

PMMS



FALCON FLYER

SEPTEMBER 11,
2026

DUSTIN CRISWELL, PRINCIPAL

JON AMONES, ASSISTANT PRINCIPAL



UPCOMING EVENTS

9/18 PTSA Fall Fest 5-7

9/22 Band Concert 7:30

9/29 Choir Concert @ PMA 7:00

9/29 Orchestra Concert 6:30

NEXT WEEK IN FALCON SPORTS

TENNIS 9/14 VS SOUTHPORT 5:30

9/16 VS CLARK PL 5:15

9/17 VS JOHN WOODEN 5:30

VOLLEYBALL 9/14 @ JOHN WOODEN 5:30

9/15 VS SOUTHPORT 5:30

9/17 VS DECATUR 5:30

FOOTBALL 7TH 9/17 VS CLARK PL 5:30

FOOTBALL 8TH 9/17 @ CLARK PL 5:30

GOLF 9/14 @ DECATUR 4:30

9/17 @ CRESTON 5:00

SOCCER 9/14 @ CLARK PL 5:30

9/15 VS LYNHURST 5:30

CROSS COUNTRY 9/14 @ PLAINFIELD 5:30

9/16 @ AVON 5:30

9/17 @ PLAINFIELD 5:30

REMINDER

PLEASE REMEMBER TO CALL
OUR ATTENDANCE LINE
317-789-4102 BEFORE 9AM
TO REPORT YOUR
STUDENT'S ABSENCE.

VISIT US ONLINE

WWW.PERRYSCHOOLS.ORG/PM/

2026-2027 Student Accident Coverage

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.

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 Hospital Services		
Room & Board Expenses:	Up to \$150 per day/ Semi-private room rate	80% of Usual and Customary Charges/ Semi-private room rate
Miscellaneous Expenses	\$600 maximum per day	\$1,200 maximum per day
Physician's Visits: (Limited to one visit per day)	\$40 first day/\$25 each subsequent day	\$60 first day/\$40 each subsequent day
Ambulatory Medical Center	\$1,000 maximum	\$1,200 maximum
Emergency Room Treatment: (Treatment must be rendered within 72 hours from the time of the injury)	\$150 maximum	\$300 maximum
Surgery: (*Allowance is calculated: 100% of Usual and Customary Charges for the 1st procedure, 50% of Usual and Customary Charges for the 2nd procedure, and 25% of Usual and Customary Charges for each additional procedure when performed through different incisions/portals.)	\$1,000 maximum	\$1,200 maximum
Assistant Surgeon	100% of Usual and Customary Charges (*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.)	100% of Usual and Customary Charges (*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.)
Anesthesia and its Administration	100% of Usual and Customary Charges (*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.)	100% of Usual and Customary Charges (*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.)
Outpatient		
Outpatient Physician Visits: (Limited to one visit per day)	\$40 first day/\$25 each subsequent	\$60 first day/\$40 each subsequent
Outpatient X-ray:	day \$200 maximum	day \$600 maximum
Outpatient Diagnostic Imaging Services:	\$300 maximum	\$600 maximum
Outpatient Laboratory:	\$50 maximum	\$300 maximum
Outpatient Physiotherapy: (Limited to one visit per day. Includes acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment)	\$30 first day/\$20 each subsequent	\$60 first day/\$40 each subsequent
Ambulance Services: (Air and Ground)	day/ 5 days maximum	day/ 5 days maximum
Medical Equipment Rental: (Includes Orthopedic devices)	\$300 maximum	\$800 maximum
Dental Services:	\$75 maximum	\$140 maximum
Prescription Drugs:	\$10,000 maximum per policy term	\$10,000 maximum per policy term
Consultant:	\$75 maximum	\$200 maximum
Replacement of Eye Glasses, Contact Lenses or Hearing Aids:	\$200 maximum	\$400 maximum
	100% of Usual and Customary Charges	100% of Usual and Customary Charges

Expenses for the following are not covered: Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

This policy contains an excess provision. Benefits will not be paid under the Basic Accident Medical Expense for Covered Expenses to the extent that they are collectible under another Health Care Plan.

Details of these benefits may be found in the Master Policy on file at the School District. 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.

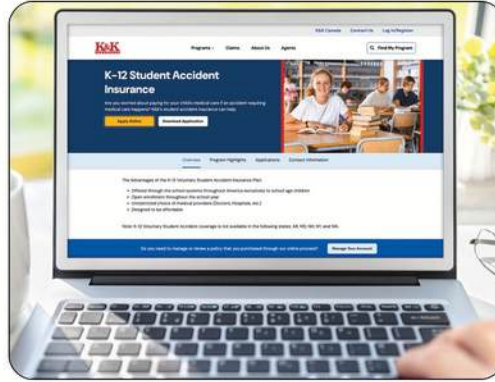
THIS IS A BLANKET ACCIDENT ONLY POLICY.

U.S. Insurance coverage is underwritten by AXIS Insurance Company under group policy form series number BACC-001-0909, et al. Coverage is subject to exclusions and limitations, and not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy. The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected.

THIS INSURANCE DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. FURTHER, THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

K-12 Student Accident Insurance

Apply Online today



Are you worried about paying for your child's medical care if an accident requiring medical care happens? K&K's student accident insurance can help.

K-12 Accident Plans available through your school:

- At-School Accident Only
- 24-Hour Accident Only
- Extended Dental
- Football

How to Enroll Online

Enrolling online is easy and should take only a few minutes. Go to **www.studentinsurance-kk.com** and click the "Apply Online" button.

1. Start by telling us the name of the school district and state where your child attends school. Enter the first few letters of the school/district name.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to **www.studentinsurance-kk.com**. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.



¿Le preocupa tener que pagar la atención médica de su hijo si ocurre un accidente? El seguro contra accidentes para estudiantes de K&K puede ayudarlo.

Planes de cobertura en caso de accidente para K-12 disponibles a través de su escuela:

- Sólo accidentes en la escuela
- Sólo accidentes, 24 horas
- Dental extendido
- Fútbol

Cómo inscribirse en línea

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos. Visite **www.studentinsurance-kk.com** y haga clic en el botón "Apply Online" ("Aplicar en línea").

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles sobre la cobertura, incluidos costos, beneficios, exclusiones y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte **www.studentinsurance-kk.com**. Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.

1709_WV_WY (10/24_K12)

www.studentinsurance-kk.com



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Personal dentistry with a gentle touch

KIDS 14 AND UNDER

\$40

(\$10 DISCOUNT FOR EVERY ADDITIONAL CHILD REGISTERED)

MEMBERSHIP BENEFITS:

- ★ ENJOY FREE ADMISSION TO ALL UINDY ATHLETIC EVENTS ★
- ★ GET A LIMITED-EDITION T-SHIRT AVAILABLE ONLY TO MEMBERS ★
- ★ RECEIVE INVITATIONS TO MEMBERS-ONLY EVENTS ★
- ★ STAY UPDATED WITH NEWS, HIGHLIGHTS AND SPECIAL FEATURES THROUGH THE MONTHLY NEWSLETTER ★
- ★ BE AUTOMATICALLY ENTERED FOR CHANCES TO WIN UINDY TEAM GIVEAWAYS ★

LEARN MORE AT UINDYATHLETICS.COM

Indianapolis