

Jefferson ISD Student UIL Insurance Comparison Grades 7 - 12 For Year 8/1/2024-7/31/2025 6/11/2024			
	Health Special Risk (HSR)	Texas Kids First	Monarch Management/Players Health
Plan:	Premier Plan	Lone Star	Premier Plus
Student Accident			
Premium	\$26,637.00	\$24,600.00	\$18,090.86
Plan Maximum (for each injury)	\$25,000 1	\$30,000 1	\$25,000
Motor Vehicle Injury	\$5,000 1	\$5,000 1	\$25,000
Hospital Room and Board	Semi-Private daily room rate 1	Private daily room rate 1	Semi-Private daily room rate
Intensive Care Unit/Critical Care Unit	100% U & C 1	Private daily room rate 1	100% U&C not to exceed semi private room rate
Inpatient - Registered Nurse	100% U & C up to \$400 1	U & C Charges 1	100 % U & C
Hospital Inpatient Misc	\$300 per day/\$5,000 maximum 1	\$250 per day/\$5,000 maximum 1	\$250 per day/\$5,000 maximum
Family Travel	0	\$300 per day for 5 days, after 5 cont. days 1	0
Hospital Emergency Room	\$150 max. 1	\$175 1	\$350 max.
Hospital Emergency Room Doctor	U & C up to \$50 1	\$150 max. 1	\$200 max
Ambulatory Medical Center	U & C up to \$1,500 1	U & C up to \$1,500 1	U & C up to \$2,000
Physician - Surgical	75% U & C up to \$3,750 1	75% U & C up to \$3,500 1	90% U & C up to \$4,750
Assistant Physician/Anesthetist	25% of surgeon's allowance 1	25% of surgeon's allowance 1	25% of Surgeon's Allowance
Physician In-Hospital Non Surgical Visits	\$50 max per visit 1	\$40 per day 1	\$50 max per visit
Physician Office Non-Surgical Visits	\$40 max per visit 1	\$40 max per visit 1	\$40 max per visit
Use of Physician's Surgical Facilities	100% U & C up to \$1,500 1		100 % U & C up to \$2,000
Anesthesia and its Administration	25% of surgeon's allowance 1	25% of surgeon's allowance 1	25% of surgeon's allowance
Physiotherapy Outpatient	U & C. up to 5 treatments, max \$150 1	\$250 max. 1	Post surgical \$800 max: \$350 max.non-post surgical
Hosp. Outpatient Surgery Facilities Payment	U & C 1	U & C up to \$1,750 1	U & C up to \$2,500
X-Rays	\$200 max. 1	\$250 max. 1	\$300 max.
X-Ray Readings	Max \$25 per injury 1		Included in x-ray benefit
Diagnostic Imaging	U & C up to \$525 1	U & C up to \$550 1	U & C up to \$850
Lab Tests - Outpatient	\$75 max. 1	\$50 max. 1	\$200 max.
Ambulance	100% U & C 1	100% U & C up to \$5,000 1	100 % U & C
Post Injury Concussion Management Testing	U & C 1		Falls under non-surgical office visits
Dental Services	100% U & C up to \$250 tooth 1	100% U & C up to \$5,000 1	100 % U & C
Dental, Cosmetic	0	U & C up to \$500 1	Part of dental services if medically necessary
Orthopedic Braces & Appliances	100% U&C up to \$800 1	100% U&C up to \$400 1	100 % U & C up to \$500
Durable medical equipment	\$150 max. 1	\$175 max. 1	\$200 max.
Hernia Benefit	Included 1		Included
Heart & Circulatory Covered - Heat Exhaustion	U & C 1		Covered
Prescriptions - Outpatient	100% U & C 1	100% U & C 1	100% U & C
Eyeglasses, contact lenses & hearing	100% U & C 1	100% U & C 1	100% U & C
Catastrophic Coverage			
Premium	\$1,718	\$1,612	\$1,612
Accident Medical Expense Benefit	\$10,000,000	\$10,000,000	\$7,500,000
Deductible	\$25,000	\$25,000	\$25,000
Accidental Death	\$10,000	\$10,000	\$10,000
Accidental Dismemberment	\$10,000	\$20,000	\$10,000
Heart or Circulatory Malfunction Loss of Life	\$10,000	\$10,000	\$10,000
Cash Benefit	\$100,000	\$100,000	\$100,000
Total Premiums	\$30,253	\$26,112	\$17,703