

Student Accident Coverage

Serviced by: K&K Insurance Group, Inc. Phone: 855-742-3135

Remember to visit our website for faster enrollment: www.studentinsurance-kk.com

Online Enrollment—Secured Accident Coverage can be purchased any time throughout the year.

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 60 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.

SCHEDULE OF BENEFITS: *Maximum Benefits Paid As Specified Below. Medically Necessary and Reasonable Charges are based on the 75th percentile.*

Compare and Choose	Low Option Accident Only	High Option Accident Only
Maximum Benefit:	\$25,000 (For Each Injury)	\$25,000 (For Each Injury)
Deductible:	\$0	\$0
Inpatient		
Room & Board:	Up to \$150 per day/ Semi-private room rate	80% of Reasonable Charges/ Semi-private room rate
Hospital Miscellaneous:	\$600 maximum per day	\$1,200 maximum per day
Registered Nurse:	75% of Reasonable Charges	100% of Reasonable Charges
Physician's Visits:	\$40 first day/\$25 each subsequent day	\$60 first day/\$40 each subsequent day
<i>(Benefits are limited to one visit per day and do not apply when related to surgery)</i>		
Outpatient		
Day Surgery Miscellaneous:	\$1,000 maximum	\$1,200 maximum
Physician's Visits:	\$40 first day/ \$25 each subsequent day	\$60 first day/ \$40 each subsequent day
<i>(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)</i>		
Outpatient Physical Therapy:	\$30 first day/\$20 each subsequent day/ 5 days maximum	\$60 first day/\$40 each subsequent day/ 5 days maximum
<i>(Benefits are limited to one visit per day)</i>		
Emergency Room Services:	\$150 maximum	\$300 maximum
<i>(Treatment must be rendered within 72 hours from the time of the injury)</i>		
X-Rays:	\$200 maximum	\$600 maximum
Diagnostic Imaging Services:	\$300 maximum	\$600 maximum
Laboratory:	\$50 maximum	\$300 maximum
Prescription Drugs:	\$75 maximum	\$200 maximum
Injections:	No Benefits	No Benefits
Orthopedic Braces & Appliances:	\$75 maximum	\$140 maximum
Inpatient and/or Outpatient		
Surgery Fees:	\$1,000 maximum	\$1,200 maximum
<i>(Limited to primary procedure per injury)</i>		
Anesthetist:	20% of Surgery Allowance	25% of Surgery Allowance
Assistant Surgeon:	20% of Surgery Allowance	25% of Surgery Allowance
Ambulance:	\$300 maximum	\$800 maximum
Consultant:	\$200 maximum	\$400 maximum
Dental Treatment due to Injury to Teeth:	\$10,000 maximum per policy term	\$10,000 maximum per policy term
<i>(For Injury to sound, natural teeth only)</i>		
Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury:	100% of Reasonable Charges	100% of Reasonable Charges
Durable Medical Equipment:	No Benefits	No Benefits
Maternity:	No Benefits	No Benefits
Complication of Pregnancy:	No Benefits	No Benefits