Important Notice for LEE COUNTY Parents!

A ONE TIME PAYMENT PER SCHOOL TERM protects your student all year long! Even if you have insurance this can help pay your high deductibles and co-pays:

Dear Parents:

Your school strives to provide a safe environment for your child while attending class and school sponsored activities. Every day accidents do happen, which may result in your child seeking medical treatment. The school (District) cannot accept financial responsibility for any expense due to these accidental injuries. Therefore, the District has arranged low-cost insurance options that can help you with these medical expenses. This voluntary program does not provide coverage for interscholastic sports injuries. This program may not pay 100% of all medical expenses based on certain limitations within the policy. If your child has no health insurance or you struggle with high deductibles or co-payment for his/her health insurance, we strongly encourage you to read more about the options the District is making available to you this school year! Reduce your costs and protect your child with these low, one-time annual costs.

Please choose ONE of the following options:

1 **24-Hour Basic Accident Insurance Plan**: Provides protection during school sponsored and school supervised activities during the regular school term and also while at home, on the weekends, holidays, during vacation periods and the summer months, 24 hours a day, 7 days a week (except interscholastic sports practices and games).

Cost for 24 Hour Coverage during the school term and summer months is $65.00.

Additional Benefits Options: *You must purchase the 24-hour plan to be eligible for this option:*

2 **Short-Term Emergency Sickness Benefit.** Provides up to $5,000 of covered expenses incurred for the treatment of Emergency Sickness during a Covered Activity. **Cost is $40.00 for coverage during the school term and summer months.**

BASIC Policy Benefit Schedule

Accidental Death	$10,000	Accidental Dismemberment	$10,000
Maximum Medical Expense Benefit per Covered Accident	$25,000	Emergency Room	100% URC up to $500
Hospital Room and Board Daily	100% URC up to $1,000	Anesthesia	100% URC up to $1,200
Intensive Care Room and Board	100% URC up to $1,750	In-Hospital Physician's Visits	100% URC up to $250
Hospital Miscellaneous (Inpatient and Outpatient)	100% URC up to $500	Out-of-Hospital Physician's Visits	100% URC up to $250
Pre-Admission Testing	100% URC up to $500	X-Ray MRI/CAT	100% URC up to $250 100% URC
In-Patient Surgical – Primary Surgeon	100% URC up to $5,000	Laboratory Expenses	100% URC up to $250
In-Patient Surgical – Assistant Surgeon	100% URC up to $1,000	Registered Nurse	100% URC up to $10,000
Outpatient Surgery – Primary Surgeon	100% URC up to $5,000	Outpatient Physiotherapy	$500 @ $50 / visit 10 visits max
Outpatient Surgery – Assistant Surgeon	100% URC up to $1,000	Air & Ground Ambulance	100% URC up to $500
Outpatient Surgery – Surgical Facility	100% URC up to $3,000	Dental Treatment for Injury Only	100% URC up to $5,000
Orthopaedic Appliance	100% URC up to $350	Prescription Drug	100% URC up to $250

COVERAGE EFFECTIVE AND TERMINATION DATES: Coverage becomes effective on the first day of school or at 11:59 P.M. on the US Postal, postmark date of the enrollment envelope or the date payment is received in KidGuard Insurance's office, whichever is the later date. The 24-Hour Basic Accident Plan and In-Hospital Sickness Benefit Option Plan coverages terminate at 12:01 A.M. on the last day of summer for the terminating school term. Only one (1) summer will be included in coverage. The School Time Basic Accident Plan coverage terminates at 11:59 P.M. on the last day of classes for the regular school term. Only one (1) school year can be covered. Enroll online and coverage will become effective at 11:59 pm, that day, and you will receive an ID card immediately. Students may enroll late and anytime during the year but the same effective and termination dates will apply. No refunds after the first full day of coverage.

HOW TO ENROLL: Enroll online and receive immediate I.D. confirmation by using a valid email: www.kidguardinsurance.com Or [1] (Cómo inscribirse) Complete the enrollment form; **[2]** Make check or money order for correct amount payable (Envíe su cheque con el formulario) to KidGuard Insurance; **[3]** Write the student's name and school in the memo section of your check or money order; **[4]** Place both the completed application and your check or money order payment in an envelope and mail to KidGuard Insurance. Keep your canceled check or money order receipt as your confirmation of payment. **Insurance cards will not be sent to you unless you request an I.D. card by enclosing another self-addressed, stamped envelope for us to mail the I.D. card back to you. Keep the top portion of this form for your records. No premium refunds after the first day of coverage. MAIL TO: KidGuard Insurance P.O. Box140926 Orlando, Florida 32814.**

SAVE TIME ENROLL ONLINE!! www.kidguardinsurance.com

2026-2027 LEE COUNTY SCHOOLS VOLUNTARY INSURANCE SUMMARY

Underwritten by Everest Reinsurance, 251 Little Falls Drive, Wilmington DE, 19808

The Certificate of Insurance summarizes the policy provisions and benefits. This policy will not pay 100% of all incurred medical expenses. Policy limits and exclusions apply. Policy benefits are payable, subject to the limits specified on the front page, for accidental bodily injury resulting from a covered accident. The company will pay the reasonable cost of covered eligible medical charges not to exceed the maximum benefits listed in the policy (summarized in this form). The maximum benefit payable for any one covered accident is $25,000. First medical treatment by a licensed physician or dentist for a covered condition must be obtained **within thirty-five (35)** days from the original date of the covered injury or condition to be eligible for policy benefits. The company will pay for covered medical charges for treatment and care rendered within 52 weeks after the date of a covered accident or condition.

POLICY DEFINITIONS: "Covered Accident" means a sudden, unforeseeable external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all the following conditions: 1) occurs while the Covered Person is insured under this Policy; 2) is not contributed to by disease, sickness, or mental or bodily infirmity; 3)is not otherwise excluded under the term of this Policy. "Covered Expenses" means expenses actually incurred by or on behalf of a Covered Person for the Usual and Customary charges for the Medically Necessary treatment, services and supplies covered by the Policy and which is performed or given under the direction of a Physician for treatment of a Covered Injury. Coverage under the Policy must remain continuously in force from the date of the Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service, or supply, that gave rise to the expense or the charge, was rendered or obtained. A Covered Expense for a Covered Injury cannot be in excess of the Maximum Benefit Amount payable per service as shown in the Schedule and cannot be for medical services and supplies that are excluded under the Policy. "Preexisting Condition" Pre-existing Condition means a condition not otherwise excluded by name or specific description: 1) for which medical advice, testing, care, treatment or medication was given or was recommended by, or received from a Physician within 6 months before the Effective Date; or 2) that would have caused a reasonably prudent person to seek medical diagnosis or treatment within 6 months before the Effective Date. "Hospital" means an institution which: 1) is operated pursuant to law; 2) is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis; 3) is under the supervision of a staff of Physicians; 4) provides 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.); 5) has medical, diagnostic and treatment facilities, with major surgical facilities; a. On its premises; or b. Available to it on a prearranged basis; and 6) charges for its services. 7) Is a duly licensed Rehabilitation Facility. Hospital does not include: 1) a clinic or facility for: a. Convalescent, custodial, educational, or nursing care; b. The aged, drug addicts or alcoholics; 2) a military or veterans' hospital or a hospital contracted for or operated by a national government or its agency unless: a. the services are rendered on an emergency basis; and b. a legal liability exists for the charges made to the individual for the services given in the absence of insurance. "At-School Accident Coverage" applies while a covered person is in attendance at the school during the hours and on the days that school is in session; participating in activities, except as a spectator, which are exclusively school-funded, school-sponsored, school-supervised and scheduled by the school on or away from school premises, during or after school hours or school-sponsored religious instruction; traveling, by bus, directly and without interruption to or from the covered person's residence and the school for regular school sessions or such travel time as is required, however, not to exceed one (1) hour before the regular school classes begin and not more than one (1) hour after school is dismissed; while a covered person is participating in a school-scheduled, school-sanctioned interscholastic sports practice or competition at or away from school premises. "24-Hour Accident Coverage" extends coverage to twenty-four (24) hours per day while a covered person is at home, school or on vacation. Under the 24-hour coverage plan, the same benefits, limitations and exclusions of the "At-School Coverage" plan will apply. No benefits are payable for injuries while practicing for or participating in 9th, 10th, 11th and 12th grade tackle football during offseason or summer. Additional policy terms and provisions apply which are stated in the Master Blanket Accident Insurance Policy issued to the school district. "Other Valid and Collectible Insurance" means any reimbursement for or recovery of any element of Covered Expenses incurred available from any other source whatsoever, except gifts and donations, but including without limitation: 1) any individual, group, blanket, or franchise policy of Accident, disability, or health insurance. 2) any arrangement of benefits for members of a group, whether insured or uninsured. 3) any prepaid service arrangement such as BlueCross or BlueShield; individual or group practice plans, or health maintenance organizations. 4) any amount payable for Hospital, medical, or other health services for Accidental bodily Injury arising out of a motor vehicle Accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any motor vehicle insurance policy. 5) any amount payable for services or injuries or diseases related to the Covered Person's job to the extent that He actually received benefits under a Workers' Compensation Law. If the Covered Person enters into a settlement to give up His rights to recover future medical expenses that would have been payable except for that settlement. 6) Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to a Covered Person after He becomes disabled while insured hereunder. 7) any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

EXCLUSIONS: WHAT THE POLICY DOES NOT COVER

1. Suicide, self-destruction, attempted self-destruction, or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps.
4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro-rata premium upon request.
5. Participation in a riot or insurrection.
6. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling, assault, or battery.
7. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial, or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning.
8. Disease or disorder of the body or mind.
9. Mental or Nervous disorders, except as specifically provided in the Policy.
10. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
11. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
12. Intoxication or being under the influence of any drug or narcotic.
13. Injury caused by, contributed to, or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
14. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
15. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
16. Violation or in violation or attempt to violate any duly enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
17. Conditions that are not caused by a Covered Accident.
18. Charges which are in excess of Usual and Customary charges.
19. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits.
20. Regular health checkups.
21. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
22. Travel in or upon: A snowmobile; A water jet ski; Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
    Any off-road motorized vehicle not requiring licensing as a motor vehicle;
23. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
    While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
    While being used for any test or experimental purpose; or
    While piloting, operation, learning to operate or serving as a member of the crew thereof; or
    While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of His household.
    A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or an ultralight hang-gliding, parachuting, or bungee-cord jumping
    Except as a fare paying passenger on a regularly scheduled commercial airline.
24. Treatment for an Injury that is caused by or results from a nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 365 days of the initial incident and:
    The loss was caused by fire, heat, explosion, or other physical trauma which was a result of the release of nuclear energy and The Covered Person was within a 100-mile radius of the site of release either:
    At the time of the release; or
    Within 24 hours of the start of the release; or
    Occurs while the Covered Person is in
25. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
26. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment, or subluxation of or in the vertebral column.
27. Pregnancy; childbirth; miscarriage; abortion; or any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.

This Policy is **"Excess Coverage"** which means if you have other insurance, an HMO or PPO that is also in effect, this policy will consider payment of eligible medical expenses after your other insurance has provided their full payments. You must file a claim with your other primary insurance to be eligible to receive benefits from this accident insurance policy. If you do not have other primary insurance, this policy will pay up to the specified limits of the selected policy plan.

KidGuard is a division of DOXA Programs, LLC, an Indiana limited liability company. All claims' activities and services are performed and provided by DOXA Claims, LLC, a Florida limited liability company licensed as an insurance claims administrator in all jurisdictions in which services are provided. For more information regarding DOXA Programs, LLC, or DOXA Claims, LLC please visit our website at www.doxa.com/compliance.

HOW TO FILE A CLAIM: (Para reportar un reclamo, Comuniquese con la oficina de la escuela). **Report the accident immediately to your school**. Obtain a claim reporting form from your school or this website. Complete the form and mail to KidGuard Insurance, P.O. Box 140926, Orlando, FL 32814. Telephone number 800-432-6915. You can also visit our website www.Kidguardinsurance.com. Claims@KidGuardinsurance.com (for submitting claim forms, EOB's and itemized bills)

KidGuard® STUDENT ACCIDENT INSURANCE 24 HOUR APPLICATION

USE THE FORM BELOW — OR SAVE TIME ENROLL ONLINE AT KIDGUARDINSURANCE.COM TO AVOID PROCESSING DELAYS:

☐ **$65.00 24 HOUR BASIC ACCIDENT PROTECTION PLAN** Provides accident protection while at school and coveredschool activities (except during interscholastic sports), as well as coverage during weekends, holidays, and all vacation periods, 24 hours a day, 7 days a week, including the summer months!

Additional Benefits Options: ***You must purchase the 24-hour plan to be eligible for this option:***

☐ **$40.00 SHORT-TERM EMERGENCY SICKNESS BENEFIT** Provides up to $5,000 of covered expenses incurred for the treatment of an Emergency Sickness during a Covered Activity.

No Refunds after the first day of coverage.

Amount to Paid $_____ **Check or Money order Number #:** _____

STUDENT'S NAME – First, Last Name (Primer Nombre el Estudiante, Apellido) – One letter per box

| | | | | | | | | | | | | | | | | | | | | | | | | GRADE (Grado) _____

HOME ADDRESS (Dirección) _____

CITY (Ciudad) _____ STATE (Estado) _____ ZIP (Código Postal) _____

SCHOOL DISTRICT (Distrito Escolar) _____ Name of SCHOOL (Nombre de la Escuela)_____

SIGNATURE of PARENT/GUARDIAN_____ DATE _____
(Firma del padre o guardián) (Fecha)

COMPLETE AND SEND WITH PAYMENT TO: **KIDGUARD INSURANCE P.O. Box 140926 Orlando, Florida 32814**

NO REFUNDS after the first day of coverage. Insurance cards will not be sent unless you request an I.D. card by enclosing another self-addressed, stamped envelope for us to mail the I.D. card back to you. Keep the top portion of this form for your records. No premium refunds after the first day of coverage. SAVE TIME ENROLL ONLINE and receive an ID card immediately. LEE27