

To: Parents and Guardians of LISD Students
From: Principals
Re: **Optional Student Insurance**
Date: August 5, 2021

The Lubbock Independent School District Board Policy states, "The District shall cooperate in a program to offer low cost accident insurance for students. Students or parents shall pay the premium for the coverage if they choose to participate. The District shall not be responsible for costs of treating injuries and shall not assume liability for any other costs associated with an injury."

LISD students in grades seven through twelve are covered while practicing for, competing in, or traveling as a representative of the school and under the direct supervision of a full-time school employee, in any inter-school (UIL Sanctioned Programs) activity conducted under the regulations and jurisdiction of the school and the state high school association.

Those interested in purchasing optional student insurance may go to the **TEXAS KIDS FIRST** website at <http://www.texaskidsfirst.com> or see attached. This website provides Claim Forms, Voluntary Brochures, and Schedule of Benefits for Blanket Plans and information about our Texas Athletic Network and providers in the network.

Brochures for the voluntary program may be downloaded from this website.

**SCHEDULE OF BENEFITS
Lone Star Plan**

Universal Fidelity Life Insurance Company

Maximum Benefits:	\$25,000.00 for each Injury
Policy Term:	1 Year - Renewable
Benefit Period:	52 weeks from the date of Injury
Initial Treatment Period:	90 days from the date of Injury
At-School/24 Hour Deductible:	\$0.00
Motor Vehicle Injury:	\$5,000.00 maximum

The Benefits payable are specified below.

Inpatient

- Inpatient Hospital:	Usual & Customary Charges up to \$750.00 per day/ 6 days maximum (includes facility and services)
- Doctor Visits:	Usual & Customary Charges up to \$40.00 per day

Outpatient

- Ambulatory Surgical Center:	Usual & Customary Charges up to \$2,000.00 (facility charge)
- Doctor Visits:	Usual & Customary Charges up to \$40.00 per day
- Physiotherapy:	\$50.00 1 st visit/\$25.00 per visit thereafter up to 5 visits total (limited to 1 visit per day)
- Medical Emergency:	Usual & Customary Charges up to \$175.00 (for use of emergency room facility and services within 72 hours of Injury)
- Medical Emergency Doctor:	Usual & Customary Charges up to \$40.00
- Shots and Injections:	Usual & Customary Charges up to \$60.00 (within 24 hours of an Injury)
- Diagnostic X-ray:	Usual & Customary Charges up to \$200.00 and \$50.00 for reading
- CAT Scan/MRI:	Usual & Customary Charges up to \$500.00 and \$50.00 for reading
- Laboratory Procedures:	Usual & Customary Charges up to \$50.00

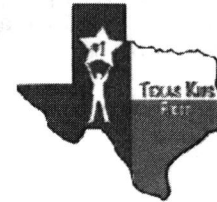
Other (Inpatient and/or Outpatient)

- Surgeon:	75% of Usual & Customary Charges up to \$2,000.00 (limited to primary procedure including removal of surgical implanted pins within two years of Injury)
- Anesthetist:	25% of surgeon benefit
- Assistant Surgeon:	25% of surgeon benefit
- Ambulance:	Usual & Customary Charges up to \$1,000.00
- Dental Treatment:	Usual & Customary Charges up to \$5,000.00 (benefits paid on Injury to Sound, Natural Teeth only)
- Post Surgical Durable Medical Equipment:	Usual & Customary Charges up to \$150.00
- Eye Glasses, Contact Lenses and Hearing Aid Replacement:	Usual & Customary Charges (as a result of a covered Injury only)
- Prescription Drugs:	\$15 per prescription
- Prosthetic Devices, Orthotic Devices and Related Services:	Usual & Customary Charges up to \$500.00 (Post Surgical only)
- Expanded Medical Benefit:	Pays for services per Schedule of Benefits up to \$350.00
- SA-VOLBR-TX-13	

POLICY EXCLUSIONS AND LIMITATIONS FOR ALL 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; neuritis, lumbago, hernia, regardless of how caused; illness or disease in any form.
- Chronic or degenerative conditions, treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including but not limited to Osgood-Schlatter Disease, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, and injuries resulting from overuse, bursitis, tendonitis, muscle tears, repetitive motion injuries, shin splints, sprains, strains, tennis elbow aggravation, neuritis, lumbago, and stress fractures unless specifically provided for in the Schedule of Benefits.
- 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).
- Injury where Insured is 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.
- 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.
- Orthodontics (braces) for any reason, damage to, or loss of orthodontics.
- Orthopedic appliances used to protect an injury to allow an Insured to participate in athletic activities.
- Play or practice of interscholastic High School Varsity Football; except where the coverage is elected.
- Participating in or attending any School-Sponsored overnight activities, except where 24 Hour coverage is elected.
- 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.
- Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
- 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, bob-sledding, or ballooning.
- Suicide or attempt thereof, 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 terrorism.



Texas Kids First

Affordable Accident Only Insurance for Students

THIS IS A LIMITED BENEFIT POLICY

Coverage is Renewable Annually

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

Website: www.texaskidsfirst.com

Marketed by:

Legend Insurance Agency, I.L.C.
13931 Quall Pointe Drive
Oklahoma City, OK 73134
Phone: 800-366-8354