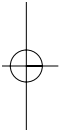


PLACE  
STAMP  
HERE

SISC Student Accident Insurance  
PO BOX 1847  
Bakersfield, CA 93303-1847

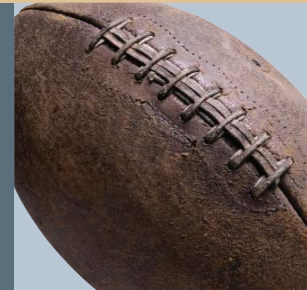


**Kids will be kids.**



**UnitedHealthcare**<sup>®</sup>  
A UnitedHealth Group Company





## Football Coverage

### 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:  
United HealthCare Insurance Company

Serviced by: UnitedHealthcare **StudentResources**

### Accident Plans

- Coverage can be purchased any time throughout the year.
- Checks or money orders accepted.  
DO NOT SEND CASH

[www.k12StudentInsurance.com](http://www.k12StudentInsurance.com)



## Review Your Benefits:

## Maximum Benefits Paid As Specified Below

Usual & Customary Charges (U&C) are based on the 75th percentile.

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit specified below for each Injury. Provided that treatment by a qualified, licensed Physician begins within 30 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. Any supply or service not specifically listed is not covered. Policy benefits are not payable for any expenses incurred which are paid or payable by other valid and collectible insurance. **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.

Compare and Choose	Supplemental Football Plan	
MAXIMUM BENEFIT	\$50,000 (For each Injury)	
Deductible	\$500 (Per Policy Year)	
Coinsurance (Plan Pays)	In Network (Preferred Provider) 75% except noted below	Out of Network (Non-PPO) 50% except as noted below
Coinsurance (You Pay)	In Network (Preferred Provider) 25% except as noted below	Out of Network (Non-PPO) 50% except as noted below
<b>INPATIENT</b>		
Room & Board / Hospital Miscellaneous	75% of Preferred Allowance / \$1,250 aggregate maximum per day	50% of U&C / \$1,250 aggregate maximum per day
Physiotherapy	75% of Preferred Allowance / \$50 per visit/ 10 visits maximum	50% of U&C / \$50 per visit / 10 days maximum
Surgery (Specified surgery based on data provided by Ingenix, Inc.) (No more than one procedure through the same incision will be paid)	75% of Preferred Allowance	50% of U&C
Anesthetist	20% of Surgery Allowance	20% of Surgery Allowance
Registered Nurse	75% of Preferred Allowance	50% of U&C
Physician's Visit (Benefits are limited to one visit per day and do not apply when related to surgery)	75% of Preferred Allowance / \$50 per visit	50% of U&C / \$50 per visit
<b>OUTPATIENT</b>		
Surgery (Specified surgery based on data provided by Ingenix, Inc.) (No more than one procedure through the same incision will be paid)	75% of Preferred Allowance	50% of U&C
Day Surgery Miscellaneous (Usual & Customary Charges are based on the Outpatient Surgical Facility Charge Index)	75% of Preferred Allowance / \$2,500 maximum	50% of U&C / \$2,500 maximum
Anesthetist	20% of Surgery Allowance	20% of Surgery Allowance
Assistant Surgeon	75% of Preferred Allowance	50% of U&C
Physician's Visits (Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	75% of Preferred Allowance / \$50 per visit/ 10 visits maximum	50% of U&C / \$50 per visit / 10 visits maximum
Physiotherapy (Benefits are limited to one visit per day) (Includes Chiropractor)	75% of Preferred Allowance / \$50 per visit/ 10 visits maximum	50% of U&C / \$50 per visit / 10 visits maximum
Medical Emergency (Use of room and supplies; treatment must be rendered within 72 hours from the time of the Injury)	75% of Preferred Allowance / \$500 maximum	50% of U&C / \$500 maximum
X-Rays	75% of Preferred Allowance	50% of U&C
Test & Procedures	75% of Preferred Allowance	50% of U&C
Laboratory	75% of Preferred Allowance	50% of U&C
Prescription Drugs	75% of U&C	75% of U&C
Injections	No Benefits	No Benefits
Orthopedic Braces & Appliances	75% of U&C / \$500 maximum	75% of U&C / \$500 maximum
<b>INPATIENT AND / OR OUTPATIENT</b>		
Ambulance	75% of U&C	75% of U&C
Dental (Benefits are paid on Injury to Natural Teeth only)	75% of U&C	75% of U&C
AD&D	No Benefits	No Benefits
Motor Vehicle Injury	75% of Preferred Allowance / \$1,500 maximum	50% of U&C / \$1,500 maximum
Athletic Team Air Travel Accident	Paid as any other Injury / \$1,500 maximum	Paid as any other Injury / \$1,500 maximum

Benefits are provided as mandated by the state of California. Details of these benefits may be found in the Master Policy on file at the SISC office.

## Choose Your Coverage Plan:

There are two plans under the SISC Football Coverage Program. The Basic Plan is the SISC Self-Funded plan that is not underwritten by United HealthCare Insurance Company, and it provides benefits for covered medical expenses up to a maximum of \$15,000 per Covered Accident. The benefits of the Self-Insured Plan are not described in this brochure. The benefits in this brochure are a Supplemental Plan to the SISC Basic Plan.

### One Time Payment

#### Football (High School) **\$143.00**

- Practicing or participating in regular scheduled high school football
- The SISC basic tackle football plan must be purchased prior to purchasing the UnitedHealthcare Supplemental Football Plan.
- Consult your Athletic Department for enrollment instructions

### PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

The SISC Supplemental Insurance plans have a feature known as a Preferred Provider Organization (PPO) which provides medical care at discounted rates. First Health Network is the PPO network provider. This network of hospitals, doctors, and other care providers has agreed to limit the amount they charge for certain services when the student uses a First Health Network Provider.

If Non-PPO providers are used for medical treatment, the plan will pay its basic benefit up to 50% of the Usual and Customary Charges, leaving the student with a higher out-of-pocket expense. The Plan will pay a higher percentage up to 75% of the Preferred Allowance when the PPO network is utilized.

Insureds may choose any provider they wish, but if they would like to use a First Health Network Provider, a list of First Health Network providers will be available to the school, or information can be accessed through First Health Network's website at [www.FirstHealth.com](http://www.FirstHealth.com). The First Health Network Provider list will be updated from time to time. To verify provider participation, call **(888-685-7774)**. While there will be many instances where First Health Network Providers can be used, a First Health Network Provider may not be available for all types of treatment nor in all geographic areas. If an insured has coverage with another insurance company, they should follow that company's requirements regarding choice of providers and the filing of claims. Claims should be filed first with that company. After they have paid their benefits, this plan will pay any allowable amounts of the remaining bills subject to the policy benefits and maximums.

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:	<input type="checkbox"/> High School Football
Paid by Check #	_____ Amount Paid: _____ Date Paid: _____
Underwritten by: United HealthCare Insurance Company Claims Questions: UnitedHealthcare StudentResources P.O. Box 809027 • Dallas, TX 75380-9027 • 866-313-4512	

### **Facts About The Policy:**

1. **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.
2. The Master Policy on file with the SISC office is a non-renewable one year term policy.
3. This is a limited benefit policy.
4. **INITIAL ENROLLMENT:** Coverage is effective the date correct application and premium are received by SISC.
5. **LATE ENROLLMENT:** There is no premium reduction for any individual who enrolls late in the year.
6. **Your cancelled check or money order stub is your only receipt and notification of coverage.**

### **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.

### **Excess Provision (Accident Only Coverages)**

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance. Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury which has been paid or is payable by other valid and collectible insurance, except for under an automobile insurance policy. Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as a result of the Covered Person's failure to comply with policy provisions or requirements.

**Important:** The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

### **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.k12studentinsurance.com](http://www.k12studentinsurance.com)

**Mail Claims to:**

SISC Student Accident Insurance  
P.O. Box 1847  
Bakersfield, CA 93303-1847  
(661) 636-4495

**Administered By:**

UnitedHealthcare **Student**Resources  
P.O. Box 809027 • Dallas, TX 75380-9027

### **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:

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 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; illness or disease in any form.
6. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury.
7. Loss sustained or contracted in consequence of the Covered Person's being intoxicated or under the influence of any controlled substance unless administered by a licensed 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. Nuclear reactions or radiation contamination; 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. Routine physical examinations and routine testing.
13. Skiing, scuba diving, surfing, roller skating, riding in a rodeo, except as specifically provided in the policy.
14. Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding, or ballooning.
15. Suicide or attempt thereat, while sane or insane (including drug overdose); intentionally self-inflicted Injuries; fighting.
16. Supplies, except as specifically provided in the policy.
17. 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.

**Serviced by:**  
UnitedHealthcare StudentResources

**Choose How To Enroll:**

- 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 or money order in the attached envelope.
- Mail envelope to SISC Student Accident Insurance, PO Box 1847, Bakersfield, CA 93303-1847.
- Your cancelled check 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.

**How To File A Claim:**

**Student Accident Coverage Claim Forms need to be used. All answers need to be completed or claim will not be processed.**

1. Report accidental Injury immediately to trainer, coach, teacher, school nurse, secretary or school office.
2. Have designated school employee (secretary, teacher, nurse, principal) complete and sign the school's section of the claim form (Student Accident Coverage Claim Form) and give or send it to the parent.
3. The claim form is to be completed by the student's parent. Explain that the claim form must be filled out completely and signed by the parent or guardian.
4. Give a copy of the claim form to all providers to be billed directly to SISC

**OR**

Send completed claim form, itemized bills and Explanation of Benefits (EOB's) if applicable to:

SISC Student Accident Insurance  
P.O. Box 1847  
Bakersfield, California 93303-1847

For your personal records, please keep a copy of all submitted paper work.

Only one claim form is necessary per accident.

After claim has been submitted, the provider or service (physician, dentist, hospital) need only present itemized bills or subsequent charges.

For questions concerning a claim after it has been submitted, contact:

SISC Student Accident Insurance  
P.O. Box 1847  
Bakersfield, California 93303-1847  
(661) 636-4710

**Administered by:** UnitedHealthcare **StudentResources**  
P.O. Box 809027 ▪ Dallas, TX 75380-9027

