



2026-2027

KICS Student Accident Plan Summary

Effective Dates: 8/1/2026 – 8/1/2027

Class 1: Base Coverage

School-Time Student and All Sports Accident Coverage	
Maximum Benefit per Injury	\$25,000
Deductible per Injury	\$0
Insured Percentage	80%
Initial Treatment Period	60 days
Benefit Period	52 weeks
Off-Season Physical Conditioning	Included
Travel in a Designated Vehicle	Included

Annual Premium per Grades K-8 Student **\$7.00**

Annual Premium per Grades 9-12 Student **\$11.25**

Assumptions and Conditions
- Excess Basis - Claims Payor: BMI Benefits, LLC - All Everest Reinsurance Insurance Company Policy language and provisions applies

*This is a summary of coverage. It does not contain all provisions, limitations and exclusions.
Should any of the above assumptions and conditions change, we reserve the right to alter the quote.*

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Accident Medical Expense Benefit:

Benefit	Benefit Details
Maximum Benefit	\$25,000 per Covered Accident
Scope of Coverage	Full Excess
Benefit Period	1 year
Deductible	\$0
Coinsurance	80%
Sub-limits	
Hospital Room and Board Daily	100% of Semi-Private Room Rate up to \$500
Intensive Care Room and Board	100% Usual and Customary up to \$500
Hospital Miscellaneous (Inpatient and Outpatient)	100% Usual and Customary up to \$1,500
Pre-Admission Testing	100% Usual and Customary up to \$25,000
In-Patient Surgical – Primary Surgeon	100% Usual and Customary up to \$5,000
In-Patient Surgical – Assistant Surgeon	100% Usual and Customary up to \$2,500
Outpatient Surgery – Primary Surgeon	100% Usual and Customary up to \$5,000
Outpatient Surgery – Assistant Surgeon	100% Usual and Customary up to \$2,500
Outpatient Surgery – Surgical Facility	100% Usual and Customary up to \$2,000
Emergency Room	100% Usual and Customary up to \$500
Anesthesia	100% Usual and Customary up to \$1,000
In-Hospital Physician's Visits	100% Usual and Customary up to \$25,000
Out-of-Hospital Physician's Visits	100% Usual and Customary up to \$25,000
X-Ray	100% Usual and Customary up to \$500
Laboratory Expenses	100% Usual and Customary up to \$1,000
Registered Nurse	100% Usual and Customary up to \$25,000
Outpatient Physiotherapy	100% Usual and Customary up to \$2,000
Air & Ground Ambulance	100% Usual and Customary up to \$500
Dental Treatment for Injury Only	100% Usual and Customary up to \$2,500

Any unlisted covered expenses will be paid 100% U&C up to the benefit maximum

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Accidental Death and Dismemberment Benefit Principal Sum:

Class(es)	Benefit Amount Payable
1	\$10,000

Aggregate Limit Amount: \$100,000 Per Accident

Accidental Death and Dismemberment Schedule:

Loss Schedule	Percentage of Principal Sum
Loss of Life	100%
Both Hands or Both Feet	100%
Total Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Total Sight of One Eye	100%
One Foot and the Total Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
Speech or Hearing in Both Ears	100%
One Hand or One Foot	50%
Total Sight of One Eye	50%
Hearing in One Ear	50%
Thumb and Index Finger of the Same Hand	25%

Additional Benefits:

Benefit	Benefit Details
Crisis Death	\$10,000 per Covered Person up to \$100,000 per Covered Event
Expanded Medical	100% Usual and Customary up to \$25,000
Extended Dental	\$1,000 up to age 21
Heart and Circulatory Malfunction	100% Usual and Customary up to \$25,000
Heat Exhaustion	\$25,000
Home Tutoring	\$5,000

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Exclusions
Treatment, services or supplies which: · Are not Medically Necessary; · Are not prescribed by a Doctor as necessary to treat an Injury; · Are determined to be Experimental/Investigational in nature; · Are received without charge or legal obligation to pay; · Are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified; or · Are not specifically listed as Covered Charges in the Policy Intentionally self-inflicted Injury Injury received while violating or attempting to violate any duly enacted law Injury by acts of war, whether declared or not Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline. Injury covered by Worker's Compensation or the Occupational Disease Law Treatment of Osgood-Schlatter's disease; appendicitis; osteomyelitis; pathological fractures; congenital weakness; TMJ; fainting; headaches; boils; detached retina unless directly caused by Injury; or Mental or Nervous Disorders not caused by Injury Injury caused by or contributed to by aggravation or reinjury of a Pre-existing Condition Suicide or attempted suicide, or self-destruction or an attempt to self-destroy while insane Charges incurred for the use of orthotics unless used exclusively to promote healing Any penalty imposed by another insurance or plan for failure to follow such plan's procedures Dental treatment, except as specifically stated Routine eye exams Injury sustained fighting, except as an innocent victim Injury sustained while committing or attempting to commit a felony Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs Loss resulting from the use of any drug or agent classified as narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body Injury resulting from participation in or practice for any activity which is not supervised and sponsored by the Policyholder or school Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or unintentional ingestion of a contaminated substance Charges for treatments, services or supplies which exceed reasonable and customary charges Losses directly or indirectly arising out any chemical or biological release and/or contamination which results from Terrorist Activity Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction Any loss directly or indirectly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto

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Class 2: Catastrophic Coverage

BENEFIT	MAXIMUM AMOUNT
Accidental Death	\$10,000
Incurral Period:	365 days
Accidental Dismemberment	\$10,000
Incurral Period:	365 days
Accident Medical Expense – Excess	\$5,000,000
Deductible	\$25,000
Benefit Period:	520 weeks
Incurral Period:	180 days
Co-insurance:	100% of Usual and Customary charges
Dental:	Included up to the Maximum
Heart or Circulatory	Accidental Death Principal Sum

Aggregate Limit of Indemnity: \$500,000 per Accident

Premium: \$1.15 per student per year

Accidental Death and Dismemberment

FOR LOSS OF:	BENEFIT:
Life	100% of the Accidental Death Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	100% of the Accidental Dismemberment Principal Sum
One Hand and One Foot ..	100% of the Accidental Dismemberment Principal Sum
One Hand and Sight of One Eye	100% of the Accidental Dismemberment Principal Sum
One Foot and Sight of One Eye	100% of the Accidental Dismemberment Principal Sum
Speech and Hearing in Both Ears	100% of the Accidental Dismemberment Principal Sum
Speech and Hearing in One Ear	75% of the Accidental Dismemberment Principal Sum
One Arm or One Leg	75% of the Accidental Dismemberment Principal Sum
One Hand or One Foot	50% of the Accidental Dismemberment Principal Sum
Sight of One Eye	50% of the Accidental Dismemberment Principal Sum
Speech or Hearing in Both Ears	50% of the Accidental Dismemberment Principal Sum
Thumb and Index Finger on the Same Hand	25% of the Accidental Dismemberment Principal Sum
Hearing in One Ear	25% of the Accidental Dismemberment Principal Sum
One Thumb	10% of the Accidental Dismemberment Principal Sum

