

K-12

Student / Accident Insurance

Prepared for:

Mineola Independent School District



Presented by:

Nichol Cook
Life/Health Agent

Watkins Insurance
GROUP

P.O. Box 1188
Mineola TX, 75773
(903)-569-5115

Catlin Insurance Company Inc.**2013-2014 Policy Number: 404611**

School/District: Mineola Independent School District Phone #: 903-569-2448 Fax #: 903-569-5155
Mailing Address: 1000 West Loop City: Mineola State & Zip TX 75773
Contact Person: William Bjork Title: Business Manager E-mail: william.bjork@mineolaisd.net

- ☐ Premium: \$44,000 Plan Selected: 80% U&C Grades: 7-12 Deductible: \$0
- ☐ Premium: \$38,000 Plan Selected: Plan A Grades: 7-12 Deductible: \$0
- ☒ **Athletic /Activities Coverage** (premium paid by School): _____ Number of Participants _____
- ☐ **School Plan** (premium paid by School) _____ Number of Students _____

- ☒ ****Voluntary Accident Medical Coverage** (premium paid by parent/guardian)

Voluntary Accident Only Coverage: <i>**This option coverage is available only when one of the above plans is purchased by the school.</i>	Plan B	Plan A
School Time	\$22.00	\$29.00
24 Hour	\$68.00	\$99.00
Extended Accidental Dental Coverage:	\$8.00	

Voluntary Applications: (please select one if Voluntary coverage will be offered)

- ☐ **Electronic Options:** Please provide us with a link for online enrollment & claim information to be accessed via our school/districts website. (Information will be emailed to the contact listed above unless otherwise indicated) *This will include an electronic copy for printing out applications &/or claim forms as needed.*
- ☐ **Paper Option:** Please provide us with paper forms for enrollment. Forms will be shipped to the above address unless additional shipping/contact information is provided. *This option will also include an electronic copy so you can print out applications &/or claim forms as needed.*

Dates available to receive ground shipments: _____
Number of Brochures Requested: _____ Total Enrollment: _____
Contact (if different from above): _____
Shipping Address (if different from above): _____

We hereby apply to Catlin Insurance Company for a Student Accident Policy. We understand that insurance will be in force if this Application is accepted by the Company, and the required premium is received by the Company when due. Make check payable to Catlin Insurance Company, Inc.

Print Name: _____
School Official Signature: _____
Date Signed: _____ Phone Number: _____
Name of Agent: _____
Agent Signature: _____ Date: _____

MINEOLA ISD ~ SCHEDULE OF BENEFITS (Current 80% U&C PLAN)
ACCIDENT ONLY
MAXIMUM BENEFIT \$25,000 For Each Injury
52 Week Benefit Period, Full Excess

In-Patient

Room & Board:	80%	Usual & Customary
Hospital Miscellaneous:	80%	Usual & Customary
X-Rays:	80%	Usual & Customary
Physical Therapy:	80%	Usual & Customary
Surgery: <i>(No more than one procedure through the same incision will be paid)</i>	80%	Usual & Customary
Physician's Visits: <i>(Benefits limited to one visit per day and do not apply when related to surgery or Physical Therapy)</i>	80%	Usual & Customary

Outpatient

Surgery: <i>(No more than one procedure through the same incision will be paid)</i>	80%	Usual & Customary
Day Surgery Miscellaneous: <i>(Facility Charge)</i>	80%	Usual & Customary
Physician's Visits: <i>(Benefits limited to one visit per day and do not apply when related to surgery or Physical Therapy)</i>	80%	Usual & Customary
Physical Therapy:	80%	Usual & Customary
Emergency Room: <i>(Use of Room and Supplies: Treatment must be rendered within 72 hours from time of injury)</i>	80%	Usual & Customary
X-rays, Diagnostic Testing:	80%	Usual & Customary
Lab:	80%	Usual & Customary

Other

Ambulance:	80%	Usual & Customary
Orthopedic Braces and Appliances:	80%	Usual & Customary
Dental:	80%	Usual & Customary
Neurological Consultant:	80%	Usual & Customary
Anesthetist:	35%	Usual & Customary
Assistant Surgeon:	35%	Usual & Customary
MRI/Cat Scan:	80%	Usual & Customary
Eyeglasses, Contact Lens and Hearing Aids:	80%	Usual & Customary
Prescriptions:	80%	Usual & Customary
Home Health Care:	10 visits / \$50 per visit	
Injections:	\$15 per visit to \$75 maximum	
MVA:	\$5,000 Maximum	

No benefits will be paid for services not listed in the Schedule of Benefits, or for any service described in the Exclusions and Limitations portion of the policy.

MINEOLA ISD ~ SCHEDULE OF BENEFITS (Alternate Proposal Plan A)
ACCIDENT ONLY
MAXIMUM BENEFIT \$25,000 For Each Injury
52 Week Benefit Period, Full Excess

Room & Board:	90% U&C up to \$500/day
Hospital Miscellaneous:	90% U&C to \$3,500 Maximum
Day Surgery Miscellaneous (<i>Facility Charge</i>):	\$1,250 Maximum
Surgery:	90% U&C to \$2,500 Maximum
X-rays, Diagnostic Testing:	\$500 Maximum
Physician's Visits:	\$45 per visit
Physical Therapy:	\$35/visit to \$350 maximum
Emergency Room: (Use of Room and Supplies: Treatment must be rendered within 72 hours from time of injury)	\$500 Maximum
Lab:	100% U&C
Ambulance:	\$700 Maximum
Orthopedic Braces and Appliances (DME):	\$500 Maximum
Anesthetist:	\$500 Maximum
Assistant Surgeon:	\$500 Maximum
MRI / Cat Scan:	90% U&C to \$1,000 Maximum
Eyeglasses, Contact Lens, Hearing Aids:	\$500 Maximum
Dental:	\$500 per tooth
Prescriptions:	\$200 Maximum
Home Health Care:	10 visits / \$50 per visit
Injections:	\$15/visit to \$75 maximum
MVA:	\$5,000 Maximum

No benefits will be paid for services not listed in the Schedule of Benefits, or for any service described in the Exclusions and Limitations portion of the policy.

2013 Enrollment Form for Catastrophic Coverage

Underwritten by AIG

Bene-Marc, Inc., 6301 Southwest Blvd., Ste. 101, Benbrook, TX 76132

Participant Information:

Name of Participating School or District: Mineola Independent School District

Address: 1000 West Loop City: Mineola State: TX ZIP: 75773

Number of Schools Junior High: 1 Senior High: 1

Estimated Number of Students Grades K-8: _____ Grades 9-12: _____

Eligible Classes Junior High: ☒ Yes ☐ No Senior High: ☒ Yes ☐ No

____ Class I: All enrolled Students of the School or School District, including all sports and activities (includes student coaches, student trainers and student managers). Football: ☐ Yes ☐ No

XX 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. Football: ☒ Yes ☐ No

Benefits:

XX Accident Medical Expense (AME) Benefit Amount - Excess Coverage \$6,000,000

XX Accidental Death & Dismemberment (AD&D) (\$10,000 Death, \$20,000 Dismemberment)

XX Catastrophic Cash Benefit (Maximum Benefit Amount \$500,000)

Rates: See

Premium: Total Premium: \$ 2,268

Requested Effective Date:

The Effective Date will be the requested dates assuming We have accepted the risk and received the attached enrollment form. If the acceptance of the enrollment form or the enrollment form is not received prior to the requested effective date, the Effective Date will be the date We accept the Enrollment Form. The Expiration Date of the policy will be one (1) year from the Effective Date.

08 / 01 / 2013
____ Month ____ Day ____ Year

Approval for Enrollment:

The authorized signer of this application represents to the best of his or her knowledge and belief that the statements set forth herein are true and include all material information. Signing of this application does not bind AIG to offer nor the authorized signer to accept insurance, but it is agreed this questionnaire and any attachments thereto shall be the basis of the insurance.

Officer's Name (print): _____ Signature: _____

Title (print): _____ Date: _____

General Statement:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

***K-12 Student Accident Only Plan
Proposal***

for

Mineola ISD

by

***Markel Insurance Company
Accident & Health Division***



Student Accident Only Insurance Plan

General Information	
Eligibility	School Time coverage with Sport including Football
Type of Enrollment	Compulsory
Type of Coverage	Excess

Plan Features	Accident Only
Deductible	\$0
Aggregate Maximum	\$250,000
Accident Medical	\$50,000
Accidental Death	\$5,000
Accidental Dismemberment	\$5,000/\$10,000
Premiums	
Economy Plan Premium	\$19,200
Basic Plan Premium	\$36,630

Benefit	Economy plan	Basic plan
Plan maximum	\$50,000	\$50,000
Hospital room and board	\$200 per day	\$350 per day
Room and board - Intensive care	\$250 per day/\$1,000 max	\$500 per day/\$2,000 max
Hospital miscellaneous	80% U&C to \$1,200 maximum	80% U&C to \$2,400 maximum
Licensed nurse	Usual and customary	Usual and customary
Outpatient emergency room	\$200	\$350
Outpatient X-ray	\$250	\$400
Outpatient CT scan/MRI	\$300	\$500
Ambulance	\$150	\$300
Surgery	50% U&C to \$1,250	80% U&C to \$1,750
Anesthetist/assistant surgeon	25% of surgical	25% of surgical
Outpatient consultant	\$50	\$95
Outpatient physician	\$40/\$25 thereafter	\$60/\$35 thereafter
Outpatient day surgery	\$350	\$600
Outpatient physical therapy	\$25 per visit, 10 visit max	\$40 per visit, 10 visit max
Outpatient durable medical equipment & supplies	\$75	\$150
Dental injury	\$150 per tooth	\$300 per tooth
Outpatient prescription drugs	\$25	\$50
Replacement of eyeglasses, hearing aids	\$150	\$300
Motor vehicle limit	\$2,500	\$2,500
Accidental death	\$5,000	\$5,000
Accidental dismemberment	\$5,000/\$10,000	\$5,000/\$10,000

The amount of benefits provided depends on the plan selected, and the premium will vary with the amount of benefits selected.



Student Insurance Proposal

**The Brokerage Store:
Diversified Insurance Services**



Student Athletic / Activities Insurance

The Brokerage Store / Diversified Insurance Services
2013-14 Student Insurance Proposal for Mineola ISD

BLANKET ATHLETIC & ACTIVITIES COVERAGE

<u>Coverage Option</u>	<u>Grades</u>	<u>Plan Option</u>	<u>Premium</u>
Athletics & Activities	7-12	Texas Value Plan*	\$38,800.00
Athletics & Activities	7-12	Texas Star Plan*	\$27,200.00
Athletics & Activities	7-12	Texas Budget Plan	\$23,100.00

Maximum Medical Benefit of \$25,000 per injury.

*Note: Students will have access to The Brokerage Store, Inc. Network that includes both USA MCO and the *Lone Star Athletic Injury Network*. Providers have agreed to accept negotiated PPO rates as Payment in Full and Full Assignment for covered services. PPO network applies to Value and Star Plan. Does not include Budget Plan

Underwritten by: Columbian Life Insurance Company. Best Rating of A- (Excellent).

Claims filing Procedures: 1) Online Claim Submission
Or

2) Paper Claim Submission

Claim forms will be supplied and can also be downloaded from: www.sas-mn.com.

Voluntary Accident Plan available to Students.

CATASTROPHIC COVERAGE (Underwritten by AIG Insurance Co.)

Catastrophic Coverage includes medical benefits up to \$6,000,000.

<u>Coverage Option</u>	<u>Grades</u>	<u>Deductible</u>	<u>Medical Benefit</u>	<u>Premium</u>
All UIL*	7-12	\$25,000	\$6,000,000	\$1,559.00
Catastrophic Cash Benefit			\$1,000,000	<u>\$1,485.00</u>
Total				\$3,044.00

*Includes all enrolled students of the School District, while participating in gym classes and extracurricular school activities including intramural and interscholastic sports, including band members, cheerleaders, majorettes, student coaches, student trainers and student managers. Also covered are ROTC, FFA, Vocational and some academic activities. Supervised travel to and from such games, activities and practice sessions are covered.

*Includes: Accidental Death & Dismemberment Benefit (AD&D)
\$10,000 Death / \$20,000 Dismemberment

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

A. IN-PATIENT BENEFITS		TEXAS VALUE	TEXAS STAR
1. Hospital Room and Board	Semi-private Room Charges	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	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 \$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 \$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	Included in Hospital Misc. Benefit
6. X-ray and Radiology Services	Included in Hospital Misc. Benefit	Included in Hospital Misc. Benefit	Included in Hospital Misc. Benefit
7. Registered Nurse	100% of U&C charges	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.

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

A. IN-PATIENT BENEFITS		TEXAS BUDGET		
1.	Hospital Room and Board	Semi-private Room Charge		
2.	Intensive Care (in lieu of Hospital Room and Board)	1.5 X Semi-private Room Charge		
3.	Hospital Miscellaneous Services (All Charges except Room & Board)	First day up to \$250, thereafter up to \$200 per day; max \$2,000		
4.	Physician's Non-Surgical Visits (other than Physical Therapy; not paid day of surgery)	First day of treatment up to \$30, subsequent visits up to \$20, 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		
6.	X-ray and Radiology Services	Included in Hospital Misc. Benefit		
7.	Registered Nurse	100% of U&C charges		
B. OUT-PATIENT SURGERY BENEFITS				
1.	Day Surgery (Facility Charge)	up to \$750		
	Room supplies and all other expenses for out-patient surgery			
C. OTHER OUT-PATIENT BENEFITS				
1.	Hospital Emergency Room Charges	up to \$100		
2.	X-ray and Radiology Services	\$75 per injury; \$25 for reading		
3.	CAT Scans, MRI and Bone Scans	\$250 per injury; \$25 for reading		
4.	Laboratory Services	U&C, up to \$150		
5.	Physician's Non-Surgical Visits (not paid day of surgery) Treatment for concussion limited to 2 visits per injury	\$30 per visit, 10 visit maximum; Concussion \$40 per visit, 2 max		
6.	Emergency Room Physician's Non-Surgical Care	U&C, up to \$50		
7.	Orthopedic Appliances (when prescribed by a physician for healing)	\$500 maximum		
8.	Shots and Injections (within 24 hours of an injury)	\$25 per injury		
9.	Prescription Drugs	\$25 per injury		
10.	Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith)	\$20 per visit, maximum 5 visits		
11.	Ambulance Service (Air or Ground)	\$200 per injury		
12.	Eyeglass Replacement (if medical treatment is also received for a covered injury)	\$100 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)	\$150 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.	75% of U&C, up to maximum \$1,500		
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		\$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.

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 \$325.00. 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
4114 Pond Hill Road • Suite 100
San Antonio, TX 78231

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

	NOUIL Activities Coverage	With UIL Activities Coverage
School-Time Coverage (PK - 12)	\$ 25.00	\$ 115.00
Full-Time Coverage (PK - 12)	\$ 105.00	\$ 195.00
Football (Grades 10 - 12) and grades 7-9 football, if they practice or play with grades 10-12	\$ 325.00	
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.

Mutual of Omaha Insurance Company



New Business Proposal for:

MINEOLA ISD
Mineola, TX

*We will be the kind of company
our customers value, people admire
and our competitors envy.*

PRESENTED BY:

HSR
Health Special Risk, Inc.

This Proposal is valid until August 1, 2013.

June 23, 2013



Texas Student Resources
Student Athletic/Activities Insurance
Mutual of Omaha / Health Special Risk

Kent Holbert
P.O. Box 581
Commerce, Texas 75429
Phone: 903 886-6943
Fax: 903 886-6947
E-mail: kholbert@koyote.com

2013-14 Student Insurance Proposal for Mineola ISD
Three-Year Option
Benefits Enhanced to \$7,500,000

BLANKET ATHLETIC & ACTIVITIES COVERAGE

<u>Coverage Option</u>	<u>Grades</u>	<u>Plan Option</u>	<u>Premium</u>
All UIL Athletics & Activities	7-12	Custom U&C Plan	\$44,275.00

*Includes all UIL Athletics/Activities, cheerleading, band drill team, vocational classes, ROTC, FFA and 4-H (excludes Cheerleading Summer Camps).

Includes Day Field Trips PK-12 (up to \$25,000 medical).

Premier, Premier Plus and Custom U&C Plans – Optional use of Texas Student Resources and Health Special Risk (HSR) Networks. Providers have agreed to accept plan benefits as payment in full with no balance billing to parents.

Plan Enhancements: Catastrophic Coverage increased to **\$7,500,000**
Post Injury **Concussion** Management Testing Benefit

Endorsed by the Texas Rural Education Association (T.R.E.A)
Claims administered and paid locally in Texas (Health Special Risk – 866 409-5734).
Voluntary Accident Plan available to students (Underwritten by Mutual of Omaha).
Visit our Website: K12insurance@hsri.com

CATASTROPHIC COVERAGE (Underwritten by Mutual of Omaha).
Catastrophic Coverage includes medical benefits up to **\$7,500,000**.

<u>Coverage Option</u>	<u>Grades</u>	<u>Deductible</u>	<u>Medical Benefit</u>	<u>Premium</u>
Class 3 *	7-12	\$25,000	\$7,500,000	\$1,641.00
Optional Catastrophic Cash Benefit			\$ 500,000	\$ 997.00
Total with Medical & Catastrophic Cash				\$2,638.00
Includes \$10,000 AD&D Benefit and Loss of Life due to Heart or Circulatory Malfunction				

* Class 3 includes all interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants, gym class participants, student coaches, student managers, student trainers and student participants of school sponsored non-sport extracurricular activities.

Underwritten by:
Mutual of Omaha
Mutual of Omaha Plaza
Omaha, NE 68175

Claims Administration:
Health Special Risk
P.O. Box 117588
Carrollton, TX 75011

Marketing:
Texas Student Resources
P.O. Box 581
Commerce, TX 75429



Student Athletic / Activities Insurance

Why You Will Want To Consider Texas Student Resources in 2013-14

*** Rates and Service**

Our commitment is to provide your school district with competitive rates, innovative benefits, and superior customer service.

*** "A+" Superior Underwriting Companies**

Texas Student Resources has **Exclusive** underwriting access to **Mutual of Omaha** for Base Student Accident Coverage **and** Catastrophic Coverage, the same insurance company that provides catastrophic athletic coverage to all NCAA member schools. **Mutual of Omaha** has been in business for over 100 years, is rate "A+" (Superior) by A.M. Best, Financial Size XIII (\$1.25 billion to \$ 1.5 billion).

*** Endorsed by the Texas Rural Education Association**

Texas Student Resources is the only Student Insurance Provider endorsed by TREA, The Texas Rural Education Association.

*** Texas Based Claim Payor**

We are committed to providing the best customer service and claim administration to Texas School Districts. Claims are processed and administered by Health Special Risk, (HSR). Based in Texas, HSR provides local in-state service and has over 25 years of experience handling Texas claims. On-line claim filing and toll free customer service phone numbers are available to assist parents and school districts with the claims process.

*** Experience in Texas**

Our Management Team has been providing student insurance coverage to Texas School Districts for over 40 years. Our team is comprised of dedicated Professional Agents with backgrounds in Coaching, Business, Financial Services and School Administration.

*** PPO Networks and "No Balance Bill" Networks**

Texas Student Resources, through its claims payor, Health Special Risk, has access to numerous PPO Networks, including Texas True Choice, Beech Street and Multiplan Services, thus providing discounted provider services to students and parents. In addition, two **"No Balance Bill"** networks may be utilized: The Texas Student Resources Network (TSRAN) and The Health Special Risk (HSR) Student Athletic Network.

*** Innovative Technology**

Texas Student Resources provides a state-of-the-art on-line system allowing school District's and Parents to utilize the convenience of on-line enrollment, claim form submission, and claim status.

Please contact one of our Dedicated and Professional Texas Agents for a custom quote for your school district.

Keith Cargile
408 Westbury Ct.
Arlington, TX 76013
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2013-2014
TEXAS K-12 INSURANCE
PREMIER VOLUNTARY PLAN
RATE SCHEDULE

Coverage Underwritten by: Mutual of Omaha Insurance Company; Mutual of Omaha Plaza; Omaha, NE 68175

OPTION A: 24-HOUR COVERAGE*	
Provides coverage for injuries incurred 24-Hours a day, 365 days a year (except injuries incurred while participating in High School Football events/activities).	
With Extended Dental	\$205.00 Per Student
Without Extended Dental	\$196.00 Per Student
OPTION B: AT SCHOOL COVERAGE*	
Provides coverage for injuries incurred at school, during school sponsored and supervised activities (except injuries incurred while participating in High School Football events/activities).	
With Extended Dental	\$103.00 Per Student
Without Extended Dental	\$94.00 Per Student
OPTION C: FOOTBALL COVERAGE*	
Provides coverage for injuries incurred while participating in sponsored and supervised practice or play for High School Football events	
Note: Any 9 th grade student that plays with the High School Football Team (grades 10-12) must purchase Football coverage.	
With Extended Dental	\$300.00 Per Student
Without Extended Dental	\$291.00 Per Student
Spring Football With Extended Dental	\$125.00 Per Student
Spring Football Without Extended Dental	\$116.00 Per Student

Extended Dental Coverage: This is supplemental coverage for expenses resulting from covered accidental dental injuries. The dental benefits provided are: (a) 100% of U&C Charges for examinations, X-Rays, endodontics and oral surgery to a maximum of \$10,000; or (b) dental expenses toward the cost of bridges, dentures or replacement of previous dental repairs to a maximum of \$250. No coverage is provided for orthodontics (braces) for any reason or damage or loss thereof.

Extended Dental Coverage must be purchased in conjunction with a 24-Hour, At School or Football program, it cannot be purchased as a stand alone coverage.

Health Special Risk, Inc. (HSR) is an independent licensed insurance agency and is authorized to sell this student accident insurance on behalf of Mutual of Omaha Insurance Company.

Health Special Risk, Inc.
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