

2014-2015 STUDENT ACCIDENT INSURANCE PLAN (the "Plan")

ALDINE ISD ("the Policyholder")

Insurance Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY ("the Company")

Claims Administrator: Educational Markets, Mail Center, P.O. Box 26008, Overland Park, KS 66225 Phone: 800-257-6250

Please keep this brochure as a general summary of the insurance. This is only a brief description of the accident coverage available under policy series C11695DBG-TX. The Policy contains additional reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage are contained in the Policy on file with the District/School (the "Policyholder"). If there is any conflict between the contents of this brochure and the Policy, the Policy shall govern in all cases. Insurance and services provided by member companies of American International Group, Inc. Coverage may not be available in all jurisdictions and is subject to actual policy language. For additional information, please visit our website at www.AIG.com.

Coverage under the referenced policy does not constitute comprehensive health insurance coverage (a/k/a/ "major medical insurance"). It therefore does not satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act.

SCHOOL TIME ACCIDENT COVERAGE

If coverage is elected and appropriate premium is received, this accident insurance plan provides coverage while the Insured is at school and also while the Insured is attending or participating in school sponsored and supervised activities on or off school premises (excluding senior high school interscholastic football).

Includes:

- Travel to and from school
- Summer activities
- Class trips

24-HOUR ACCIDENT COVERAGE

If coverage is elected and appropriate premium is received, this accident insurance plan provides coverage 24-hours per day while the Insured is at school and also while the Insured is attending or participating in school sponsored and supervised activities on or off school premises (excluding senior high school interscholastic football).

Includes:

- Weekends
- Vacation periods, including summer vacation
- Coverage at home and while away

If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to an overall maximum of \$25,000 per Insured for all Injuries caused by the same accident. The benefit is payable only for such charges incurred after the \$100 deductible has been met. Benefits are then payable for charges incurred within 104 weeks after the date of the accident causing the Injury.

BENEFIT SCHEDULE

ACCIDENT MEDICAL EXPENSE BENEFITS

Covered Accident Medical Service(s) means any of the following services:

PLAN A

INPATIENT HOSPITAL SERVICES

Hospital's most common charge for semi-private room and board (or room and board in an intensive care unit.)

70% of Usual & Customary

Hospital ancillary services (including, but not limited to, use of the operating room)

70% of Usual & Customary

OUTPATIENT SERVICES

Hospital emergency room or ambulatory medical center

70% of Usual & Customary not to exceed \$2,000

Laboratory tests

70% of Usual & Customary

Radiological procedures

70% of Usual & Customary

PHYSICIAN SERVICES (INPATIENT OR OUTPATIENT)

Services of a Physician (Physician means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an immediate family member; or 3) retained by the Policyholder.)

70% of Usual & Customary

Anesthetics and the administration of anesthetics

70% of Usual & Customary

Physical therapy

70% of Usual & Customary except that an office visit connected with any such service is payable up to \$50 per visit up to a maximum of 5 visits

Occupational therapy

70% of Usual & Customary except that an office visit connected with any such service is payable up to \$50 per visit up to a maximum of 5 visits

ADDITIONAL SERVICES

Private duty nursing by a registered nurse (R.N.) or licensed practical nurse (LPN))

70% of Usual & Customary

Ambulance service to or from a hospital

70% of Usual & Customary not to exceed \$800

Blood, blood products and artificial blood products and the transfusion thereof

70% of Usual & Customary

Rental of durable medical equipment

70% of Usual & Customary

Artificial limbs, artificial eyes or other prosthetic appliances

70% of Usual & Customary

Medicines or drugs administered by a physician or that can be obtained only with a physician's written prescription

70% of Usual & Customary

Dental treatment (repair or replacement of sound natural teeth damaged or lost as a result of Injury)

70% of Usual & Customary not to exceed \$500

Deferred dental treatment benefits

100% of Usual & Customary up to \$600 for required dental treatment that must be postponed due to the physiological changes occurring to an Insured who is a growing child. Full details are contained in the Policy on file with the District/School.

EXCESS COVERAGE

This Plan is secondary and provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other plan providing accident medical expense benefits. If the Insured is covered by another plan providing accident medical expense benefits, all benefits payable by such other insurance will be determined before benefits will be paid by this Plan. If the Insured is not covered by another plan providing accident medical expense benefits, this excess provision shall not apply and benefits are payable to the limits described in this brochure.

DEFINITIONS

Injury means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which occurs while such person is participating in a covered activity; and (3) which directly (independent of sickness, disease or any other cause) causes a covered loss.

Insured means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application in the Policy on file with the District/School (the "Policyholder"); (2) for whom premium has been paid; (3) while covered under the Policy; and (4) who have enrolled for coverage under the Policy.

Medically Necessary means a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) (U&C) means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; or (3) is a negotiated fee; and (4) does not include charges that would not have been

made if no insurance existed.

INSURED'S EFFECTIVE AND TERMINATION DATES

Coverage under the Policy begins at 12:01 a.m. on the later of: (1) the Policy effective date; or (2) the date for which the first premium for the Insured's coverage is paid. Coverage under the Policy ends at 12:01 a.m. on the earlier of: (1) the date the Policy is terminated; or (2) the end of the period for which premiums for the Insured's coverage have been paid. The Policy effective and termination dates are contained in the Policy on file with the District/School (the "Policyholder").

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Accidental Death Benefit Maximum Amount: \$15,000 - If Injury to the Insured results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Accidental Death Maximum Amount.

Accidental Dismemberment Benefit Maximum Amount: \$30,000 - If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss.

For Loss Of: Percentage of Accidental Dismemberment Maximum Amount

Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye.....	100%
One Foot and the Sight of One Eye.....	100%
Speech and Hearing in Both Ears.....	100%
One Hand or One Foot	50%
The Sight of One Eye.....	50%
Speech or Hearing in Both Ears.....	50%
Hearing in One Ear.....	25%
Thumb and Index Finger of the Same Hand.....	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

HEART AND/OR CIRCULATORY BENEFIT

(This benefit is not payable in addition to the Accidental Death Benefit.)

Heart and/or Circulatory Benefit Maximum Amount: \$10,000 - If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a covered activity, the Company will pay the Heart and/or Circulatory Maximum Amount provided that: (1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 48 hours after such participation, and (2) such Insured has not, within the last five years prior to the date of such participation in the covered activity, been diagnosed with, or received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident.

EXCLUSIONS AND LIMITATIONS

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
2. sickness, or disease whether the loss results directly or indirectly from either of these.
3. the Insured's commission of or attempt to commit a felony.
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition.
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy.
6. participation in any team sport or any other athletic activity, except participation in a covered activity.
7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.)
(Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
9. the Insured being under the influence of intoxicants.
10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a physician.
11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
12. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
13. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
14. the Insured 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.
15. any loss incurred while outside the United States, its Territories or Canada.
16. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing durable medical equipment unless due to a covered Injury.*
17. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Maximum shown in the Benefit Schedule.*
18. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless due to a covered Injury; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury.*
19. new hearing aids or hearing examinations unless due to a covered Injury; or repair or replacement of existing hearing aids unless due to a covered Injury.*
20. rental of durable medical equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, accident medical expense benefits for rental of durable medical equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary covered accident medical expense in lieu of such rental expense).*
21. any charge for medical care for which the Insured is not legally obligated to pay.*
22. care, treatment or services provided by an Insured or by an immediate family member.*
23. routine physical exam and related medical services.*
24. personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, or guest meals while confined in a hospital.*
25. plastic or cosmetic surgery, except due to a covered injury.*
26. elective treatment or surgery.*
27. experimental or investigative treatment or procedures.*
28. treatment for temporomandibular dysfunction.*
29. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made.*
30. mental illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures.*
31. educational or vocational testing or training.*
32. treatment of Osgood-Schlatter's disease.*
33. detached retina unless due to an Injury.*
34. diagnostic tests or treatment, except due to infection which occurs directly from an accidental cut or wound or ingestion of contaminated food.*
35. plastic or cosmetic surgery, except due to a covered Injury.*
36. charges that are payable under motor vehicle medical benefits.*
37. hernia; except as a result of participation in a covered activity.*

*Applicable to Accident Medical Expense Benefit only.

LIMITATION ON MULTIPLE COVERED ACTIVITIES

If an Insured person's Injury is caused by an accident that occurs while the Insured is participating in more than one covered activity applicable to that Insured, and if the same benefit applies to that Insured with respect to more than one such covered activity, then for Policy purposes the Maximum Amount for that benefit for that Insured for that accident will be determined as though the accident occurred while the Insured was participating in only one such covered activity, the one with the largest Maximum Amount for that benefit for that person.

PENALTY FOR NON-COMPLIANCE

In the event that an Insured is eligible under the Policy for benefits in excess of other coverage and the Insured has other coverage that is primary under a health maintenance organization, preferred provider organization or similar health service program, a penalty will apply if he or she does not use the facilities or services of the health maintenance organization, preferred provider organization or similar health service program. In such case, the benefits otherwise payable under the Excess provision in the Policy will be reduced by 50%. This reduction shall not apply to emergency treatment required within 24 hours of an accident when the accident occurs outside the geographic area served by a health maintenance organization, preferred provider organization or similar health service program.

CLAIMS PROCEDURE

In the event of an accident, notify the school immediately. Secure a claim form from the District/School, attach bill(s) to completed claim form and mail to the address listed below. Claims for benefits must be filed within 90 days from date of accident, or as soon as reasonably possible. The Company must be notified of a loss within 20 days of such accident.

For questions contact: Educational Markets, Mail Center, P.O. Box 26050, Overland Park, KS 66225 (phone) 1-800-257-6250

ID CARD-PRESENT THIS CARD AT THE TIME OF SERVICE

Student Accident Insurance Plan

Student's

Name _____

If premium has been paid the student whose name appears above is insured under an ACCIDENT ONLY policy issued to: School District: **Aldine ISD**

Claims Administered By:
 Educational Markets, Mail Center,
 P.O. Box 26008,
 Overland Park,
 KS 66225
 Phone: 800-257-6250

CLAIMS PROCEDURE

In the event of an accident, notify the school immediately. Secure a claim form from the District/School, attach bill(s) to completed claim form and mail to the address listed below. Claims for benefits must be filed within 90 days from date of accident, or as soon as reasonably possible. The Company must be notified of a loss within 20 days of such accident.

For questions contact: AIG, Educational Markets, Mail Center, P.O. Box 26050, Overland Park, KS (phone) 1-800-257-6250

Cut and mail completed form to: National Union Fire Insurance Company of Pittsburgh, Pa. – Voluntary K-12 Premium, PO Box 071330 Philadelphia, PA 19176-1330 - or Enroll On-Line at <http://www.studentinsurance.com/Schools/K12/TX/AISD/>

ALDINE ISD 2014-2015 ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE (EXCLUDING SENIOR HIGH SCHOOL FOOTBALL)
 Insurance Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY

PRINT CLEARLY:

Address _____ Last Name of Insured _____ First Name _____ Date of Birth _____

Home Street Address _____ City or Town _____ Zip Code _____ Student Social Security Number (optional) _____

Date of Enrollment Form Completion _____ Name of School _____ Telephone Number _____ E-Mail Address _____

Please check the applicable coverage(s) below and enclose the correct amount and mail to: National Union Insurance Company of Pittsburgh, Pa. – Voluntary K-12 Premium, PO Box 071330, Philadelphia, PA 19176-1330. Please Make Check Payable to: National Union Fire Insurance Company of Pittsburgh, Pa.

	K-12	Plan A - Annual Premium		K-12	Plan A Annual Premium	
24-Hour Accident Coverage	<input type="checkbox"/>	\$132.00		School Time Accident Coverage	<input type="checkbox"/>	\$38.00

By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as detailed in the Aldine ISD Student Accident Insurance Plan description of coverage.

TOTAL ENCLOSED \$ _____ Check # _____ Signature of Parent or Guardian _____