

Jefferson ISD		
Student UIL Insurance Comparison		
Grades 7 - 12		
For Year 8/1/2025-7/31/2026		
6/3/2025		
	Health Special Risk (HSR)	Monarch Management/Players Health
	Plan:	
	Premier Plan	Premier Plus
Student Accident		
Premium	\$45,744.00	\$16,090.85
Plan Maximum (for each injury)	\$25,000	\$25,000
Motor Vehicle Injury	\$5,000	\$25,000
Hospital Room and Board	Semi-Private daily room rate	Semi-Private daily room rate
Intensive Care Unit/Critical Care Unit	1.5 times semi-private rm rate	100% U&C not to exceed semi private room rate
Inpatient - Registered Nurse	100% U & C up to \$400	100 % U & C
Hospital Inpatient Misc.	\$300 per day/\$5,000 maximum	\$250 per day/\$5,000 maximum
Family Travel	\$400 per day; 5 day max	0
Hospital Emergency Room	\$200 max. per injury	\$350 max.
Hospital Emergency Room Doctor/Physician	U & C up to \$60	\$200 max
Ambulatory Medical Center	U & C up to \$1,500	U & C up to \$2,000
Physician - Surgical	75% U & C up to \$3,750	90% U & C up to \$4,750
Assistant Physician/Anesthetist	25% of surgeon's allowance	25% of Surgeon's Allowance
Physician In-Hospital Non Surgical Visits	\$50 max per visit	\$50 max per visit
Physician Office Non-Surgical Visits	\$40 max per visit	\$40 max per visit
Use of Physician's Surgical Facilities	100% U & C up to \$1,500	100 % U & C up to \$2,000
Anesthesia and its Administration	25% of surgeon's allowance	25% of surgeon's allowance
Physiotherapy Outpatient	Up to \$30 per visit; 5 visit max.	Post surgical \$800 max;
	max \$150	\$350 max.non-post surgical
Hosp. Outpatient Surgery Facilities Payment	U & C	U & C up to \$2,500
X-Rays	\$225 max.	\$300 max.
X-Ray Readings	Max \$25 per injury	Included in x-ray benefit
Diagnostic Imaging	U & C up to \$525	U & C up to \$850
Lab Tests - Outpatient	\$50 max. pe injury	\$200 max.
Ambulance	100% U & C	100 % U & C
Post Injury Concussion Management Testing	Up to \$40 test; 3 test max.	Falls under non-surgical office visits
Concussion Benefit	\$100 in addition to other benefits	100 % U & C
Trauma Counseling	\$500 max; 5 visit max.	Part of dental services if medically necessary
Orthopedic Braces & Appliances	Up to \$500 per injury	100 % U & C up to \$500
Durable medical equipment	\$150 per injury	\$200 max.
Hernia Benefit	Included	Included
Heart & Circulatory: Covered - Heat Exhaustion	100% of Allowable Exp	Covered
Prescriptions - Outpatient	100% Allowable	100% U & C
Eyeglasses, contact lenses & hearing	100% U & C	100% U & C
Catastrophic Coverage		
Premium	\$1,716	\$2,682
Accident Medical Expense Benefit	\$10,000,000	\$7,500,000
Deductible	\$25,000	\$25,000
Accidental Death	\$10,000	\$10,000
Accidental Dismemberment	\$10,000	\$10,000
Heart or Circulatory Malfunction Loss of Life	\$10,000	\$10,000
Cash Benefit	\$100,000	\$100,000
Total Premiums	\$47,460	\$18,773