

2011-2012 VOLUNTARY COVERAGE

Student Accident Insurance

- *Voluntary School-Time Coverage*
- *Voluntary 24-Hour Coverage*
- *Voluntary Football Coverage*
- *Provides Coverage for All UIL Activities*
- *Primary Coverage*

See Details Inside



Marketed by



David Cates - Texas Representative
The Brokerage Store
4091 Dezavala Road, #3
San Antonio, TX 78249
(210) 366-4800 or Toll Free (800) 366-4810
www.thebrokeragestore.com

SALES REPRESENTATIVE

Underwriting Company

Security Life

INSURANCE COMPANY OF AMERICA

SECURITY LIFE INSURANCE COMPANY OF AMERICA is an old line legal reserve life insurance company. Security Life's home office is in Minnetonka, Minnesota 55343. The Company was organized in 1956. Security Life is one of the largest writers of student insurance in the United States.

Policy Form GH-2200(TX)

W-1745-TX

Coverage Options

FULL-TIME COVERAGE

Covers the student 24 hours a day until school starts next year. Students are covered while at home, or school, on week-ends, and during summer vacation.

SCHOOL-TIME COVERAGE

Covers the student while:

- a) attending regular school sessions;
- b) participating in or attending school-sponsored and supervised extra-curricular activities;
- c) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised activities in school-provided transportation.

School-Time and Full-Time Coverage DOES NOT cover participation in UIL activities for students in the 7th grade or above. See Medical Benefits and Exclusions on pg. 3.



EXTENDED DENTAL ACCIDENT COVERAGE

Provides benefits up to maximum of \$5,000 for any dental accident. Covers the student 24 hours a day until school starts next year. Treatment must begin within 180 days from the date of Accident. Benefits are limited to expenses actually incurred within one year from the date of accident. However, if within the one year period following the date of accident the insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the plan pays the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. No benefits are allowed for orthodontics or dental disease. Benefits for prosthesis are limited to \$500 per injury, including procedures performed to install them. Dental prosthesis includes, but is not limited to crowns, dentures, bridges, and implants.

ALL UIL ACTIVITIES/INTERSCHOLASTIC SPORTS GRADES 7-12 AND FOOTBALL

Covers the student while:

- a) participating in, practicing for or competing in UIL Activities, which are scheduled by the school, and while the student is under the direct supervision of a school employee; and
- b) traveling to and from such participation, practices or competition in school provided transportation.
- c) School-Time or Full-Time with UIL Activities Coverage includes Spring and Summer Football exclusively sponsored and supervised by the Policyholder, if Football Coverage was not purchased during the regular football season.

Refer to the Medical Benefits and Exclusions sections for more detailed information.

Effective and Expiration Dates

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01AM following the date the envelope containing the enrollment form and premium payment is post-marked by the U.S. Postal Service. UIL activities coverage will expire on the last day of the authorized season of the current school year. School-Time and Full-Time Coverages end the first day of school next year.

CLAIMS ADMINISTRATION

Student Assurance Services, Inc. is the plan administrator and processes all claims. Our most valuable asset is our employees. The majority of our employees are involved with claims administration. Claims administration is what our service is all about. We have a dedicated staff of professionals with many years of experience.

Each school is assigned to a specific claims processor. This allows the processor to become familiar with the school and those persons involved with the plan.

All claims are processed by a customized computer program designed specifically for our needs. Communication with the insured, the provider and the school contact is facilitated by immediate access to information. Our program allows us to provide various reports for each policy.

CLAIMS HANDLING PROCEDURE

1. Parents should notify the school and obtain a claim form immediately. The school will fill out Part A if it is a school injury.
2. Parents complete Part B. **Answer all questions.**
3. Send our claim form and copies of itemized bills to:
STUDENT ASSURANCE SERVICES, INC., PO BOX 196, STILLWATER, MN 55082
4. No claim can be completed until all of the above documents have been provided.
5. Questions about claims will be answered immediately by calling (800) 328-2739 or (651) 439-7098. The claims staff is available 8:00 a.m. to 4:30 p.m. Central Time, Monday through Friday.
6. Questions about claims can also be addressed to the website at www.info@sas-mn.com.

IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the Effective Date of the policy.

MEDICAL BENEFITS

When injury covered by this policy results in treatment by a Licensed Physician within 180 days from the date of injury, the Company will pay the Usual and Customary expenses incurred for necessary Services and Supplies as listed below, for expenses actually incurred within one year from the date of injury up to a Maximum Medical Benefit of \$25,000 per injury. This policy will pay benefits regardless of Other Valid Coverage.

All Amounts Listed Below are Per Injury

A. IN-PATIENT BENEFITS

1. Hospital Room and Board - Semi-private Room Charges
2. Intensive Care (in lieu of Hospital Room and Board) - 1.5 X Semi-private Room Charges
3. Hospital Miscellaneous Services (All Charges except Room & Board) - First day up to \$1,000, thereafter up to \$500 per day; max \$5,000
4. Physician's Non-Surgical Visits (other than Physical Therapy; not paid day of surgery) - First day of treatment up to \$50, subsequent visits up to \$40; maximum 10 visits
5. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) - Included in Hospital Misc. Services
6. X-ray and Radiology Services - Included in Hospital Misc. Services
7. Registered Nurse - 100% of U&C charges

B. OUT-PATIENT SURGERY BENEFITS

1. Day Surgery (Facility Charge) Room supplies and all other expenses for out-patient surgery - U&C up to \$2,000

C. OTHER OUT-PATIENT BENEFITS

1. Hospital Emergency Room Charges - U&C up to \$300
2. X-ray and Radiology Services - U&C up to \$250 Facility; \$50 Reading
3. CAT Scans, MRI and Bone Scans - U&C up to \$750 Facility; \$50 Reading
4. Laboratory Services - U&C up to \$100
5. Physician's Non-Surgical Visits (not paid day of surgery) - \$50 per visit, 10 visit maximum
6. Emergency Room Physician's Non-Surgical Care - U&C up to \$150
7. Orthopedic Appliances (when prescribed by a physician for healing) - U&C up to \$500 maximum
8. Shots and Injections (within 24 hours of an injury) - \$50 per injury
9. Prescription Drugs - \$50 per injury

C. OTHER OUT-PATIENT BENEFITS (cont.)

10. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) - \$50 per visit, maximum 5 visits
11. Ambulance Service (Air or Ground) - \$1,000 per injury
12. Eyeglass Replacement (if medical treatment is also received for a covered injury) - \$200 per injury
13. Durable Medical Equipment (Post-Surgical Only) - \$100 per injury

D. OTHER PHYSICIAN SERVICES

1. Dental Treatment (in lieu of all other medical benefits, including X-rays of sound & natural teeth) - \$200 per tooth
2. Physician's Surgical Care (In-Patient or Out-patient) Only one procedure will be allowed (the highest scheduled) when multiple procedures are performed through the same incision or in immediate succession - U&C up to \$2,500 per injury
3. Assistant Surgeon Charges (In-Patient or Out-patient) - 25% of Surgery Allowance
4. Anesthetist Charges (In-Patient or Out-patient) - 25% of Surgery Allowance

E. MOTOR VEHICLE INJURY - up to \$1,000 maximum as scheduled above

F. OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other accident.

G. ACCIDENTAL DEATH AND DISMEMBERMENT - When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable:

Loss of Life	\$ 2,000
Double Dismemberment	\$10,000
Loss of an Eye	\$ 2,000
Single Dismemberment	\$ 2,000

EXCLUSIONS

This Policy does not provide benefits for expenses resulting from:

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
2. Injuries for which benefits are payable under Worker's Compensation or Employer's Liability Laws.
3. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder.
4. Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.
5. The participation, practice or play of UIL activities including travel to or from such activity, practice, or play for students in the 7th grade or above, unless such premium is paid.

NOTICE: THE POLICY CONTAINS A PROVISION LIMITING COVERAGE TO USUAL AND CUSTOMARY CHARGES. THIS LIMITATION MAY RESULT IN ADDITIONAL OUT-OF-POCKET EXPENSES FOR THE INSURED.

THIS IS A GROUP STUDENT BLANKET ACCIDENT INSURANCE POLICY - TERM INSURANCE - NON-RENEWABLE.

The Voluntary Coverage Plan

This plan allows the school to offer student insurance coverage to parents on an optional basis. Each student in the District is required to take the information home to their parents. This plan will give the School Board and Administration a method to inform parents that the District is not responsible to pay for medical expense caused by a school injury.

Common Questions Answered

1. The Full-Time and School-Time Coverage does not cover participation in UIL activities for students in the 7th grade or above.
2. UIL activities coverage must be purchased with either Full-Time Coverage or School-Time Coverage. It covers all UIL activities injuries except football for students in the 10-12th grades and grades 7-9 football if students practice or play with grades 10-12. The cost for 10-12th grade football is an additional \$280.00. Football for students in grades 7-9 is included in the School-Time or Full-Time Coverage with UIL Activities Coverage, unless as explained above.
3. Extended Dental Coverage may be purchased separately and provides coverage during all UIL activities.

How To Enroll In The Program

1. IF YOU HAVE IMMEDIATE QUESTIONS PLEASE CALL (210) 366-4800 or (800) 366-4810.
2. Complete the enclosed enrollment form and mail to:

THE BROKERAGE STORE
4091 Dezavala Road, #3
San Antonio, TX 78249

3. Only one student accident plan will be offered by the district.
4. A billing for Group premium will not be made until July.
5. A supply of claim forms, solicitation envelopes and other materials will be sent to the school in July.

Internet Access

Available at www.sas-mn.com. You will be given an administrator access code. You will have immediate access to your:

Master Policy
Roster
Claim Status
Claim Forms

PREMIUMS

	NO UIL Activities Coverage	With UIL Activities Coverage
School-Time Coverage (PK - 12)	\$ 20.00	\$ 95.00
Full-Time Coverage (PK - 12)	\$ 90.00	\$ 165.00
Football (Grades 10 - 12) and grades 7-9 football, if they practice or play with grades 10-12	\$ 280.00	
Extended Dental (PK - 12)	\$ 9.00	

UIL Activities Coverage: includes all school sports and activities that are school sponsored and supervised except Football Grades (10 - 12) and grades 7-9 football, if students practice or play with grades 10-12.