STUDENT INJURY AND SICKNESS POLICY (Health Plan):** Coverage terminates on the earliest of: 1) the date the Master Policy terminates as held by the School District; or, 2) the last day of the period for which the appropriate premium has been paid.
8. Your cancelled check, credit card billing, or money order stub is your only receipt and notification of coverage.

Underwritten by: UnitedHealthcare Insurance Company

How To File A Claim:

NOTE: Medical treatment must be received from a qualified, licensed Physician within **90 days** from the date of accident.

1. Obtain a claim form quickly from our website, or from your school office, or call UnitedHealthcare **StudentResources** (866-409-5734). Answer all questions in detail and include signatures to avoid claim from being returned for incomplete information.
2. Attach all bills to the completed form and mail to the insurance company within 90 days of the accident or first treatment of sickness.
3. Any bills not filed with the claim form should be sent to the company identified with the student's name, school district, and date of accident. Bills that cannot be attached to the initial form must be submitted within 90 days of the date of service. Bills submitted after one year will not be considered for payment except on the absence of legal capacity.

Administered by:

Health Special Risk, Inc.
P.O. Box 117558 • Carrollton, TX 75011-7558
866-409-5734

Serviced by:

TEXAS MONARCH MANAGEMENT
1240 SW Oakley
Topeka, KS 66604
800-662-2778

DEFINITIONS:

Injury means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; and 4) sustained while the Covered Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity.

Pre-existing Condition means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 months immediately prior to the Covered Person's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Covered Person's Effective Date under the policy.

Sickness means sickness or disease of the Covered Person which causes loss, and originates while the Covered Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness.

Choose Your Coverage Plan:

One Time Payment For Accident Coverage

	With Extended Dental	Without Extended Dental
24-Hour Accident (Students & Employees)		
▪ Around-the-clock/anywhere in the world; until one year after the date the school year begins		
▪ Before, during and after school		
▪ Weekends, vacation and all summer including summer school		
▪ School sponsored and extracurricular sports excluding high school football		
Premier Option	\$ 172.00	\$164.00
Economy Option	\$ 115.00	\$ 107.00

At-School Accident (Students & Employees)

- During the regular school term, on school premises while school is in session
 - Direct and uninterrupted travel to and from home and scheduled classes
 - School sponsored and supervised sports excluding high school football
 - Travel to and from school sponsored and supervised sports while in a school furnished vehicle
- | | | |
|----------------|----------|----------|
| Premier Option | \$ 87.00 | \$ 79.00 |
| Economy Option | \$ 62.00 | \$ 54.00 |

Extended Dental (Accident Only)

- Supplemental coverage extended to students with At-School, 24-Hour or Football Coverage - Limited to Covered Person's policy effective dates and accident only coverage option selected
- Usual and customary expenses for examinations, x-rays, endodontics and oral surgery to a maximum of \$10,000
- Dental expenses toward cost of bridge, denture or replacement in kind of previous dental repairs with a maximum limit of \$250

Football (Grades 10-12 Accident Only)

- An additional premium is required for high school interscholastic football
- Play or practice of regularly scheduled high school football
- Any 9th grade student that plays with the senior high team must purchase senior high football coverage
- Consult your Athletic Department for enrollment instructions

Premier Option	\$ 251.00	\$ 243.00
Economy Option	\$ 166.00	\$ 158.00

Spring Only Rates (For new players who participate in spring training and not already insured under Football Coverage.)

Premier Option	\$ 105.00	\$ 97.00
Economy Option	\$ 71.00	\$ 63.00

Student Health Plan (Students ages 5-18 Only)

- \$147 per quarter, or *\$588 annual (Per Policy Year) *can not be purchased after September 30th.
- Covers sickness & accidents which happen anytime, 24-hours a day while your student is insured under this plan (excluding interscholastic sports).
- Benefits are payable according to the benefit schedule up to \$50,000 after the \$50 deductible has been met per policy year.

Student Insurance Card

Student's Name _____
If premium has been paid, the student whose name appears above has been insured under a Policy issued to:

School District: _____

Accident Only Coverage: 24-HOUR AT-SCHOOL
 FOOTBALL FOOTBALL (Spring Only) EXTENDED DENTAL

Health Plan Coverage: INJURY AND SICKNESS

Paid by Check # _____ Amount Paid: _____ Date Paid: _____

Underwritten by: UnitedHealthcare Insurance Company
 Claims Questions: Health Special Risk, Inc.
 P.O. Box 117558 • Carrollton, TX 75011-7558 • 866-409-5734

Review Your Benefits:

Any supply or service not specifically listed is not covered. Usual & Customary Charges (U&C) are based on the 75th percentile. **Maximum Benefits Paid As Specified Below**
STUDENT HEALTH PLAN ONLY COVERAGE: The Policy provides benefits for loss due to a covered Injury or Sickness up to the \$50,000 Maximum Benefit as specified below for each Injury or Sickness after the \$50 Deductible. **ACCIDENT ONLY COVERAGE:** The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that treatment by a qualified, licensed Physician begins within 90 days from the date of Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the Maximum Benefit per service as shown below.

Compare and Choose	Premier Option: Accident Only	Economy Option: Accident Only	Student Health Plan
MAXIMUM BENEFIT	\$25,000 (For each Injury)	\$25,000 (For each Injury)	\$50,000 (For each Injury or Sickness)
Deductible	\$0	\$0	\$50 (Per Policy Year)
INPATIENT			
Room & Board	Semi-private room rate	Semi-private room rate	\$950 aggregate maximum per day
Hospital Miscellaneous	\$250 per day / \$5,000 maximum	\$250 per day / \$4,000 maximum	Included under Room & Board
Registered Nurse	\$400 maximum	\$400 maximum	100% of U&C
Physician's Visit	\$40 per day	\$20 per day	\$50 first day / \$30 each subsequent day
(Benefits are limited to one visit per day and do not apply when related to surgery)			
Pre-Admission Testing	Paid under Hospital Miscellaneous	Paid under Hospital Miscellaneous	Paid under Room & Board / Hospital Miscellaneous
(Payable within 3 working days prior to admission)			
OUTPATIENT			
Day Surgery Miscellaneous	\$1,250 maximum	\$750 maximum	\$950 maximum
(Usual & Customary Charges are based on the Outpatient Surgical Facility Charge Index)			
Physician's Visits (Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	\$40 per day	\$20 per day	\$60 first day / \$40 each subsequent day / 5 days maximum (Office visits for physical exams are covered up to \$50 Per Policy Year)
Physiotherapy (Benefits are limited to one visit per day)	\$20 per day / \$100 maximum	\$20 per day / \$40 maximum	Paid under Physician's Visits
Medical Emergency	\$150 maximum	\$75 maximum	\$200 maximum
(Use of room and supplies; treatment must be rendered within 72 hours from the time of the Injury or first onset of Sickness)			
X-Rays	\$200 maximum	\$100 maximum	\$350 maximum
CAT Scan / MRI	\$500 maximum	\$250 maximum	\$350 maximum
Laboratory	\$50 maximum	\$25 maximum	\$200 maximum
Prescription Drugs	100% of U&C	100% of U&C	No Benefits
Injections	No Benefits	No Benefits	No Benefits
Orthopedic Braces & Appliances	\$300 maximum	\$300 maximum	\$100 maximum
(Durable Medical Equipment (Post Surgical Only) has a maximum of \$150)			
INPATIENT AND / OR OUTPATIENT			
Surgery	75% of U&C / \$3,750 maximum	75% of U&C / \$3,500 maximum	\$100 surgery coefficient / \$2,500 maximum
(Specified Surgery based on data provided by Ingenix, Inc) (No more than one procedure through the same incision will be paid)			
Anesthetist	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
Assistant Surgeon	25% of Surgery Allowance	25% of Surgery Allowance	No Benefits
Ambulance (First trip to hospital only)	100% of U&C	\$100 maximum	\$250 maximum
Consultant	No Benefits	No Benefits	No Benefits
Dental	\$250 per tooth	\$150 per tooth	\$200 per tooth
(Benefits are paid on Injury to sound, natural teeth only)			
Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury	100% of U&C	100% of U&C	No Benefits
Maternity	No Benefits	No Benefits	Paid as any other Sickness
Complication of Pregnancy	No Benefits	No Benefits	Paid as any other Sickness
Motor Vehicle Injury	Paid as any other Injury / \$5,000 maximum	Paid as any other Injury / \$5,000 maximum	No Benefits
Benefits are provided as mandated by the state of Texas for the Benefits for Telemedicine / Telehealth Services and Benefits following Brain Injury and also under the Student Health Plan for the Benefits for Temporomandibular and Craniomandibular Joint Dysfunction, Benefits for Mastectomy, Benefits for Reconstructive Surgery following Mastectomy, Benefits for Diabetes Treatment, Benefits for Off-Label Drug Use, Benefits for Prescription Contraceptive Drugs or Devices, Benefits for Maternity and Post Delivery Care, Benefits for Complications of Pregnancy, Benefits for Treatment of Craniofacial Abnormalities, Benefits for Phenylketonuria or Heritable Disease, Benefits for Osteoporosis, and Benefits for HPV and Cervical Cancer Screening. Details of these benefits may be found in the Master Policy on file at the School District. NOTE: This is a brief summary of the benefits and not a contract. A Master Policy has been provided to your school district that contains all of the provisions, limitations and exclusions and qualifications of the insurance benefits. The Master policy is the contract and will govern and control the payment of benefits.			



Protect your child with **Student Accident or Health Insurance**

Kids will be kids.

School is not a spectator sport. From hopping and skipping to blocking and tackling, our commitment to protecting kids starts as early as kindergarten.

That's why we're here!

Underwritten by:
UnitedHealthcare Insurance Company

Serviced by:
TEXAS MONARCH MANAGEMENT
1240 SW Oakley
Topeka, KS 66604
800-662-2778

Online Enrollment – Secured Accident & Health Plans

- Coverage can be purchased any time throughout the year. Remember to visit our website for faster enrollment.
- Checks, money orders, or credit cards accepted.

DO NOT SEND CASH

www.k12StudentInsurance.com

UnitedHealthcare®
A UnitedHealth Group Company

Policy Exclusions And Limitations For Health Plan Coverage

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:

1. Acne, acupuncture, allergy, including allergy testing.
2. 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.
3. Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore; treatment for visual or hearing defects and problems, except when due to a disease process.
4. Assistant Surgeon Fees.
5. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorders, conceptual handicap, developmental delay or disorder or mental retardation.
6. Congenital conditions, except as specifically provided in the Benefits for Temporomandibular and Craniomandibular Joint Dysfunction or Benefits for Reconstructive Surgery for Crainfacial Abnormalities.
7. Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered Injury.
8. Dental treatment, except for accidental Injury to Sound, Natural Teeth.
9. Elective Surgery or Elective Treatment; Elective abortion.
10. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury.
11. The addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
12. Injury or Sickness for which benefits are paid or payable by worker's compensation or employer's liability or occupational disease law.
13. Injury where the Covered Person 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).
14. Mental and Nervous Disorders.
15. 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.
16. Organ transplants, including organ donation.
17. Orthodontics (braces) for any reason or damage to or loss of orthodontics.
18. Play or practice of interscholastic sports.
19. Prescription Drugs and medicines not actually administered to the patient in a Hospital or office of a licensed Physician.
20. Pre-existing Conditions or aggravation of a Pre-existing Condition.
21. Routine newborn infant care, well-baby nursery and related Physician charges, except as specifically provided in the Benefits for Maternity and Postpartum Care.
22. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy.
23. Skiing, scuba diving, surfing, roller skating, riding in a rodeo.
24. Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding, or ballooning.
25. Suicide or attempt thereat, while sane or insane (including drug overdose); intentionally self-inflicted Injuries; fighting as an active participant.
26. Supplies, except as specifically provided in the policy.
27. While committing or attempting to commit an assault or felony, or to which a contributory cause was the Covered Persons being engaged in an illegal occupation.

Claims Questions:

Health Special Risk, Inc.

P.O. Box 117558 • Carrollton, TX 75011-7558

866-409-5734

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a detailed copy of our privacy practices by calling us toll-free at (866) 313-4512 or by visiting us at www.texas-monarch.com