

Denton Independent School District

2020/2021 STUDENT ATHLETIC and ACCIDENT INSURANCE

Underwritten by Catlin Life Insurance Company, Inc.

Blanket Coverage: Maximum Benefit - \$25,000 / No Deductible / \$5,000 AD&D	Premium:
Current UIL/Athletic Accident Plan	\$99,500
Alternate All School Plan (PK-12 during school day, Career Tech, Headstart, UIL/Athletic activities as under current plan)	\$140,000

Catastrophic Coverage: Maximum Benefit - \$7,500,000 / \$25,000 Deductible (two-year incurral period) / \$20,000 AD&D / 10 Year Benefit Period	
Base Catastrophic	\$7,475
Additional \$500,000 Catastrophic Cash Benefit	\$3,429
Total for Base and Cash Benefit:	\$10,904
<p>Class II – – All enrolled Students of the School or School District, while participating in gym classes and extracurricular school activities, including intramural and interscholastic sports, such as football, band members, cheerleaders, majorettes, student coaches, student trainers and student managers. Coverage also includes supervised travel to and from such games and practice sessions.</p>	

Voluntary Coverage	Standard Plan		Elite Plan	
	<i>Grades K-6</i>	<i>Grades 7-12</i>	<i>Grades K-6</i>	<i>Grades 7-12</i>
School Time (Excludes Athletics/UIL Activities in Grades 7-12)	\$35.00	\$35.00	\$50.00	\$50.00
24-Hour (Includes Athletics/UIL Activities, excluding High School Varsity Football)	\$75.00	\$125.00	\$100.00	\$150.00
Football Coverage (grades 9-12 participating in high school football)	\$275.00		N/A	

Schedule of Benefits
Maximum Benefit - \$25,000 / No Deductible / \$5,000 Base AD&D

ACCIDENT MEDICAL EXPENSE BENEFIT	TEXAS PREMIER PLAN
Full Excess Accident Expense Benefit Limit	\$25,000 per accident (Benefit Maximum)
First Medical Expenses must be incurred within	90 days from the date of the accident
Benefit Period	52 weeks from the date of the accident
Benefit Limit for Covered Injuries from any one Motor Vehicle Accident	\$5,000
INPATIENT COVERED EXPENSES	
Semi-Private Room	100% of the usual and customary charges
Intensive Care Unit/Critical Care Unit	1.5 times the daily semi-private room rate
Hospital Miscellaneous Expenses	up to \$300 per day to a maximum of \$5,000 per accident
Registered Nursing Services	Up to \$400 per accident
Physician In-Hospital Non-Surgical Visits/limited to 1 visit per day	up to \$50 per visit
OUTPATIENT COVERED EXPENSE	
Physician Office Non-Surgical Visits/limited to 1 visit per day	up to \$40 per visit
Emergency Room Physician	up to \$60 per accident
Combined Maximum for CT scan, MRI	up to \$500 per accident
CT scan, MRI reading	up to \$25 per accident
X-ray	up to \$210 per accident
X-ray reading	up to \$25 per accident
Laboratory tests	up to \$60 per accident
Outpatient Physiotherapy Benefit	up to 5 treatments; up to \$150 per accident; 1 visit a day
Outpatient Orthopedic Appliances	up to \$600 per accident
Hospital Outpatient Surgery Facilities Payment	up to \$1,500 per accident
Shots & Injections	up to \$25 per accident
Ambulance Services/1 trip to nearest Hospital	100% of the usual and customary charges
Post-Surgical Medical Equipment	up to \$150 per accident
Dental Services	up to \$300 per tooth
Outpatient Prescription Drugs	100% of the usual and customary charges
Eyeglasses, Contact Lenses, Hearing Aids	100% of the usual and customary charges
Post Injury Concussion Testing	up to \$50 per test; not to exceed 3 tests
Heart & Circulatory <i>Covered Condition: Heat Exhaustion</i>	100% of the usual and customary charges
INPATIENT OR OUTPATIENT COVERED EXPENSE	
Emergency Room Treatment	up to \$150 per accident
Emergency Room Treatment must occur within	72 hours of the accident
Physician's Surgical Expenses/Fees	75% of the usual and customary charges up to \$3,750 per accident
Assistant Surgeon	25% of the surgery allowance
Anesthesia and its Administration	25% of the surgery allowance
Field Trip Coverage (PK-12)	Up to \$25,000
AD&D BENEFITS	
Accidental Death	\$5,000
Accidental Dismemberment	\$5,000

K-12 VOLUNTARY STUDENT ACCIDENT PLANS

Description of Plan Benefits	Standard Plan	Elite Plan
Death	\$10,000	\$25,000
Dismemberment	\$10,000	\$25,000
Paralysis	N/A	\$25,000
AME		
Benefit Maximum	\$25,000	\$5,000
Deductible (per accident)	\$0	\$100
Inpatient		
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
Outpatient		
Day Surgery Misc: (<i>facility charge</i>)	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
Inpatient and/or Outpatient		
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		
School Time Coverage		
Grades K-6	\$35.00 per year	\$50.00 per year
Grades 7-12	\$35.00 per year	\$50.00 per year
24 Hour Coverage (includes Athletics, excluding High School Football)		
Grades K-6	\$75.00 per year	\$100.00 per year
Grades 7-12	\$125.00 per year	\$150.00 per year
Varsity Football Coverage		
(Grades 10-12 and Grades 7-9 if they practice or play with Grades 10-12)	\$275	N/A