

## SCHEDULE OF BENEFITS

Lone Star Plan

### Universal Fidelity Life Insurance Company

<b>Maximum Benefits:</b>	\$25,000.00 for each Injury
<b>Policy Term:</b>	1 Year – Renewable
<b>Benefit Period:</b>	52 weeks from the date of Injury
<b>Initial Treatment Period:</b>	90 days from the date of Injury
<b>At-School/24 Hour Deductible:</b>	\$0.00
<b>Varsity Football Deductible:</b>	\$250.00
<b>Motor Vehicle Injury:</b>	\$5,000.00 maximum

The Benefits payable are specified below.

#### Inpatient

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

#### Outpatient

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

#### Other (Inpatient and/or Outpatient)

<b>Surgeon:</b>	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)
<b>Anesthetist:</b>	25% of surgeon benefit
<b>Assistant Surgeon:</b>	25% of surgeon benefit
<b>Ambulance:</b>	Usual & Customary Charges up to \$1,000.00
<b>Dental Treatment:</b>	Usual & Customary Charges up to \$5,000.00 (benefits paid on Injury to Sound, Natural Teeth only)
<b>Orthopedic Braces &amp; Appliances:</b>	Usual & Customary Charges up to \$500.00
<b>Post Surgical Durable Medical Equipment:</b>	Usual & Customary Charges up to \$150.00
<b>Eye Glasses, Contact Lenses and Hearing Aid Replacement:</b>	Usual & Customary Charges (as a result of a covered Injury only)
<b>Prescription Drugs:</b>	\$15 per prescription
<b>Prosthetic Devices, Orthotic Devices and Related Services:</b>	Usual & Customary Charges up to \$500.00 (Post Surgical only)
<b>Expanded Medical Benefit:</b>	Pays for services per Schedule of Benefits up to \$350.00

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#### 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-exercising (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 the 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](http://www.texaskidsfirst.com)

Marketed by:

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

**ENROLLMENT FORM**

Underwritten by Universal Fidelity Life Insurance Company

P.O. Box 304, Duncan, OK 73535-0304

Please Print Clearly

Last Name

First Name  Middle Initial

Social Security Number

Date of Birth  Grade  Gender

-  -    M F

Phone #  (Circle One)

Address

City  State  Zip

Name of School District

(Required to Process)

Name of School

**Additional Children:** Attach a list indicating the Name, Social Security Number, Date of Birth, Grade, Plan purchased, and Name of School for each child. Indicate total amount due for all children in the space provided below.

X

Signature of Parent/Guardian  Date

Accident Plans	Premium	Check
At-School Coverage (No Athletics)	\$ 30.00	<input type="checkbox"/>
At-School Coverage	\$ 90.00	<input type="checkbox"/>
24-Hour Coverage (No Athletics)	\$ 80.00	<input type="checkbox"/>
24-Hour Coverage	\$ 180.00	<input type="checkbox"/>
Football Coverage	\$ 325.00	<input type="checkbox"/>
<b>TOTAL ENCLOSED</b>	<b>\$</b>	

IF PAYING BY CREDIT CARD, COMPLETE THIS SECTION

VISA/MASTERCARD



Card Number

Expiration Date

Month  Year

Print Name (Exactly as it appears on the card)

Print Billing Address of Cardholder

Street  City  State  Zip Code

X

(Signature)

(Date)

Total Charged \$

**ENROLLMENT OPTIONS:**

- Complete and detach the enrollment form.
- Make check or money order payable to Universal Fidelity Life Insurance Company.
- **DO NOT SEND CASH.** The company is not responsible for cash payment. Credit card payment is also accepted.
- Clearly print your child's name on the check or money order.
- Send the enrollment form and the check or money order to: Universal Fidelity Life Insurance Company, P.O. Box 304, Duncan, OK 73534-0304
- Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
- Keep this brochure for future reference. You will receive an Insurance Policy by mail.
- **If you have questions about this coverage, please call Legend Insurance Agency, L.L.C. at 800-366-8354.**

**FACTS ABOUT THE POLICY**

1. **POLICIES ARE ONE YEAR RENEWABLE TERM.**
2. **30 DAY RIGHT TO EXAMINE POLICY:** If you are not satisfied with this Policy for any reason, return it to us within 30 days after you receive it. Any premium paid will be refunded. The Policy will be void from the beginning. It will be as if no Policy was issued.
3. **THIS IS A LIMITED, ACCIDENT ONLY POLICY.** Benefits are provided for loss due to a covered Injury up to the Maximum Benefit for each Injury.
4. **STUDENT TRANSFER:** An Insured may transfer to any school and still be covered, subject to the Policy provisions, exclusions and limitations.
5. **INITIAL ENROLLMENT:** Coverage is effective on the later of: 1) the Policy Effective Date; or 2) 12:01 a.m. on the day after premium and an application are received in the home office of the Company.
6. **NO LATE ENROLLMENT:** An individual may enroll anytime during the school year. Coverage is renewable annually.
7. **YOUR RECEIPT OF PAYMENT** is your cancelled check, credit card billing, or money order stub.

**HOW TO FILE A CLAIM**

Obtain a claim form from our website [www.texaskidsfirst.com](http://www.texaskidsfirst.com), or call 1-800-366-8354. Instructions on filing the claim are on the back of the form.

Medical treatment by a Doctor must be received within 90 days from the date of Injury. Bills must be submitted within 90 days of the date of service, or as soon as reasonably possible. Bills submitted after one year will not be considered for payment except for the absence of legal capacity.

The Texas Kids First Network is a non-profit network of providers located in Texas who are dedicated to serving the needs of the students in the state of Texas. Providers within the network have agreed to treat injured students from our insured districts for the services paid and outlined in the Schedule of Benefits of the Texas Kids First Student Accident Plans when the student patient has no other insurance. Please refer to the website [www.texaskidsfirst.com](http://www.texaskidsfirst.com) or call 1-800-366-8354 for a list of contracted providers in your area and to verify benefit acceptance.

**Accident Only Plan Options:**

<u>At-School Accident</u>	<u>No Athletics</u>	<u>With Athletics</u>
<b>Premium per Insured</b>	<b>\$30.00</b>	<b>\$90.00</b>

- On School premises if participating in or attending School-Sponsored Activities, **excluding High School Varsity Football activities and overnight activities.**
- Away from School premises if participating in or attending School-Sponsored Activities **excluding High School Varsity Football activities and overnight activities.**
- Traveling directly, uninterruptedly and under the direct supervision of a qualified adult School authority to or from a School-Sponsored Activity in a designated vehicle furnished by the School; or when travel is by other than a designated vehicle provided by the School, covered travel time shall not exceed one hour each way. This includes travel to and from the Insured's home, School or a School-Sponsored activity. The covered travel time includes the period before the Insured's required attendance time and the period after the Insured's dismissal or when he competes.
- At-School with Athletics covers all sports thru Grade 12 except High School Varsity Football.

<u>24-Hour Accident</u>	<u>No Athletics</u>	<u>With Athletics</u>
<b>Premium per Insured</b>	<b>\$80.00</b>	<b>\$180.00</b>

- Around-the-clock.
- Before, during and after School.
- Weekends, vacations, and all summer, including summer school.
- School-Sponsored Activities **excluding High School Varsity Football activities.**
- 24-Hour with Athletics covers all sports thru Grade 12 except High School Varsity Football.

Football  
**Premium – \$325.00 per Insured**

- The plans mentioned above do not cover High School Varsity Football activities.
- **Purchase Football coverage if playing for, or practicing with, the High School Varsity Football team. This plan covers fall and spring football activities.**
- Covers travel directly, uninterruptedly and under the direct supervision of a qualified adult School authority to or from a School-Sponsored Activity in a designated vehicle furnished by the School.
- Off-season football scrimmages are not covered.
- **Football plan includes a \$250 deductible per Injury**

**ACCIDENTAL DEATH AND DISMEMBERMENT**

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

Accidental Death .....	\$2,000.00
Accidental Loss of:	
Both Hands, Both Feet, or Sight of Both Eyes.....	\$2,000.00
One Hand and One Foot.....	\$1,000.00
Either One Hand or One Foot and Sight of One Eye.....	\$1,000.00
Either One Hand or One Foot or Sight of One Eye.....	\$ 500.00
Thumb and Index Finger of Same Hand.....	\$ 250.00