

Browning Public Schools  
**Board Agenda Request**  
Meeting To Be Held: 6/29/16



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**Recognition:**     Students                       Staff                       Parents  
**Information:**    Building Report             Old Business             Superintendent's Report  
**Action:**         Resignation                       Hiring                       Contract Service Agreements  
                     Travel Out-of-State             Travel In State             Approvals  
                     Termination                       Legal Matters             Other:  
                    This action request pertains to  Elementary (only)     High School/District Wide

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**Date:**        6/21/16

**To:**            **Board of Trustees**  
                    Browning Public Schools

**From:**        John P. Rouse  
**Title:**        Superintendent

**Subject:** **Approve 2016-2017 Student Accident Insurance Vendor Agreement**

**Description:** The administration recommends approval of a contract with Special Markets Insurance to provide student accident insurance coverage for the 2016-2017 school year.

**Financial Impact:** \$ 9,388.93

**Funding Source (Budget/grant, etc.):** Impact Aid

**Attachment(s):** Agreement

**Approval:** Superintendent's Office/Finance/Personnel as applicable (Initial) \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Board Action:**     N/A (Info)     Approved     Denied     Tabled to: \_\_\_\_\_



Special Markets Insurance Consultants, Inc.  
1265 Main Street  
Suite 202  
Stevens Point, WI 54481

T 800.727.7642  
F 715.344.6126

April 1, 2016

Sarah Bunton  
PayneWest Insurance, Inc 0782

RE: Student Accident Insurance – Renewal  
**Browning Public School District #9**

**26-3673-16**

It has been a pleasure to service the above referenced account for the policy year of 2015-2016. Your policy with us is due to expire on **June 30, 2016**. Attached you will find a **Gerber Life Insurance** renewal application for the policy. In order to renew the policy for another term, we will need the application filled out completely and signed. Please send the completed application and the gross premium due to SMIC prior to the expiration date.

**All Students, School Time Activities, All Interscholastic Sports, Including Interscholastic Tackle Football**

Full Excess Coverage  
Plan 4 (108) Economy  
\$25,000 Maximum / \$0 Deductible  
\$1.10 per student Grades PreK-K  
\$3.23 per student Grades 1-8  
\$9.33 per student Grades 9-12  
\$500.00 Minimum Premium (fully earned)

**Included Additional Coverages**

One-Day Field Trips (\$25,000 Maximum)      Counseling Benefit (\$5,000 Maximum)  
Religious Education (\$25,000 Maximum)      Overnight Field Trips (\$25,000 Maximum)

**BINDING INSTRUCTIONS – Please read carefully.**

In order to write the coverage for the 2016-17 policy, we will need the premium calculation/application filled out completely and signed.

- The top portion needs to be completed with the insured’s information. Contact name and email addresses are important.
- Enter the enrollment as shown in the grade level breakdowns and calculate the premium due.
- **The Insured and the Licensed Agent must both have signed the application in order to bind. Signatures must be either “wet” or digital. We cannot accept fonts that look like a signature.**
- Please send the completed premium calculation/application and the gross premium due to SMIC prior to the new policy effective date. Completed and signed (insured and agent) premium calculations/applications may be emailed to bind coverage to [dawn.voss@amwins.com](mailto:dawn.voss@amwins.com) or faxed to (715) 344-6126.
- If mailing, the original premium calculation/application and gross premium should be mailed to: **Special Markets Insurance Consultants, Inc., 1265 Main Street, Suite 202, Stevens Point, WI 54481**. Checks are to be made payable to **Special Markets Insurance**.

If we do not receive a bind request prior to the expiration date, coverage will terminate and this letter serves as Notice.

Please contact Special Markets at (800) 727-7642 ext 6103 if you should have any questions.

Thank you for placing your clients’ insurance coverage with Special Markets.

Sincerely,  
**SPECIAL MARKETS INSURANCE CONSULTANTS, INC.**

## **ACCIDENT MEDICAL SCHEDULE OF BENEFITS**

### **Mandatory Plan 4 Economy (BSC 108) Hospital and Professional Services Benefits**

The Injury must be treated within 60 days after the Accident occurs.

Services must be received within 1 year from the date of the Accident. Expenses incurred after 1 year from the date of the Accident are not covered even though the service is a continuing one or one that is necessarily delayed beyond 1 year from the date of the Accident.

#### **HOSPITAL AND PROFESSIONAL SERVICES BENEFITS**

**Maximums and Benefit Period (All maximums are subject to the COVERAGE and LIMITATIONS as stated below.)**

Maximum Medical Expense for each Injury: \$25,000

Maximum Medical Expense for football Injuries: \$25,000

Maximum Medical Expense for each Injury involving motor vehicles: \$10,000

Accidental Death, Dismemberment, or Loss of Sight Benefit: \$20,000

    Single Dismemberment: \$10,000

    Double Dismemberment: \$20,000

Benefit Period: 1 Year

#### **Deductible**

The Deductible is the greater of:

1. \$0.00; or
2. The amount paid or payable for the same Injury by any Other Plan.

#### **EXCESS COVERAGE PROVISION APPLICABILITY**

The Excess Coverage provision does apply.

#### **COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)**

The Insured's health care provider may charge more than the limits established by this Policy's definition of Reasonable Expenses and the additional charges may not be covered by this Policy.

#### ***Hospital/Facility Services***

##### **Inpatient**

1. HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses up to the semi-private room rate
2. HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses
3. INPATIENT HOSPITAL MISCELLANEOUS: 100% of Reasonable Expenses to a maximum of \$600 per day

##### **Outpatient**

1. OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): 100% of Reasonable Expenses to a maximum of \$1,000
2. HOSPITAL EMERGENCY ROOM: 100% of Reasonable Expenses to a maximum of \$100
3. DAY SURGERY MISCELLANEOUS: 100% of Reasonable Expenses to a maximum of \$1,500

### ***Physician's Services***

1. SURGICAL: 80% of Reasonable Expenses to a maximum of \$1,000
2. ASSISTANT SURGEON: Reasonable Expenses to 25% of surgical benefit paid only if surgeon is paid
3. ANESTHESIOLOGIST: Reasonable Expenses to 25% of surgical benefit paid only if surgeon is paid.
4. PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): 100% of Reasonable Expenses to a maximum of \$30 per day
5. PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION: 100% of Reasonable Expenses \$30 per visit to a maximum of \$300

### ***Other Services***

1. REGISTERED NURSES' SERVICES: 100% of Reasonable Expenses
2. PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$100
3. LABORATORY TESTS - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$150
4. X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$300
5. DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) - INCLUDES INTERPRETATION: 100% of Reasonable Expenses to a maximum of \$500
6. GROUND AMBULANCE: 100% of Reasonable Expenses to a maximum of \$500
7. AIR AMBULANCE: 100% of Reasonable Expenses to a maximum of \$500
7. DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC BRACES AND APPLIANCES: 100% of Reasonable Expenses to a maximum of \$250
9. DENTAL TREATMENT: 100% of Reasonable Expenses to a maximum of \$750 for the treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma.
10. REPLACEMENT OF EYEGLASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: 100% of Reasonable Expenses to a maximum of \$200

**GERBER LIFE INSURANCE COMPANY**  
1311 Mamaroneck Avenue, White Plains, New York 10605

**Blanket Accident Insurance Application**

Name of Policyholder Browning Public School District #9 Policy Number 26-3673-16  
(as it should appear on the Policy)

Mailing Address PO Box 610 Browning MT 59417  
(City) (State) (Zip Code)

Insurance Contact Name Sandra Rivas Title Personnel Benefits Clerk

Phone (406) 338-2715 Fax (406) 338-2708 Email Address sandrar@bps.k12.mt.us

Policy Effective Date\* 07/01/16 Policy Expiration Date 06/30/17  
(\*This will be the effective date if enrollment form and premium are received)

**Covered Activities and Rates**

**MANDATORY COVERAGES**

Plan Selected:  Plan 1  Plan 2  Plan 3  Plan 4  Plan 5  Plan Other \_\_\_\_\_

**SCHOOL-TIME COVERAGE**  All Students-No Interscholastic Sports  All Students-All Interscholastic Sports-No Interscholastic Tackle Football  All Students-All Interscholastic Sports-Includes Interscholastic Tackle Football

Insured Person (options)	Estimated Number of Students		Rate	=	Total Premium for grade level
Grades PreK – K	212	X	1.10	=	233.20
Grades 1 – 8	1269	X	3.23	=	4,098.87
Grades 9 – 12	542	X	9.33	=	5,056.86
Minimum Premium excluding Interscholastic Tackle Football**			\$350.00	=	
Minimum Premium including Interscholastic Tackle Football**			\$500.00	=	
Total Mandatory Premium for all Insured Persons					\$9,388.93

**ADDITIONAL COVERAGES (AVAILABLE FOR ADDITIONAL PREMIUM)**

Insured Person (options)	Number of Persons to be Insured	Flat Premium	=	Total Premium	
<input type="checkbox"/> Before & After School Care (Flat Premium)		\$150.00	=		
<input type="checkbox"/> School Volunteers (Flat Premium)		\$200.00	=		
Total Additional Coverages Premium for all Insured Persons				=	
GRAND TOTAL PREMIUM for all Insured Persons				=	\$9,388.93

(\*\*Minimum Premium is considered due at Policy issuance and is considered fully earned.)

**OPTIONAL VOLUNTARY PURCHASE COVERAGES – PLAN 3, PLAN 4 OR PLAN 5 ONLY**

(Paid for by the Student or Parent per year. A link will be provided for on-line enrollment)

24Hour Extension  Dental

Number of Students: PreK-8 \_\_\_\_\_ 9-12 \_\_\_\_\_

Date of First School Year Activity \_\_\_\_\_ Date of Last Day of School \_\_\_\_\_

Date of First Day of Football \_\_\_\_\_ Date of Last Day of Football \_\_\_\_\_

Date of the 1st Day of the Following School Year \_\_\_\_\_

Coverage under the Optional 24-Hour Accident Coverage and the Optional 24-Hour Dental Coverage starts on the date of premium receipt but not before the start of the school year. Optional 24-Hour Accident and Dental Coverage ends when school reopens for the following school year.

**Please make check payable and mail application to: Special Markets Insurance Consultants, Inc.**  
**1265 Main Street, Suite 202**  
**Stevens Point, WI 54481**

**We hereby enroll with Gerber Life Insurance Company for the plan(s) of insurance selected. 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. We represent that the information contained in this application is true and correct and forms the basis of the requested insurance.**

Stacy J Edwards  
Signature of Official Authorized to Contract for the Policyholder Printed Name Date Signed

