



STUDENT ACCIDENT INSURANCE

- School-Time Coverage
 - 24 Hour Coverage
 - Football Coverage
 - \$5,000 Dental
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This is an affordable, full excess, accident only policy for students that will help offset the rising medical costs and deductibles required by insurance carriers under your current health plans.

Enclosed is a brief detail of the plans currently available and enrollment form. Online enrollment is available via our website at www.studentinsuranceplans.com and coverage can be verified by calling 469-579-4139. A detailed master policy is available at the school district.

Underwritten by:
Catlin Insurance Company, Inc.
1330 Post Oak Blvd, Ste 2325
Houston, Texas 77056

Marketed by:
Student Insurance Plans, LLC
PO Box 1447
Frisco, Texas 75034

ACCIDENT PLANS

Description of Plan Benefits	Standard Plan	Elite Plan
Death	\$10,000	\$50,000
Dismemberment	\$10,000	\$100,000
Paralysis	N/A	\$100,000
AME		
Benefit Maximum	\$25,000	\$5,000
Deductible (per accident)	\$0	\$100
<u>Inpatient</u>		
Hospital Miscellaneous/Room & Board:	100% up to \$2,500	100% up to Benefit Maximum
Physician's Visit	\$50 per visit	100% up to Benefit Maximum
<u>Outpatient</u>		
Day Surgery Misc: (facility charge)	100% up to \$2,000	100% up to Benefit Maximum
X-Rays, Diagnostic Testing:	100% up to \$300	100% up to Benefit Maximum
Physician's Visits:	\$50 per visit	100% up to Benefit Maximum
Physical Therapy:	\$50/visit to \$500	100% up to Benefit Maximum
Hospital Emergency Room:	100% up to \$300	100% up to Benefit Maximum
Emergency Room Physician:	\$75 per visit	100% up to Benefit Maximum
MRI/Cat Scan:	100% up to \$800	100% up to Benefit Maximum
Lab:	100% up to \$150	100% up to Benefit Maximum
Home Health Care:	\$50/visit to \$500	100% up to Benefit Maximum
<u>Inpatient and/or Outpatient</u>		
Surgeon's Fees:	100% up to \$2,000 (limited to the primary procedure per surgery)	100% up to Benefit Maximum
Anaesthetist:	25% of surgeon benefit	100% up to Benefit Maximum
Assistant Surgeon:	25% of surgeon benefit	100% up to Benefit Maximum
Ambulance:	100% up to \$600	100% up to Benefit Maximum
Orthopaedic Braces & Appliances:	100% up to \$500	100% up to Benefit Maximum
Eyeglasses, Contact Lens, Hearing Aids:	100% up to \$400	100% up to Benefit Maximum
Dental:	100% up to \$5,000	100% up to Benefit Maximum
Prescriptions	100% up to \$100	100% up to Benefit Maximum
Injections:	100% up to \$100	100% up to Benefit Maximum
MVA:	100% up to \$5,000	100% up to Benefit Maximum
Felonious Assault and Violent Crime Benefit	N/A	10% of Principal Sum (death, dismemberment, paralysis)
Heart or Circulatory Malfunction Benefit	N/A	\$5,000 (death, dismemberment, paralysis)
Rates		
<u>School Time Coverage</u>		
Grades K-6	\$20.00 per year	\$30.00 per year
Grades 7-12	\$30.00 per year	\$50.00 per year
<u>24 Hour Coverage</u> (includes Athletics, excluding High School Football)		
Grades K-6	\$35.00 per year	\$45.00 per year
Grades 7-12	\$90.00 per year	\$100.00 per year
<u>Varsity Football Coverage</u>		
(Grades 10-12 and Grades 7-9 if they practice or play with Grades 10-12)	\$275	N/A

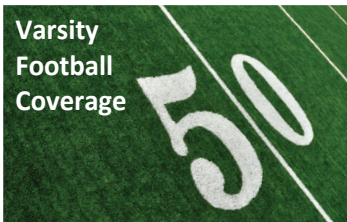
ACCIDENT COVERAGES



Coverage is in force for the hours and days when school is in session and while attending school sponsored and supervised activities on or off the school premises. This plan does not cover Athletics/UII activities in grades 7-12.



Coverage is in force around the clock, 24 hours a day, including summer, weekends, and vacation periods. Protected at home or while away – any time, any place, anywhere. The UII/Sports Coverage protects students while at practice or participating in school sponsored and supervised UII Activities and Sports for grades 7-12. Varsity Football is excluded.



Coverage is in force while students participate in practice or play of school sponsored and supervised varsity football activities, including travel to and from by in-school transportation. This coverage is for grades 10-12 and 7-9 if they practice or play with grades 10-12. School time and 24 hour coverages purchased separately. **Standard Plan option only.**

HOW TO ENROLL YOUR CHILD

- Select a Plan and Coverage Type from the options listed. Complete the application enclosed and make check payable to Student Insurance Plans. Please be sure to write the name of your child on your check.
- Enrollment is also available online at www.studentinsuranceplans.com
- Please keep a copy of the brochure and payment as your proof of insurance as you will not receive a policy or ID card. The master policy is issued to the District and can be obtained by contacting the District Administrator. Should you want an ID card for your child, you can print out an ID card on our website and fill in your child's information or contact us at 469-579-4139.

CLAIMS PROCEDURE

In case of accident, notify school immediately. Obtain a claim form from your school or at www.studentinsuranceplans.com and mail to the address indicated on the claim form. **Notice of claim must be filed within 90 days from date of accident.**

EXCLUSIONS AND LIMITATIONS

This Policy does not cover any loss as a result of:

1.) Suicide or attempted suicide; intentionally, selfinflicted Injury; 2.) War or any act of war, whether declared or not; active duty service in the; military; naval or air force of any country or international organization; active participation in a riot, or insurrection; 3.) Sickness, disease; bodily or mental infirmity; bacterial or viral infection; or medical or surgical treatment thereof, except for any bacterial infection resulting from any accidental external cut or wound; 4.) Commission of, or attempt to commit: a felony; an assault; or other illegal activity; being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor; 5.) Flight in; boarding; or alight in from an aircraft or any craft designed to fly above the Earth’s surface, except as: a fare-paying passenger on a regularly scheduled commercial or charter airline, a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight; 6.) Travel in or on; entering into or alighting from; or being struck by any on/off road motorized vehicle not requiring licensing as a motor vehicle; an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle license; participation in any activity or hazard not specifically covered by the Policy; 7.) A cardiovascular malfunction or stroke caused solely and exclusively by exertion, as verified by a Doctor, while the Covered Person participates in a Covered Activity; aggravation of an Injury the Covered Person Suffered before participating in that Covered Activity, unless We receive a written medical release from the Covered Person’s Doctor. 8.) Treatment by any Immediate Family Member or member of the Covered Person’s household. 9.) Treatment of hernia; Osgood-Schlatter Disease; osteochondritis; appendicitis; osteomyelitis; cardiac disease or conditions; pathological fractures; congenital weakness; detached retina unless caused by an injury or mental disorder or psychological or psychiatric care or treatment; whether or not caused by a Covered Accident. 10.) Pregnancy; childbirth; miscarriage; abortion; or any complications of childbirth; miscarriage; abortion; 11.) Cosmetic surgery, except for reconstructive surgery needed as the result of an injury; Any elective treatment, surgery, health treatment or examination; treatment of Injuries that result over a period of time; routine care or physicals; rest cures or custodial care; 12.) Sexually transmitted diseases or immune deficiency disorders and related conditions; 13.) Covered medical expenses for which the Covered Person would not not responsible for in the absence of the Policy; 14.) Damage to or loss of dentures or bridges; or damage to existing orthodontic equipment (except as specifically covered by the Policy).

ENROLLMENT APPLICATION

School District Name: _____School Name: _____

Student Last Name: _____Student First Name: _____

Address: _____City: _____State: _____Zip: _____

Student ID: _____Date of Birth: _____Grade: _____

Parent Name: _____Parent Email: _____

PLANS: (coverage dates are listed within the master policy and are based upon the school district’s calendar)

SCHOOL TIME COVERAGE:	<u>Standard Plan</u>	<u>Elite Plan</u>
Grades K- 6	☐ \$20.00	☐ \$30.00
Grades 7-12	☐ \$30.00	☐ \$50.00

24 HOUR COVERAGE:

Grades K-6	☐ \$35.00	☐ \$45.00
Grades 7-12	☐ \$90.00	☐ \$100.00

VARSITY FOOTBALL COVERAGE:

Grades 10-12 and 7-9 if they Practice or play with grades 10-12	☐ \$275.00	N/A
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AMOUNT ENCLOSED: _____ (make checks payable to Student Insurance Plans)

Online enrollment available via Visa or Mastercard at www.studentinsuranceplans.com

MAIL TO: Student Insurance Plans, PO BOX 1447, Frisco, Texas 75034