

Student Accident Insurance Plans

2011-2012 Plans Especially Designed
For School Districts that Purchase UIL Coverage

THIS IS A LIMITED BENEFIT POLICY. ACCIDENT ONLY INSURANCE. NON-RENEWABLE.



- **Student/Athletic Accident Insurance for Grades PK-12**
- **UIL Activities 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



COLUMBIAN LIFE
INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
P.O. BOX 1381 • BINGHAMTON, NY 13902-1381

A.M. Best Rating A-. Columbian's current rating is based on A.M. Best's opinion of the consolidated Financial Strength of the life/health members of the Columbian Financial Group, which operates under a group structure. This group member is assigned a Best's rating of A- (Excellent), the fourth highest of sixteen possible ratings on A.M. Best's scale. Rating as of 2/3/2011.

THIS BROCHURE IS ONLY A SUMMARY OF THE INSURANCE COVERAGE. CONSULT THE ACTUAL POLICY FOR COMPLETE DETAILS.

Policy Form No. 9F140-CL (Rev.)TX

Form No. 3710-CL-11-TX

W-5725 TX

INTERSCHOLASTIC ACTIVITIES COVERAGE (UIL) - ALL UIL ACTIVITIES (premium paid by school) GRADES 7-12

Coverage would be in force for each person for whom the UIL Activities premium has been paid as set forth in the Policy:

- (a) while practicing for or competing in interscholastic UIL Activities which are exclusively sponsored by the Policyholder, as a representative of the School, and while under the direct and immediate supervision of an employee of the Policyholder; and
- (b) while traveling directly to or from such practice or competition in School provided transportation.
- (c) off-season conditioning, when under the direct supervision of a qualified employee of the Policyholder, including interscholastic athletes taking physical education for grade, vocational classes, ROTC, FFA, band, cheerleading drill team, and other UIL Activities which are exclusively sponsored and immediately supervised by an authorized employee of the Policyholder.

ALL SCHOOL COVERAGE - (includes all UIL Activities)

Coverage would be in force for each person for whom the All School Coverage premium has been paid as set forth in the Policy:

- (a) **while on the School premises;** during the hours and on the days School is in regular session, and during the hours and on the days when School is not in session while the insured is participating in or attending any Sponsored and Supervised Activity; and
- (b) **while away from the School premises;** other than traveling, if participating in a Sponsored and Supervised Activity; and
- (c) **while traveling directly to or from the Insured's residence and School;** for regular School sessions, or for any Sponsored and Supervised Activity in School provided transportation.

ALL INSURANCE PLANS WITH OUR COMPANY WOULD BE SECONDARY TO ALL OTHER VALID COVERAGE. A CLAIM MUST BE FILED WITH YOUR OTHER COVERAGE FIRST! THE INSURANCE PLAN DOES NOT COVER PENALTIES IMPOSED FOR FAILURE TO USE PROVIDERS PREFERRED OR DESIGNATED BY YOUR PRIMARY COVERAGE.

EFFECTIVE AND EXPIRATION DATES

Interscholastic Activities Coverage (UIL) and All School Coverage becomes effective on the Master Policy Effective Date (08-01-2011). All coverage expires on the Master Policy Expiration Date (07-31-2012) or when payment is due and unpaid.

CLAIMS ADMINISTRATION

Student Assurance Services 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. The system 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. Parents should submit copies of their **itemized bills** to their own family insurance first, even if they have a large deductible. They will be sent a report called an Explanation of Benefits (EOB). This Plan is supplemental to all other valid coverage. Parents must file a claim with their other coverage first! This Plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by the parent's primary coverage.
4. Send our claim form, copies of itemized bills and the other insurance plan EOBs to: STUDENT ASSURANCE SERVICES, INC., PO BOX 196, STILLWATER, MN 55082
5. No claim can be completed until all of the above documents have been provided.
6. 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.
7. 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 only after all Other Valid and Collectible Coverage has been paid.

All Amounts Listed Below are Per Injury

	TEXAS VALUE	TEXAS STAR
A. IN-PATIENT BENEFITS		
1. Hospital Room and Board	Semi-private Room Charges	Semi-private Room Charges
2. Intensive Care (in lieu of Hospital Room and Board)	1.5 X Semi-private Room Charges	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	First day up to \$500, thereafter up to \$250 per day; max \$2,500
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	First day of treatment up to \$40, subsequent visits up to \$30, 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. Benefit	Included in Hospital Misc. Benefit
6. X-ray and Radiology Services	Included in Hospital Misc. Benefit	Included in Hospital Misc. Benefit
7. Registered Nurse	100% of U&C charges	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	up to \$1,500
C. OTHER OUT-PATIENT BENEFITS		
1. Hospital Emergency Room Charges	U&C up to \$300	up to \$200
2. X-ray and Radiology Services	U&C up to \$250; \$50 reading	\$175 per injury; \$25 reading
3. CAT Scans, MRI and Bone Scans	U&C up to \$750; \$50 reading	\$575 per injury; \$25 reading
4. Laboratory Services	U&C up to \$100	\$50 per injury
5. Physician's Non-Surgical Visits (not-paid day of surgery) Treatment for concussion limited to 2 visits per injury	\$50 per visit, 10 visit maximum; Concussion \$80 per visit, 2 max	\$40 per visit, 10 visit maximum Concussion \$60 per visit, 2 max
6. Emergency Room Physician's Non-Surgical Care	U&C up to \$150	U&C up to \$120
7. Orthopedic Appliances (when prescribed by a physician for healing)	U&C up to \$500 maximum	\$500 maximum
8. Shots and Injections (within 24 hours of an injury)	\$50 per injury	\$25 per injury
9. Prescription Drugs	\$50 per injury	\$25 per injury
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	\$30 per-visit, maximum 5 visits
11. Ambulance Service (Air or Ground)	\$1,000 per injury	\$500 per injury
12. Eyeglass Replacement (if medical treatment is received for a covered injury)	\$200 per injury	\$100 per injury
13. Durable Medical Equipment (Post-Surgical Only)	\$100 per injury	\$100 per injury
D. OTHER PHYSICIAN SERVICES		
1. Dental Treatment (in lieu of all other medical benefits, including X-rays of sound & natural teeth)	\$1,000 per injury	\$500 per injury
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 \$3,000 per injury	\$1,500 per injury
3. Assistant Surgeon Charges (In-Patient or Out-patient)	25% of Surgery Allowance	25% of Surgery Allowance
4. Anesthetist Charges (In-Patient or Out-patient)	25% of Surgery Allowance	25% of Surgery Allowance
E. MOTOR VEHICLE INJURY		
	\$1,000 maximum as scheduled above	\$1,000 maximum as scheduled above
F. OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other accident.		
G. FIELD TRIP COVERAGE - all students will be covered for one day field trips, with no overnight stay. Basic benefits apply for up to \$2,000 per injury.		
H. 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

For specific costs and further details of the coverage, including exclusions, reductions or limitations, and the terms under which the policy may be continued in force, see your agent or write the Company. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits.

EXCLUSIONS

The Policy does not provide benefits for:

1. Any sickness, disease, infection (unless caused by an open cut or wound), 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, injuries involving bone cysts or dental implants.
2. Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
3. The services of a second or subsequent Physician when not requested in writing by the attending Physician. This exclusion does not apply to any Assistant Surgeon Benefits.
4. 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.
5. Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.
6. Intentionally self-inflicted Injuries; Injuries sustained while fighting or brawling; or violating or attempting to violate any existing city, state, or federal law.
7. Treatment received from any person employed or retained by the Policyholder.
8. Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.

DEFINITIONS

"Accident" means an unexpected, external and sudden event that is independent of any other cause.

"Covered Services" means the services and supplies which are: (a) listed under section titled MEDICAL BENEFITS; (b) Medically Necessary; (c) prescribed or performed by a Physician; and (d) not excluded under the Policy.

"Company" means the Columbian Life Insurance Company.

"Durable Medical Equipment" means equipment which can be rented, leased, or purchased and which is designed to provide treatment and/or support for an extended period of time. It includes, but is not limited to: CPM machines; drug pumps; and H2O pumps.

"Injury" means an accidental bodily Injury or injuries directly caused by specific accidental contact with another body or object while the Insured is covered under the Policy. It is unrelated to any pathological, functional, or structural disorder. The Accident must result in an Injury which begins while the Insured is covered under the Policy.

The term Injury also means a re-Injury sustained while the Insured is covered under the Policy, for which the Insured has remained treatment free for a period of 180 days prior to the Policy Effective Date.

If benefits have been paid under the Policy for an Injury, a re-injury will be considered new if:

- a) the re-Injury occurs while the Insured is covered under the Policy; and
- b) the Insured remains treatment free for a period of 180 days between the date of last treatment for the original Injury and the date of the re-Injury.

A re-Injury that is incurred within 180 days of the original Injury, will be considered a continuation of the original Injury.

"Medically Necessary" means a Covered Service which is: (a) consistent with symptoms and diagnosis or treatment of Injury; (b) in accordance with standards of generally accepted medical practice; (c) not primarily for the convenience of the patient or Physician; and (d) most appropriate supply or level of service which can be safely provided.

"Physician" means a practitioner of the healing arts, other than a member of the Insured's immediate family, who: (a) is duly licensed to practice medicine in the state in which treatment is received; and (b) is acting within the scope of such license.

"Sponsored and Supervised Activity" means any activity which is exclusively sponsored by the Policyholder and which is under the direct and immediate supervision of an employee of the Policyholder.

"Usual and Customary Charges (U&C)" means charges for medical services or supplies for which the Insured is legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received.

*Usual and Customary Charges for Covered Services are determined by referencing the 75th percentile of the most current survey published by Ingenix for such Covered Service.

HOW TO ENROLL

Contact *The Brokerage Store* at (210) 366-4800 or (800) 366-4810 for information about rates and how to sign up for coverage.