

## SSAISD BOARD AGENDA - ITEM SUMMARY

|                      |   |
|----------------------|---|
| <b>MEETING DATE:</b> | May 21, 2014  |
| <b>MEETING TYPE:</b> | <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> SPECIAL  |
| <b>ITEM TITLE:</b>   | Discussion and possible action to approve contract renewal with The Brokerage Store for student athletic insurance as priced in RFP#12-20 in the amount of \$72,153.00. |
| <b>PURPOSE:</b>      | <input type="checkbox"/> RECOGNITION <input type="checkbox"/> REPORT ONLY <input type="checkbox"/> DISCUSSION <input checked="" type="checkbox"/> ACTION                |
| <b>PRESENTER(S):</b> | Andy A. Rocha, Director of Purchasing   |
| <b>REQUESTED BY:</b> | Andy A. Rocha, Director of Purchasing   |

### I. DESCRIPTION OF ITEM TO INCLUDE YOUR SPECIFIC REQUEST:

The student athletic insurance contract is up for renewal. The contract expires July 31, 2014. The current vendor, The Brokerage Store Inc. has a proposal of amount \$72,153, same price from last year and is the same pricing that they submitted using RFP 12-20.

### II. BACKGROUND INFORMATION (DOCUMENTATION):

This policy covers all school-sponsored and supervised University Interscholastic League activities. These include (but are not limited to) Interscholastic football, basketball, soccer, baseball, cheerleading, vocational classes, ROTC, etc.

Enclosed please find the original bid tabulation, current proposal, and plan design.

### III. ALTERNATIVES CONSIDERED (IF APPLICABLE):

|  |
|--|
|  |
|--|

### IV. RECOMMENDATION AND IMPACT:

The Business Office recommends The Brokerage Store to provide the 2014-2015 Student Athletic Insurance. The fiscal impact is \$72,153.00. See attached the Bid Tabulation and Score sheet.

### V. DISTRICT GOAL AND CORRESPONDING DEPARTMENTAL INITIATIVE:

The objective is to obtain U.I.L. Blanket Student/Athletic Insurance (K-12), Catastrophe Coverage CAT Cash Coverage and Voluntary Plans.

### VI. FUNDING SOURCE-PROGRAM AND/OR BUDGET CODE:

|               |   |
|---------------|---|
| Account code: | 181-36-6429-00-XXX-591-000 Athletic Fund--- \$36,222.00 |
|               | 199-11-6429-00-XXX-511-000 General Fund---\$35,931.00   |

**CSP#12-20 - STUDENT ATHLETIC INSURANCE - BID TABULATION 2012**

|  | McKinley Rother Insurance Group  |                  | Jesse Trevino Insurance          |                  | The Brokerage Store              |                                | Key and Piskuran Insurance Agency |                  | Alamo Insurance Group                               |                                   |
|--|----------------------------------|------------------|----------------------------------|------------------|----------------------------------|--------------------------------|-----------------------------------|------------------|---|-----------------------------------|
|  | OPTION I                         | OPTION II        | OPTION I                         | OPTION II        | OPTION I                         | OPTION II                      | OPTION I                          | OPTION II        | OPTION I  | OPTION II                         |
| <b>POLICY MAXIMUM/DEDUCTIBLE</b>                                     | \$25,000 max / \$0 ded           |                  | \$25,000 max benefit / \$0 ded   |                  | \$25,000 max benefit / \$0 ded   | \$25,000 max benefit / \$0 ded | \$25,000 max benefit/ \$0 ded.    |                  | \$25,000 max./ \$0 ded                              | \$25,000 max./ \$0 ded            |
| <b>HOSPITAL SERVICES:</b>  |                                  |                  |                                  |                  |                                  |                                |                                   |                  |   |                                   |
| Daily R&B  | semi-private                     |                  | 90% U&C up to \$500 day          |                  | semi-private                     | semi-private                   | 80% U&C                           |                  | Semi-private  | Semi-private                      |
| Intensive Care R&B   | U&C                              |                  | 90% U&C up to \$500 day          |                  | 1.5 semi-private                 | 1.5 semi-private               | 80% U&C                           |                  | Semi-private  | Semi-private                      |
| Emergency Room   | U&C to \$200.00                  |                  | \$500 maximum                    |                  | U&C \$300.00                     | \$ 200.00                      | U&C up to \$400                   |                  | U&C to \$200  | U&C to \$150                      |
| Misc. Services   | U&C to \$800.00                  |                  | 90% U&C up to \$3,500.00         |                  | \$ 5,000.00                      | \$ 2,500.00                    | U&C up to \$3,000                 |                  | \$750 first day, \$250 day thereafter to \$500 stay | \$250 per day to \$5,000 per stay |
| Surgery  | 80% to 2000.00                   |                  | 90% U&C up to \$2500 max         |                  | \$ 2,000.00                      | \$ 1,500.00                    | U&C up to \$3,000                 |                  | 90% of U&C to \$4,500                               | 75% of U&C to \$3,750 max.        |
| Physician Visits   | 40.00/day                        |                  | \$45.00 per visit                |                  | \$ 50.00                         | \$ 40.00                       | \$50 per visit /day               |                  | U&C to \$40/ visit                                  | U&C to \$40/visit                 |
| Anesthesiologist   | 25% surgery                      |                  | \$500 maximum                    |                  | 25% surgery                      | 25% surgery                    | 25% of surgery                    |                  | 25% of surg   | 25% of surg                       |
| Assistant Surgeon  | 25% surgery                      |                  | \$500 maximum                    |                  | 25% surgery                      | 25% surgery                    | Included in                       |                  | 25% of surg   | 25% of surg                       |
| Inpatient Hospital Care and Service                                  | 100% to \$800.00                 |                  | 90% U&C to \$3500.00 max         |                  | \$ 5,000.00                      | \$ 2,500.00                    | 80% U&C                           |                  | same as miscellaneous                               | same as miscellaneous             |
| Radiology  | 100% to \$500.00                 |                  | \$500 maximum                    |                  | U&C \$300                        | U&C to \$200                   | \$750.00 max.                     |                  | U&C to \$200  | U&C to \$200                      |
| Diagnostic Imaging   | 100% to \$800.00                 |                  | 90% U&C to \$1000.00             |                  | \$ 800.00                        | \$ 600.00                      | \$500.00 max.                     |                  | U&C up to \$750                                     | U&C up to \$500                   |
| Nurse Service  | U&C                              |                  | 10 visits / \$50 per visit       |                  | 100% U&C                         | 100% U&C                       | 80% U&C                           |                  | U&C   | U&C to \$400 per hospital stay    |
| Dental Treatment   | U&C to \$1000.00                 |                  | \$500 per tooth                  |                  | \$1,000 per injury               | \$500 per injury               | \$1,000.00 max.                   |                  | U&C   | U&C to \$230/tooth                |
| Professional Ambulance Service                                       | U&C to \$750.00                  |                  | \$700 maximum                    |                  | \$ 1,000.00                      | \$ 500.00                      | \$1,000.00 max.                   |                  | U&C 1st trip  | U&C 1st trip                      |
| Physiotherapy  | \$40.00/visit to \$500.00        |                  | \$35 per visit / \$350 max       |                  | \$ 50.00                         | \$ 30.00                       | \$50 per visit up to 5 visits     |                  | \$25/visit; \$250 max                               | \$20/visit; \$100 max             |
| Orthopedic Appliances  | U&C to \$400.00                  |                  | \$500 maximum                    |                  | U&C to \$500*                    | \$500.00*                      | \$1,000 max                       |                  | U&C to \$500  | U&C to \$300                      |
| Eyeglasses   | 100% to \$300.00                 |                  | \$500 maximum                    |                  | \$ 200.00                        | \$ 100.00                      | \$40 max                          |                  | U&C   | U&C                               |
| Heat Exhaustion/Heat Stoke   | U&C under Misc. services         |                  | covered as an injury             |                  | covered as an injury             | covered as an injury           | covered as an injury              |                  | covered as an injury                                | covered as an injury              |
| <b>Total</b>   | <b>\$ 104,336.00</b>             |                  | <b>\$ 79,900.00</b>              |                  | <b>\$ 69,000.00</b>              | <b>\$ 52,000.00</b>            | <b>\$ 78,048.00</b>               |                  | <b>\$ 100,355.00</b>                                | <b>\$ 90,320.00</b>               |
| <b>Accidental Death and Dismemberment Benefits – for loss of:</b>    |                                  |                  |                                  |                  |                                  |                                |                                   |                  |   |                                   |
| Life   | \$ 20,000.00                     |                  | \$ 10,000.00                     |                  | \$ 2,000.00                      | \$ 2,000.00                    | \$20,000                          |                  | \$ 2,000.00   | \$ 2,000.00                       |
| Both hands or both feet or both eyes                                 | \$ 20,000.00                     |                  | \$ 20,000.00                     |                  | \$ 10,000.00                     | \$ 10,000.00                   | \$20,000                          |                  | \$ 10,000.00  | \$ 10,000.00                      |
| One hand and one foot, one hand and one eye, or one foot and one eye | \$ 10,000.00                     |                  | \$ 20,000.00                     |                  | \$ 2,000.00                      | \$ 2,000.00                    | \$10,000                          |                  | \$ 10,000.00  | \$ 10,000.00                      |
| One hand or one foot   | \$ 10,000.00                     |                  | \$ 20,000.00                     |                  | \$ 2,000.00                      | \$ 2,000.00                    | \$10,000                          |                  | \$ 5,000.00   | \$ 5,000.00                       |
| One eye  | \$ 10,000.00                     |                  | \$ 20,000.00                     |                  | \$ 2,000.00                      | \$ 2,000.00                    | \$10,000                          |                  | \$ 5,000.00   | \$ 5,000.00                       |
| <b>Individual Voluntary Student Plans</b>                            | <b>Premium Rates Per Student</b> |                  | <b>Premium Rates Per Student</b> |                  | <b>Premium Rates Per Student</b> |                                | <b>Premium Rates Per Student</b>  |                  | <b>Premium Rates Per Student</b>                    |                                   |
|  | <b>Option I</b>                  | <b>Option II</b> | <b>Option I</b>                  | <b>Option II</b> | <b>Option I</b>                  | <b>Option II</b>               | <b>Option I</b>                   | <b>Option II</b> | <b>Option I</b>                                     | <b>Option II</b>                  |

**CSP#12-20 - STUDENT ATHLETIC INSURANCE - BID TABULATION 2012**

|  | McKinley Rother Insurance Group |           | Jesse Trevino Insurance           |           | The Brokerage Store |              | Key and Piskuran Insurance Agency |           | Alamo Insurance Group |              |
|--|---------------------------------|-----------|-----------------------------------|-----------|---------------------|--------------|-----------------------------------|-----------|-----------------------|--------------|
|  | OPTION I                        | OPTION II | OPTION I                          | OPTION II | OPTION I            | OPTION II    | OPTION I                          | OPTION II | OPTION I              | OPTION II    |
| School Time Plan   | \$ 49.00                        | \$ 38.00  | \$ 29.00                          | \$ 22.00  | \$ 25.00            | N/A          | \$36.00                           | \$28.00   | \$93.00               | \$64.00      |
| Around-the clock Plan  | \$ 156.00                       | \$ 121.00 | \$ 99.00                          | \$ 68.00  | \$ 105.00           |              | \$154.00                          | \$119.00  | \$195.00              | \$127.00     |
| Optional Extended Dental                                       |                                 | \$ 7.00   | \$ 8.00                           | \$ 8.00   | \$ 9.00             |              | \$7.00                            | \$7.00    | \$8.00                | \$8.00       |
| CATASTROPHIC CASH MAXIMUM AMOUNT PER ACCIDENT \$               | N/A                             |           | optional \$500,000 or \$1,000,000 |           | optional \$500,000  |              | \$ 600,000.00                     |           | optional \$500,000.00 |              |
| Maximum Benefit Period :                                       | 10 years                        |           | 10 years                          |           | 10 years            |              | 10 years                          |           | 10 years              |              |
| Accidental Death Benefit Amout:                                | \$ 10,000.00                    |           | \$ 10,000.00                      |           | \$ 10,000.00        |              | \$ 25,000.00                      |           | \$ 10,000.00          |              |
| Accidental Death & Dismemberment Maximum Amount per Accident : | \$ 10,000.00                    |           |                                   |           | \$ 20,000.00        |              | \$ 25,000.00                      |           | \$ 20,000.00          |              |
| Premium  | \$ 3,559.00                     |           | \$ 2,576.00                       |           | \$ 3,153.00         |              | \$ 2,402.00                       |           | \$ 2,573.00           |              |
| Premium with \$500,000 cash benefit                            |                                 |           | \$ 4,031.00                       |           | \$ 4,605.00         |              |                                   |           | \$ 4,514.00           |              |
| Premium with \$1,000,000 cash benefit                          |                                 |           | \$ 5,628.00                       |           |                     |              |                                   |           |                       |              |
| Maximum Medical Benefit  |                                 |           | \$ 6,000,000.00                   |           | \$ 7,500,000.00     |              | \$ 6,000,000.00                   |           | \$ 6,000,000.00       |              |
| Total = sum of SAI and CAT Plan                                | \$ 107,895.00                   | \$ -      | \$ 82,476.00                      | \$ -      | \$ 72,153.00        | \$ 55,153.00 | \$ 80,450.00                      |           | \$ 102,928.00         | \$ 92,893.00 |

**BILL  
TO**

MAIL  
TO

Invoice Date 4/23/2014

PHONE (210)366-4800  
FAX (210)366-1388  
E-MAIL rochelle@thebrokeragestore.com  
WEB SITE www.thebrokeragestore.com

# ENROLLMENT FOR STUDENT/ATHLETIC ACCIDENT INSURANCE GRADES PK-12



Send completed form to:  
The Brokerage Store  
4114 Pond Hill Road, Suite 100 • San Antonio, TX 78231



Underwritten By:  
**COLUMBIAN LIFE INSURANCE COMPANY**  
Home Office: Chicago, IL  
Administrative Service Office:  
Student Assurance Services, Inc.  
Stillwater, MN 55082-0196

## SCHOOL/DISTRICT INFORMATION

School/District South San Antonio ISD DIST. CLASS. \_\_\_\_\_  
Address 5622 Ray Ellison Blvd.  
City San Antonio County \_\_\_\_\_ State TX Zip 78242

## DATE INFORMATION

Effective Date 08/01/2014 Termination Date 07/31/2015  
\_\_\_\_\_ 1st Day of School \_\_\_\_\_ Last Day of School \_\_\_\_\_ 1st Day of Football Practice

## SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS

| A: GROUP COVERAGES                  |  | PREMIUMS                  |
|-------------------------------------|--|---------------------------|
| <input checked="" type="checkbox"/> | 1. Group UIL Coverage: Plan ( <u>Texas Value Plan</u> )  | \$ <u>69,000</u>          |
| <input type="checkbox"/>            | 2. All School Coverages : Plan ( _____ )<br>(Includes UIL Activities)<br>Enrollment grades PK- 12 ( _____ ) @ \$ _____ = | \$ _____                  |
| <b>TOTAL PREMIUM</b>                |  | <b>= \$ <u>69,000</u></b> |

## SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS

| B: VOLUNTARY COVERAGES: (See Brochure) |   | ENROLLMENT FORMS NEEDED |
|--|---|-------------------------|
| <input type="checkbox"/>               | 1. Voluntary Sports/UIL Activities Coverage: Plan ( <u>Basic</u> )<br>Estimated number of Interscholastic UIL Participants 7-12 _____ | ( _____ )               |
| <input type="checkbox"/>               | 2. VOLUNTARY STUDENT COVERAGE: Plan ( <u>Basic</u> )<br>Estimated Total Enrollment in grades PK-12 (No Sports)                        | ( _____ )               |

It is agreed and understood that: (applies only to voluntary coverages)

- the school will offer coverage to all students in the school system.
- Voluntary Sports and UIL Activities Coverage are available only if the school installs the Voluntary or Group Student Coverage.
- a School Official will complete the School's section of each claim form for school related injuries.
- only one student accident plan will be offered by the district.

Applied for by:

\_\_\_\_\_  
Print Name of School Official Phone Number e-Mail Address  
\_\_\_\_\_  
Signature of School Official Title Date

Agent Signature: \_\_\_\_\_ Telephone# \_\_\_\_\_

Administered by:



Stillwater, Minnesota



# 2014 Enrollment Form for Catastrophic Coverage

Underwritten by Zurich

The Brokerage Store, Inc., 4114 Pond Hill Road, Suite 100, San Antonio, TX 78231

## Participant Information:

Name of Participating School or District: South San Antonio ISD

Address: 5622 Ray Ellison Blvd. City: San Antonio State: TX ZIP: 78242

Number of Schools Junior High: 4 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

X 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:

X Accident Medical Expense (AME) Benefit Amount - Excess Coverage \$7,500,000

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

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

Rates: See .....

Premium: Total Premium: \$ 3,153

## 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 / 2014  
\_\_\_\_ 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 Zurich 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.



*ATTN: Superintendents, Risk Managers, Business Managers,  
Athletic Directors and Trainers,*

**OBAMACARE: How will OBAMACARE affect your Student/Athletic Accident Program?**

During the last few weeks I have had numerous calls asking what effect **OBAMACARE (Affordable Care Act)** will have on our Student/Athletic Accident Program. Many of these calls came from doctors, trainers and school administrators. Their main concern was: **Are benefit payments to doctors and providers going to be cut?** If that were the case, many doctors and facilities would not want to treat these students/athletes. The Brokerage Store, Inc. is confirming our commitment to your school district, athletic department, trainer and the parents of these students/athletes by addressing your concerns with the writing of this letter.

Our plans are designed for **ACCIDENTS ONLY**. **OBAMACARE** deals with health issues for individuals. If you are one of the 270 school districts that are insured through The Brokerage Store, Inc., you can be certain that nothing will change. All benefits, claim payments and personal communication will remain the same. If you are not covered by The Brokerage Store, Inc. with one of our Student/Athletic Accident Programs, we cannot guarantee any of the above.

Listed below are a few highlights that The Brokerage Store, Inc., will offer for the 2014-15 school year:

1. Our plan benefits will remain the same, all payments will remain the same.
2. A **concussion benefit** has been added to all our insurance programs.
3. The school and trainers can use and **keep their same doctors, providers and facilities to treat their injured students and/or athletes.**
4. All medical benefits will be paid as listed in the brochure and the master policy.
5. **NO BENEFITS OR PAYMENTS will be deducted or cut** because of OBAMACARE.
6. Your Student/Athletic Accident policy remains separate from any other coverage and is not affected by OBAMACARE.

Should you have any questions or concerns, please feel free to call this office. Here's wishing you a happy and safe school year.

Thank you,

David Cates, CSRM



April 24, 2014

Andy Rocha, Director of Purchasing  
South San Antonio ISD  
5622 Ray Ellison Blvd.  
San Antonio, TX 78242

Dear Andy,

Enclosed is the 2014-2015 Student/Athletic Accident Insurance renewal plan for South San Antonio ISD. This coverage is, again, underwritten by Columbian Life Insurance Company, an "A-"Excellent Company, as rated by AM Best.

The 2014-2015 premium for the Texas Value Plan is \$69,000 which reflects no change from last year.

We also have the same exclusive agreement with USA-MCO, a statewide PPO Network, which is designed to reduce the financial burden on parents by producing little or no out-of-pocket expense with the no-balance-billing.

The Catastrophic Coverage has also not changed and is \$3,153 for the \$7.5 million benefit.

We look forward to working with you and your district for the 2014-2015 school year.

Sincerely,



Roger Byers





**Network Benefits**  
offered by  
**The Brokerage Store, Inc.**  
**(USA MCO)**

**The Brokerage Store, Inc.** is pleased to announce that USA Managed Care Organization, Inc. (USA MCO) has been selected as the network of choice to provide cost containment services for Student/Athletic Insurance for the 2010-2011 school year.

This contract is structured to obligate the physicians, surgeons, and providers to accept USA MCO's negotiated PPO rates as **PAYMENT IN FULL** and **FULL ASSIGNMENT** for covered services offered through The Brokerage Store, Inc. The above are contractually bound **NOT TO BALANCE BILL** for any amounts in excess of the negotiated PPO rates for covered services. Additional payments may be required from the responsible party if planned benefits are lower than the PPO negotiated rates. These benefits only apply to the *Texas U&C Plan and the Value Plan* offered through The Brokerage Store, Inc.

*Please note that some Hospitals and Out-Patient Day surgery facilities are not included in the zero-balance contract. However, each facility has a negotiated, highly reduced, rate for services provided.*

The above benefit program, along with the USA MCO network, allows The Brokerage Store, Inc. to offer Texas School Districts a Student/Athletic Accident program second to none. We currently insure more than 200 school districts in Texas.

Respectfully,

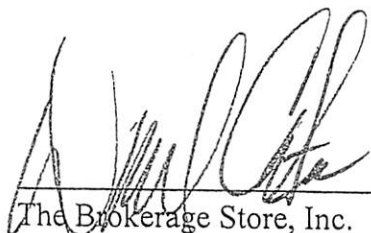
David Cates, CSRM



Dear Administrator,

The below is in reference to any and all questions concerning HIPPA and FERPA compliance.

The Brokerage Store, Inc., Student Assurance Services, Inc., and Columbian Life Insurance Company are in full compliance with all Federal Regulations regarding HIPPA and FERPA.



\_\_\_\_\_  
The Brokerage Store, Inc.  
David Cates, CSRM

SCHOOL DISTRICT QUOTE:

SOUTH SAN ANTONIO (C) ISD

NAME OF AGENT: ROGER K. BYERS

STUDENT/ATHLETIC ACCIDENT INSURANCE

TX U&C PLAN

TX VALUE PLAN

TX STAR PLAN

1 yr rate

\$69,000 1yr rate

1 yr rate

\*\*\* SAME AS LAST YEAR \*\*\*

2 yr rate

2 yr rate

2 yr rate

CATASTROPHIC & CASH OPTION PREMIUM

OPTIONAL CASH PREMIUM IS TO BE ADDED TO CAT ONLY PREMIUM

\$7,500,000 BENEFIT

CAT ONLY PREMIUM\$ 3,153

OPTIONAL CASH \$500,000 RATE

TOTAL PREMIUM\$  
FOR CAT & \$500,000 CASH BENEFIT

\*\*\* SAME AS LAST YEAR

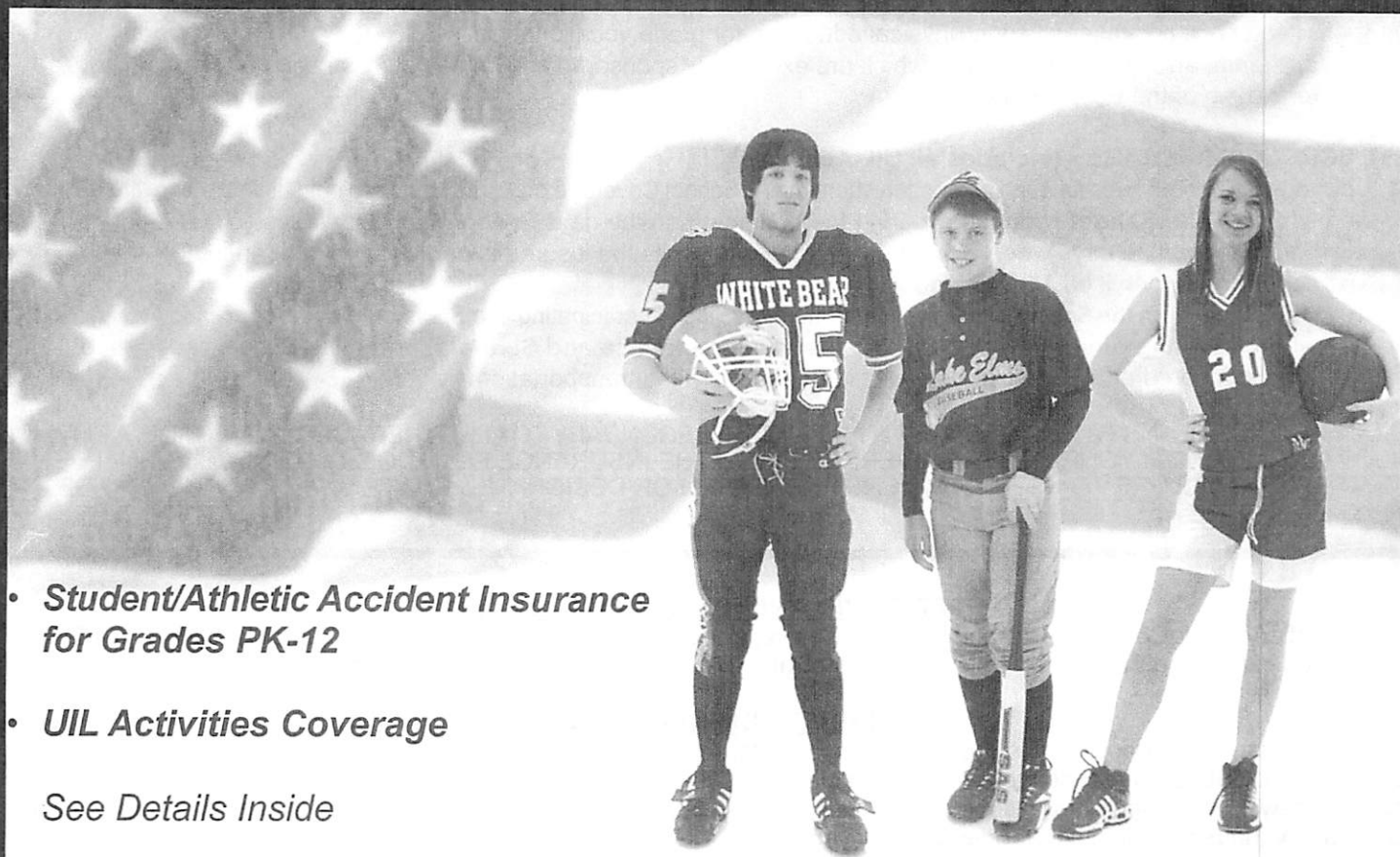
CAT QUOTE BASED ON NUMBER OF  
STUDENTS

HIGH SCHOOLS 1 JUNIOR HIGHS 4

# Student Accident Insurance Plans

## 2014-2015 Plans Especially Designed For School Districts that Purchase UIL Coverage

THIS IS A LIMITED BENEFIT POLICY. ACCIDENT ONLY INSURANCE. NON-RENEWABLE.



- **Student/Athletic Accident Insurance for Grades PK-12**
- **UIL Activities Coverage**

*See Details Inside*

### MARKETED BY



David Cates - Texas Representative  
The Brokerage Store  
4114 Pond Hill Road • Suite 100  
San Antonio, TX 78231  
210-366-4800 or Toll Free 800-366-4810  
[www.thebrokeragestore.com](http://www.thebrokeragestore.com)

### SALES REPRESENTATIVE

### UNDERWRITING COMPANY



**COLUMBIAN LIFE**  
INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL  
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST  
P.O. BOX 1381 • BINGHAMTON, NY 13902-1381

A.M. Best Rating A-. Columbian's current rating is based on A.M. Best's opinion of the consolidated Financial Strength of the life/health members of the Columbian Financial Group, which operates under a group structure. This group member is assigned a Best's rating of A- (Excellent), the fourth highest of sixteen possible ratings on A.M. Best's scale. Rating as of 2/24/2014.

THIS BROCHURE IS ONLY A SUMMARY OF THE INSURANCE COVERAGE. CONSULT THE ACTUAL POLICY FOR COMPLETE DETAILS.

**Policy Form No. 9F140-CL (Rev.)TX**

Form No. 3710-CL-14-TX

Z-5725 TX

### **INTERSCHOLASTIC ACTIVITIES COVERAGE (UIL) - ALL UIL ACTIVITIES (premium paid by school) GRADES 7-12**

Coverage would be in force for each person for whom the UIL Activities premium has been paid as set forth in the Policy:

- (a) while practicing for or competing in interscholastic UIL Activities which are exclusively sponsored by the Policyholder, as a representative of the School, and while under the direct and immediate supervision of an employee of the Policyholder; and
- (b) while traveling directly to or from such practice or competition in School provided transportation.
- (c) off-season conditioning, when under the direct supervision of a qualified employee of the Policyholder, including Interscholastic athletes taking physical education for grade, vocational classes, ROTC, FFA, band, cheerleading drill team, and other UIL Activities which are exclusively sponsored and immediately supervised by an authorized employee of the Policyholder.

### **ALL SCHOOL COVERAGE - (includes all UIL Activities)**

Coverage would be in force for each person for whom the All School Coverage premium has been paid as set forth in the Policy:

- (a) **while on the School premises;** during the hours and on the days School is in regular session, and during the hours and on the days when School is not in session while the insured is participating in or attending any Sponsored and Supervised Activity; and
- (b) **while away from the School premises;** other than traveling, if participating in a Sponsored and Supervised Activity; and
- (c) **while traveling directly to or from the Insured's residence and School;** for regular School sessions, or for any Sponsored and Supervised Activity in School provided transportation.

**ALL INSURANCE PLANS WITH OUR COMPANY WOULD BE SECONDARY TO ALL OTHER VALID COVERAGE. A CLAIM MUST BE FILED WITH YOUR OTHER COVERAGE FIRST! THE INSURANCE PLAN DOES NOT COVER PENALTIES IMPOSED FOR FAILURE TO USE PROVIDERS PREFERRED OR DESIGNATED BY YOUR PRIMARY COVERAGE.**

### **EFFECTIVE AND EXPIRATION DATES**

Interscholastic Activities Coverage (UIL) and All School Coverage becomes effective on the Master Policy Effective Date (08-01-2014). All coverage expires on the Master Policy Expiration Date (07-31-2015) or when payment is due and unpaid.

### **CLAIMS ADMINISTRATION**

Student Assurance Services, Inc. is the claim administrator for this insurance plan. We have dedicated and experienced staff to provide outstanding customer service and claim processing services. We assign each school to a claim processor who can answer your specific questions and provide you with immediate access to information. Our customized computer system has various reporting capabilities to meet your needs.

### **CLAIMS HANDLING PROCEDURE**

1. Parents should notify the school and obtain a claim form immediately. The school will fill out Part A if it is a school injury.
2. Parents complete Part B. **Answer all questions.**
3. Parents should submit copies of their **itemized bills** to their own family insurance first, even if they have a large deductible. They will be sent a report called an Explanation of Benefits (EOB). This Plan is supplemental to all other valid coverage. Parents must file a claim with their other coverage first! This Plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by the parent's primary coverage.
4. Send our claim form, copies of itemized bills and the other insurance plan EOBs to: STUDENT ASSURANCE SERVICES, INC., PO BOX 196, STILLWATER, MN 55082
5. No claim can be completed until all of the above documents have been provided.
6. **An On-line Claim Form** is available at [www.sas-mn.com](http://www.sas-mn.com), under K-12 Student/Parents "Find My School." Choose Texas; and then your specific school district. Follow all instructions on the claim form; then click on "Submit Form" shown in the upper right hand corner.
7. Questions about claims will be answered immediately by calling (800) 328-2739 or (651) 439-7098. The claims staff is available 8:00 a.m. to 4:30 p.m. Central Time, Monday through Friday.
8. Questions about claims can also be addressed to the website at [www.info@sas-mn.com](mailto:www.info@sas-mn.com).

**IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM.** A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the Effective Date of the policy.

## 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

|   |          | TEXAS VALUE  | TEXAS STAR   |
|---|----------|--|--|
| <b>A. IN-PATIENT BENEFITS</b>   |          |  |  |
| 1. Hospital Room and Board.....   |          | 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  |
| 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 \$500, thereafter up to \$250 per day; max \$2,500                 |
| 4. Physician's Non-Surgical Visits (other than Physical Therapy) .....  |          | 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   |
| 6. X-ray and Radiology Services .....   |          | Included in Hospital Misc. Benefit   | Included in Hospital Misc. Benefit   |
| 7. Registered Nurse .....   |          | 100% of U&C charges  | 100% of U&C charges  |
| <b>B. OUT-PATIENT SURGERY BENEFITS</b>  |          |  |  |
| 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  |
| <b>C. OTHER OUT-PATIENT BENEFITS</b>  |          |  |  |
| 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   |
| <b>D. OTHER PHYSICIAN SERVICES</b>  |          |  |  |
| 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   |
| <b>E. MOTOR VEHICLE INJURY</b> .....  |          | \$1,000 maximum as scheduled above   | \$1,000 maximum as scheduled above   |
| <b>F. OTHER BENEFITS</b> - Heat Stroke and Heat Exhaustion will be covered as any other accident.   |          |  |  |
| <b>G. FIELD TRIP COVERAGE</b> - all students will be covered for one day field trips, with no overnight stay. Basic benefits apply for up to \$2,000 per injury.  |          |  |  |
| <b>H. ACCIDENTAL DEATH AND DISMEMBERMENT</b> - 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.

## EXCLUSIONS

The Policy does not provide benefits for:

1. Any sickness, disease, infection (unless caused by an open cut or wound), aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics, injuries involving bone cysts or dental implants.
2. Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
3. The services of a second or subsequent Physician when not requested in writing by the attending Physician. This exclusion does not apply to any Assistant Surgeon Benefits.
4. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways.
5. Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.
6. Intentionally self-inflicted Injuries; Injuries sustained while fighting or brawling, or violating or attempting to violate any existing city, state, or federal law.
7. Treatment received from any person employed or retained by the Policyholder.
8. Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.

## DEFINITIONS

**"Accident"** means an unexpected, external and sudden event that is independent of any other cause.

**"Covered Services"** means the services and supplies which are: (a) listed under section titled MEDICAL BENEFITS; (b) Medically Necessary; (c) prescribed or performed by a Physician; and (d) not excluded under the Policy.

**"Company"** means the Columbian Life Insurance Company.

**"Durable Medical Equipment"** means equipment which can be rented, leased, or purchased and which is designed to provide treatment and/or support for an extended period of time. It includes, but is not limited to: CPM machines; drug pumps; and H2O pumps.

**"Injury"** means an accidental bodily Injury or injuries directly caused by specific accidental contact with another body or object while the Insured is covered under the Policy. It is unrelated to any pathological, functional, or structural disorder. The Accident must result in an Injury which begins while the Insured is covered under the Policy.

The term Injury also means a re-Injury sustained while the Insured is covered under the Policy, for which the Insured has remained treatment free for a period of 180 days prior to the Policy Effective Date.

If benefits have been paid under the Policy for an Injury, a re-injury will be considered new if:

- a) the re-Injury occurs while the Insured is covered under the Policy; and
- b) the Insured remains treatment free for a period of 180 days between the date of last treatment for the original Injury and the date of the re-Injury.

A re-Injury that is incurred within 180 days of the original Injury, will be considered a continuation of the original Injury.

**"Medically Necessary"** means a Covered Service which is: (a) consistent with symptoms and diagnosis or treatment of Injury; (b) in accordance with standards of generally accepted medical practice; (c) not primarily for the convenience of the patient or Physician; and (d) most appropriate supply or level of service which can be safely provided.

**"Physician"** means a practitioner of the healing arts, other than a member of the Insured's immediate family, who: (a) is duly licensed to practice medicine in the state in which treatment is received; and (b) is acting within the scope of such license.

**"Sponsored and Supervised Activity"** means any activity which is exclusively sponsored by the Policyholder and which is under the direct and immediate supervision of an employee of the Policyholder.

**"Usual and Customary Charges (U&C)"** means charges for medical services or supplies for which the Insured is legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received.

\*Usual and Customary Charges for Covered Services are determined by referencing the 75th percentile of the most current survey published by FAIR Health, Inc. for such Covered Service.

## HOW TO ENROLL

Contact *The Brokerage Store* at (210) 366-4800 or (800) 366-4810 for information about rates and how to sign up for coverage.



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## Columbian Life Insurance Company

(a member of Columbian Financial Group)

A.M. Best #: 068009 NAIC #: 76023 FEIN #: 161321681

Address: P.O. Box 1381  
Binghamton, NY 13902-1381  
UNITED STATES

Phone: 607-724-2472  
Fax: 607-724-6160  
Web: [www.cflife.com](http://www.cflife.com)

### Best's Ratings

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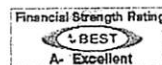
Rating: A- (Excellent)  
Affiliation Code: g (Group)  
Financial Size Category: VII (\$50 Million to \$100 Million)  
Outlook: Stable  
Action: Affirmed  
Effective Date: June 10, 2010

\* Denotes Under Review Best's Ratings

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Long-Term: a- (Excellent)  
Outlook: Stable  
Action: Affirmed  
Date: June 10, 2010

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**AMB Credit Report - Insurance Professional** - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.

Report Revision Date: 07/12/2010 (represents the latest significant change).

Historical Reports are available in [AMB Credit Report - Insurance Professional Archive](#).



**Best's Executive Summary Reports (Financial Overview)** - available in three versions, these presentation style reports feature balance sheet, income statement, key financial performance tests including profitability, liquidity and leverage analysis.

Data Status: 2011 Best's Statement File - L/H, US. Contains data compiled as of 4/19/2011 (As Received).

- **Single Company** - five years of financial data specifically on this company.
- **Comparison** - side-by-side financial analysis of this company with a peer group of up to five other companies you select.
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**AMB Credit Report - Business Professional** - provides three years of key financial data presented with colorful charts and tables. Each report also features the latest Best's Ratings, Rating Rationale and an excerpt from our Business Review commentary.

Data Status: Contains data compiled as of 4/19/2011 (As Received).



**Best's Key Rating Guide Presentation Report** - includes Best's Financial Strength Rating and financial data as provided in Best's Key Rating Guide products.

Data Status: 2009 Financial Data (Quality Cross Checked).

### Financial and Analytical Products

[Best's Key Rating Guide - L/H, US & Canada](#)

[Best's Statement File - L/H, US](#)

[Best's Statement File - Global](#)

[Best's Insurance Reports - L/H, US & Canada](#)

[Best's Schedule D \(Municipal Bonds\) - US](#)

[Best's State/Line \(A&H Lines\) - L/H, US](#)

[Best's State/Line \(Life Lines\) - L/H, US](#)

[Best's Schedule D \(Corporate Bonds\) - US](#)



# **Catastrophe Benefits**

## **Underwritten by: Zurich American Insurance Company (Rated "A")**

**Accident Medical Expense Benefit Amount:** \$7,500,000  
**Maximum Benefit Period:** 10 Years  
**Deductible \$25,000:** The expenses to satisfy the Deductible must be incurred within two years after the date of the Accident.

|  |           |  |          |
|--|-----------|--|----------|
| <b>Accident Death Benefit:</b>             |           | <b>Dismemberment Benefits:</b>                 |          |
| Class I & II                               | \$ 10,000 | Two Hands, Two Feet, or the Sight of Both Eyes | \$20,000 |
| <b>Accident Dismemberment Benefit:</b>     |           | One Hand and the Sight of One Eye              | \$20,000 |
| Class I & II                               | \$ 20,000 | One Foot and the Sight of One Eye              | \$20,000 |
| <b>Exposure and Disappearance Benefit:</b> |           | One Hand, One Foot, or the Sight of One Eye    | \$10,000 |
| Class I & II                               | \$ 10,000 | Speech or The Hearing in Both Ears             | \$10,000 |
| <b>Heart Failure Benefit:</b>              |           | The Hearing in One Ear                         | \$10,000 |
| Class I & II                               | \$ 10,000 |  |          |

All UIL includes: All enrolled students of the School or 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.

### **CATASTROPHIC CASH BENEFIT**

#### **Plan 1**

|   |               |
|---|---------------|
| Maximum Benefit                                 | \$500,000     |
| Lump Sum Payment After 6 Months                 | \$100,000     |
| Benefit Amount                                  | \$40,000/Year |
| Maximum Benefit Period                          | 10 Years      |
| Maximum Accidental Death Benefit Amount         | \$10,000      |
| Maximum Accidental Dismemberment Benefit Amount | \$20,000      |

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## Zurich American Insurance Company

(a member of Zurich Financial Services Ltd)

A.M. Best #: 002563 NAIC #: 16535 FEIN #:  
384233459

Address: 1400 American Lane  
Schaumburg, IL 60196-1056  
UNITED STATES

Phone: 847-605-6000

Fax: 847-605-6011

Web: [www.zurichna.com](http://www.zurichna.com)

### Best's Ratings

Financial Strength Ratings [View Definitions](#)

Rating: **A (Excellent)**

Affiliation Code: **g (Group)**

Financial Size Category: **XV (\$2 Billion or greater)**

Outlook: **Stable**

Action: **Affirmed**

Effective Date: **December 17, 2009**

\* Denotes Under Review Ratings. See rating definitions.

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This rating is assigned to companies that have, in our opinion, an excellent ability to meet their ongoing obligations to policyholders.





Dear Coaches, Trainers, Athletic Directors and Administrators:

We, at DJO Global, are proud to announce the renewal of our relationship with **The Brokerage Store Inc.**, in the State of Texas. **The Brokerage Store** is second to none when it comes to providing quality packages for Student/Athlete Accident programs. With DJO Global being the world's largest manufacturer and provider of bracing and athletic supports, it is a natural fit to partner with another leader in Student Insurance.

**The Brokerage Store** provides an Orthopedic Appliance Benefit that gives the Student/Athlete 100% coverage, with DJO Global (DonJoy) Products. With some bracing and supports traditionally costing private insurance carriers over \$500-1,000 per brace, you can see the benefit that this package allows the athlete. If the Student/Athlete has a primary insurance carrier, **The Brokerage Store** package serves as a secondary option that gives the Student/Athlete a \$0 balance bill to the parents. DonJoy provides top quality products, at an affordable price.

Trainers, Coaches, Doctors, Administrators and the Student/Athlete most importantly, have the option of choosing what is right for each individual case, giving them the confidence that they are getting quality care with a product they can depend on. Included with this package is a comprehensive listing of all Texas DonJoy representatives and their Distributors. Please do not hesitate to call any of the listed about an injury or Orthopedic Appliance that can help your Student/Athlete get back into the game. We are excited to be a part of such a renowned program and look forward to serving each and every one of you. Thank you for this opportunity.

Sincerely,

Dayne Masters  
DJO Global Distributor Partner  
Texas Ortho Source  
[dayne@txorthosource.com](mailto:dayne@txorthosource.com)  
o – 512.300.0478  
c – 512.699.6442

## **DonJoy Sales Rep Contact List**

### **North Texas - Panhandle (Amarillo/Dumas/Pampa)**

Texas Ortho Source

Rep: James Marlin

(806) 433-8221

[jamesmarlin@hotmail.com](mailto:jamesmarlin@hotmail.com)

### **Northwest Texas – Plateau / Plains (Lubbock/Wichita Falls/Midland/Odessa/Ft Stockton)**

Texas Ortho Source

Rep: Ken Fox

(806) 239-5734

[wtxdonjoy@gmail.com](mailto:wtxdonjoy@gmail.com)

### **Northwest Central (San Angelo/Abilene/Brownwood)**

Texas Ortho Source

Rep: Mychal Carrillo

(325) 338-1183

[mychal@txorthosource.com](mailto:mychal@txorthosource.com)

### **West Texas (El Paso)**

Total Orthopedics

Rep: Jason Matsu

(505) 353-0815

[jmatsu@totalortho.net](mailto:jmatsu@totalortho.net)

### **North Texas – Fort Worth**

Surgical Orthomedics Inc (SOI)

Rep: Kacee Kilpatrick

(817) 999-0727

[kacee.kilpatrick@soitx.com](mailto:kacee.kilpatrick@soitx.com)

### **North Texas (Dallas/Tyler/Longview)**

Surgical Orthomedics

Rep: Brian Stringer

(214) 244-5326

[brian.stringer@soitx.com](mailto:brian.stringer@soitx.com)

### **North Central Texas (Waco/Temple/Killeen)**

Texas Ortho Source

Rep: Colton Williams

(254) 733-5879

[colton@txorthosource.com](mailto:colton@txorthosource.com)

### **Central Texas (Georgetown/Bryan-College Station/Austin/San Marcos)**

Texas Ortho Source

Rep: Dayne Masters

(512) 699-6442

[dayne@txorthosource.com](mailto:dayne@txorthosource.com)

**South Central Texas (New Braunfels/San Antonio/Fredericksburg/Kerrville)**

Texas Ortho Source

Rep: Nick Barnes

(210) 885-5457

[nickbarnes1@att.net](mailto:nickbarnes1@att.net)

**Coastal Bend Texas (Corpus Christi/Alice/Kingsville)**

Texas Ortho Source

Rep: Steve Galvan & Tim Wascher

(361) 249-7498 & (361) 774-2166

[cbo.sgalvan@att.net](mailto:cbo.sgalvan@att.net) & [timwascher@gmail.com](mailto:timwascher@gmail.com)

**South Texas (Harlingen/McAllen/Brownsville)**

Texas Ortho Source

Rep: Steve Tijerina

(361) 446-8643

[steve.tijerina@djoglobal.com](mailto:steve.tijerina@djoglobal.com)

**Southeast Texas (Victoria/Houston)**

Active Edge Orthopedics

Rep: Kyle Crowell

(832) 594-0223

[kylecrowell@gmail.com](mailto:kylecrowell@gmail.com)

**Southeast Texas (Pearland/Beaumont)**

Active Edge Orthopedics

Rep: Jahn Finke

(713) 898-9857

[jahnfinke@hotmail.com](mailto:jahnfinke@hotmail.com)

**DonJoy Distributors**

**Texas Ortho Source**

Owner: Dayne Masters

(512) 699-6442

[dayne@txorthosource.com](mailto:dayne@txorthosource.com)

**Surgical Orthomedics, Inc**

Owner: Andy Hewes

(817) 226-9900

[ahewes@soitx.com](mailto:ahewes@soitx.com)

**Active Edge Orthopedics**

Owner: Michael Kearns

(281) 773-4653

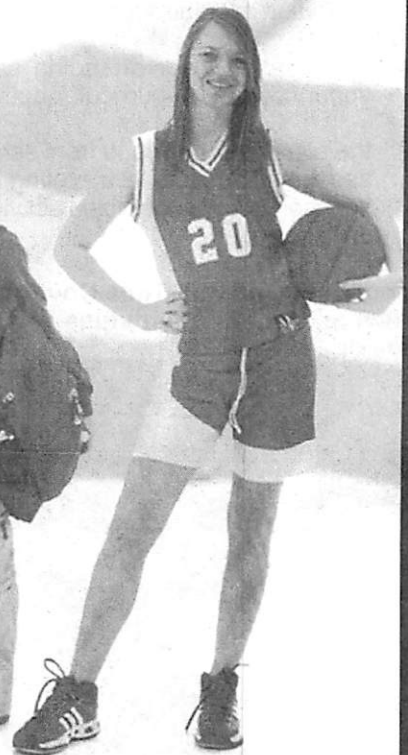
[mkearns@activeedgeortho.com](mailto:mkearns@activeedgeortho.com)

If you have any problems locating your local DonJoy representative for the State of Texas, you may either call Dayne Masters at (512) 699-6442 or DJO Global Headquarters (800) 336-6569.

# 2014-2015 VOLUNTARY COVERAGE

## Student Accident Insurance

- *Voluntary School-Time Coverage*
- *Voluntary 24-Hour Coverage*
- *Voluntary Football Coverage*
- *Provides Coverage for All UIL Activities*
- *Primary Coverage*



*See Details Inside*

Marketed by



David Cates - Texas Representative  
The Brokerage Store  
4114 Pond Hill Road • Suite 100  
San Antonio, TX 78231  
(210) 366-4800 or Toll Free (800) 366-4810  
[www.thebrokeragestore.com](http://www.thebrokeragestore.com)

SALES REPRESENTATIVE

Underwriting Company



**SECURITYLIFE**

INSURANCE COMPANY OF AMERICA  
MINNETONKA, MINNESOTA

Security Life Insurance Company of America is an ancillary benefits insurance company founded in 1956 with headquarters located at 10901 Red Circle Drive, Minnetonka, Minnesota 55343. Security Life has been providing student accident insurance for over 30 years. Visit us online at [SecurityLife.com](http://SecurityLife.com).

**Policy Form GH-2200(TX)**

## Coverage Options

Refer to the Medical Benefits and Exclusions sections for more detailed information.

### FULL-TIME COVERAGE

Covers the student 24 hours a day until school starts next year. Students are covered while at home, or school, on weekends, and during summer vacation.

### SCHOOL-TIME COVERAGE

Covers the student while:

- a) attending regular school sessions;
- b) participating in or attending school-sponsored and supervised extra-curricular activities;
- c) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised activities in school provided transportation.

**School-Time and Full-Time Coverage DOES NOT cover participation in UIL activities for students in the 7th grade or above.**



### EXTENDED DENTAL ACCIDENT COVERAGE

Provides benefits up to a maximum of \$5,000 for any dental injury. Covers the student 24 hours a day until school starts next year. Treatment must begin within 180 days from the date of the injury and must be performed within one year from the date of injury. However, if within the one year period following the date of injury the student's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the policy pays the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. Benefits for prosthesis are limited to \$500 per injury, including procedures performed to install them. Dental prosthesis includes, but is not limited to: crowns, dentures, bridges, and implants. Extended Dental does not cover treatment for orthodontics and dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.

### ALL UIL ACTIVITIES/INTERSCHOLASTIC SPORTS GRADES 7-12 AND FOOTBALL

Covers the student while:

- a) participating in, practicing for or competing in UIL Activities, which are scheduled by the school, and while the student is under the direct supervision of a school employee; and
- b) traveling to and from such participation, practices or competition in school provided transportation.
- c) School-Time or Full-Time with UIL Activities Coverage includes Spring and Summer Football exclusively sponsored and supervised by the Policyholder, if Football Coverage was not purchased during the regular football season.

## Effective and Expiration Dates

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01AM following the date the envelope containing the enrollment form and premium payment is post-marked by the U.S. Postal Service. UIL activities coverage will expire on the last day of the authorized season of the current school year. School-Time and Full-Time Coverages end the first day of school next year.

### CLAIMS ADMINISTRATION

Student Assurance Services, Inc. is the claim administrator for this insurance plan. We have dedicated and experienced staff to provide outstanding customer service and claim processing services. We assign each school to a claim processor who can answer your specific questions and provide you with immediate access to information. Our customized computer system has various reporting capabilities to meet your needs.

### CLAIMS HANDLING PROCEDURE

1. Parents should notify the school and obtain a claim form immediately. The school will fill out Part A if it is a school injury.
2. Parents complete Part B. **Answer all questions.**
3. Send our claim form and copies of itemized bills to:  
STUDENT ASSURANCE SERVICES, INC., PO BOX 196, STILLWATER, MN 55082
4. No claim can be completed until all of the above documents have been provided.
5. Questions about claims will be answered immediately by calling (800) 328-2739 or (651) 439-7098. The claims staff is available 8:00 a.m. to 4:30 p.m. Central Time, Monday through Friday.
6. **An On-line Claim Form** is available at [www.sas-mn.com](http://www.sas-mn.com), under K-12 Student/Parents "Find My School." Choose Texas; and then your specific school district. Follow all instructions on the claim form; then click on "Submit Form" shown in the upper right hand corner.
7. Questions about claims can also be addressed to the website at [www.info@sas-mn.com](mailto:www.info@sas-mn.com).



## 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 (U&C) 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 regardless of Other Valid Coverage.

### All Amounts Listed Below Are Per Injury

#### A. IN-PATIENT BENEFITS

1. Hospital Room and Board - Semi-private Room Charges
2. Intensive Care (in lieu of Hospital Room and Board) - 1.5 X Semi-private Room Charges
3. Hospital Miscellaneous Services (All Charges except Room & Board) - U&C, first day up to \$1,000, thereafter up to \$500 per day; max \$5,000
4. Physician's Non-Surgical Visits (does not include Physical Therapy; not paid day of surgery) - U&C, first day of treatment up to \$50, subsequent visits up to \$40; maximum 10 visits
5. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits) - Included in Hospital Misc. Services
6. X-ray and Radiology Services - Included in Hospital Misc. Services
7. Registered Nurse - U&C

#### 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

#### C. OTHER OUT-PATIENT BENEFITS

1. Hospital Emergency Room Charges - U&C, up to \$300
2. X-ray and Radiology Services - U&C up to: \$250 Facility; \$50 Reading
3. CAT Scans, MRI and Bone Scans - U&C up to: \$750 Facility; \$50 Reading
4. Laboratory Services - U&C, up to \$100
5. Physician's Non-Surgical Visits (not paid day of surgery) - U&C, up to \$50 per visit, 10 visit maximum
6. Emergency Room Physician's Non-Surgical Care - U&C, up to \$150
7. Orthopedic Appliances (when prescribed by a physician for healing) - U&C, up to \$500 maximum
8. Shots and Injections (within 24 hours of an injury) - U&C, up to \$50
9. Prescription Drugs - U&C, up to \$50

#### D. OTHER OUT-PATIENT BENEFITS (cont.)

10. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits) - U&C, up to \$50 per visit, maximum 5 visits
11. Ambulance Service (Air or Ground) - U&C, up to \$1,000
12. Eyeglass Replacement (if medical treatment is also received for a covered injury) - U&C, up to \$200
13. Durable Medical Equipment (Post-Surgical Only) - U&C, up to \$100

#### E. OTHER PHYSICIAN SERVICES

1. Dental Treatment (in lieu of all other medical benefits, including X-rays of sound & natural teeth) - U&C, up to \$200 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 - U&C, up to \$2,500
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

#### F. MOTOR VEHICLE INJURY - Same as any Injury, up to \$1,000

#### G. OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other accident.

#### 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 |

The policy contains a provision limiting coverage to usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured.

## EXCLUSIONS

This Policy does not provide benefits for expenses resulting from:

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
2. Injuries for which benefits are payable under Worker's Compensation or Employer's Liability Laws.
3. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder.
4. Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.
5. The participation, practice or play of UIL activities including travel to or from such activity, practice, or play for students in the 7th grade or above, unless such premium is paid.

IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the Effective Date of the policy.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GH-2200 (and any state specific), and any applicable endorsement(s) Extended Dental Coverage GHE-2201 (and any state specific). This policy is considered term accident insurance and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the School District/School. A copy of the Privacy Notice may be obtained on the website [www.sas-mn.com](http://www.sas-mn.com).



## The Voluntary Coverage Plan

This plan allows the school to offer student accident 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 the student is practicing or playing with grades 10-12.
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 application 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](http://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

|   | NO UIL<br>Activities Coverage | <del>With UIL<br/>Activities Coverage</del> |
|---|-------------------------------|---|
| School-Time Coverage (PK - 12) .....  | \$ 25.00 .....                | <del>\$ 115.00</del>                        |
| Full-Time Coverage (PK - 12) .....  | \$ 105.00 .....               | <del>\$ 195.00</del>                        |
| Football (Grades 10 - 12 and grades 7-9 football, if they practice or play with grades 10-12) ..... |                               | <del>\$ 325.00</del>                        |
| 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).**

*COVERED UNDER DISTRICT BASE PLAN*

**\* \* \* \* ATTENTION PARENTS \* \* \* \***

**\* \* \* \* PARENTS – YOU ARE RESPONSIBLE \* \* \* \***

Under State Law, school districts are not liable for accidents which occur in schools. It is important to understand the school/district **IS NOT** responsible for medical payments or bills for your child. If your child is injured during **ANY SCHOOL, ATHLETIC OR UIL SPONSORED ACTIVITY**, all medical charges are **YOUR RESPONSIBILITY**.

The school district has purchased a supplemented accident policy which covers the students for UIL activities. This is a limited benefit policy and any charges not covered by this policy are your responsibility.

For the benefit of parents who do not have insurance or have limited health insurance, the school district is making available a **VOLUNTARY STUDENT/ATHLETIC ACCIDENT INSURANCE PLAN**.

Plans include:

1. School time only which covers accidents during school time only
2. 24-hour coverage which covers 24 hours a day, 365 days a year, any place and anytime
3. Football coverage for Varsity players grades 10 - 12
4. Dental coverage

**THIS INSURANCE IS PRIMARY INSURANCE TO ALL OTHER EXISTING POLICIES.**

**VOLUNTARY STUDENT/ATHLETIC ACCIDENT INSURANCE**

|                      | Annual Premiums | Annual Premiums   |
|----------------------|-----------------|-------------------|
|                      | NO UIL COVERAGE | WITH UIL COVERAGE |
| School Time Coverage | \$ 25.00        | \$ 115.00         |
| 24 Hr. Coverage      | \$ 105.00       | \$ 195.00         |
| Dental               | \$ 9.00         | \$ 9.00           |
| Football             | \$ 325.00       | \$ 325.00         |

In order to enroll your child in this **VOLUNTARY STUDENT/ATHLETIC ACCIDENT INSURANCE** plan, please remember to:

1. CONTACT YOUR CHILD'S SCHOOL OFFICE FOR YOUR APPLICATION; OR
2. GO ONLINE TO [www.thebrokeragestore.com](http://www.thebrokeragestore.com) ; OR
3. CALL THE BROKERAGE STORE, INC FOR APPLICATIONS AND/OR ANY QUESTIONS. TELEPHONE NUMBERS: 800-366-4810 OR 210-366-4800
4. All major credit cards are accepted.
5. Please make all checks payable to: Student Assurance Services.

\*\*\* The above is just a brief description of rates and benefits available under this plan. This is not a contract, policy, or outline of coverage. All benefits are subject to maximum amounts, limits, exclusions and other policy provisions.

# **\* \* \* \* ATENCIÓN PADRES \* \* \* \***

## **\* \* \* \* PADRES – LA RESPONSABILIDAD ES DE USTEDES \* \* \* \***

De acuerdo con las leyes del Estado, distritos escolares no son responsables por accidentes que ocurren en las escuelas. La escuela “NO TIENE” la responsabilidad de pagar los gastos médicos o cuentas incurridas si su hijo hija se lastima durante cualquier evento deportivo o evento escolar patrocinado por UIL.

Si desea cobertura para football, el beneficio es distinto y la prima es adicional.

**ESTE SEGURO PAGA PRIMERO Y ANTES QUE CUALQUIER OTRO SEGURO QUE USTED TIENE EN VIGOR.**

El distrito escolar ha comprado una póliza suplemental de accidentes para el año escolar de 2012-2013. Esta póliza le da la oportunidad de comprar aseguranza de accidenta para estudiantes. Tened la opción de comprar:

1. Cobertura que incluye actividades patrocinados por UIL
2. Cobertura que no incluye actividades patrocinados por UIL

Favor de reconocer que esta es una póliza de beneficios limitados y **BAJO NINGUNA CIRCUNSTANCIA** pagara todos los gastos médicos de sus hijos. Gastos en exceso de los limites de la póliza son  
**“SU REponsabilidad”.**

Planes incluyen:

1. Seguro de horas escolares únicamente, que cubre accidentes durante horas escolares unicamente.
2. Seguro las 24 horas, que cubre las 24 horas al dia, 365 días al año, en cualquier lugar alcualquier hora.
3. Seguro Dental.

**ESTA ASEGURANZA SERIA PRIMARIA A CUAL QUIR OTRA POLIZA EXISTENTE.**

### **SEGURO VOLUNTARIO SOBRE ACCIDENTES DE ESTUDIANTES EN EVENTOS ESCOLARES** **Costo Anual**

|                           | <b>SIN Cobertura de UIL</b> | <b>CON Cobertura de UIL</b> |
|---------------------------|-----------------------------|-----------------------------|
| Seguro de horas escolares | \$ 25.00                    | \$115.00                    |
| Seguro de 24 horas        | \$105.00                    | \$195.00                    |
| Seguro Dental             | \$ 9.00                     | \$ 9.00                     |
| Football                  | \$325.00                    | \$325.00                    |

Por favor de escribir su cheque al favor de **Student Assurance Services** Para inscribir a sus hijos en este “Seguro Voluntario sobre accidenta de estudiantes en eventos escolares”, es importante saber lo siguiente.

1. Póngase en contacto con su escuela para obtener una solicitud
2. A través del Internet [www.thebrokeragestore.com](http://www.thebrokeragestore.com)
3. Toda tarjeta de crédito es acceptable
4. Si tiene preguntas puede llamar a The Brokerage Store, Inc. 800-366-4810 o 210-366-4800

\*\*\*Esto es únicamente una breva descripción de costos y beneficios disponibles en este plan de seguro.  
Todos los beneficios son sujetos a montos máximos, límites, exclusiones y otras provisiones de la póliza.

# Student Assurance Services Incorporated

## Enrollment Report

[view claim report](#)  
[view master policy](#)

| Insured               | Dates                   | Coverage Type     |
|-----------------------|-------------------------|-------------------|
| Ahmadi, Ava           | 08/28/2012 - 08/31/2013 | full time         |
| Aldon-Leal, Aidan     | 09/16/2012 - 08/31/2013 | full time         |
| Alzoubi, Laith        | 09/05/2012 - 08/31/2013 | dental            |
| Alzoubi, Laith        | 09/05/2012 - 08/31/2013 | full time         |
| Anderson, Richard     | 10/08/2012 - 08/31/2013 | full time         |
| Anderson, Richard     | 10/08/2012 - 08/31/2013 | dental            |
| Andre, Francisco      | 09/05/2012 - 08/31/2013 | dental            |
| Andre, Francisco      | 09/05/2012 - 08/01/2013 | sports excpt ftbl |
| Andre, Francisco      | 09/05/2012 - 08/31/2013 | full time         |
| Arcotta, Ben          | 08/30/2012 - 08/31/2013 | dental            |
| Arcotta, Ben          | 08/30/2012 - 08/01/2013 | sports excpt ftbl |
| Arcotta, Ben          | 08/30/2012 - 08/31/2013 | full time         |
| Arcotta, Luke         | 08/30/2012 - 08/31/2013 | full time         |
| Arcotta, Luke         | 08/30/2012 - 08/31/2013 | dental            |
| Baird, Isabelle       | 08/29/2012 - 08/31/2013 | full time         |
| Baird, Isabelle       | 08/29/2012 - 08/31/2013 | dental            |
| Basilio, Emily        | 09/01/2012 - 08/31/2013 | dental            |
| Basilio, Emily        | 09/01/2012 - 08/31/2013 | full time         |
| Burton, Reid          | 08/28/2012 - 08/01/2013 | school time       |
| Capone Ford, Skylar   | 09/13/2012 - 08/01/2013 | school time       |
| Carruth, Emilee       | 10/02/2012 - 08/01/2013 | school time       |
| Carruth, Emilee       | 10/02/2012 - 08/01/2013 | sports excpt ftbl |
| Chaussonnet, Nicholas | 08/28/2012 - 08/31/2013 | dental            |
| Chaussonnet, Nicholas | 08/28/2012 - 08/31/2013 | full time         |
| Chaussonnet, Olivier  | 08/28/2012 - 08/31/2013 | dental            |
| Chaussonnet, Olivier  | 08/28/2012 - 08/31/2013 | full time         |
| Clark, Mason          | 08/29/2012 - 08/31/2013 | full time         |
| Cobb, Nora            | 09/13/2012 - 08/31/2013 | full time         |
| Cobb, Nora            | 09/13/2012 - 08/31/2013 | dental            |
| Cortez, Emma Dawn     | 11/08/2012 - 08/31/2013 | dental            |
| Cortez, Emma Dawn     | 11/08/2012 - 08/01/2013 | school time       |
| Cuellar, Sarah        | 10/06/2012 - 08/31/2013 | full time         |
| Cuellar, Sarah        | 10/06/2012 - 08/31/2013 | dental            |
| Cuellar, Sarah        | 10/06/2012 - 08/01/2013 | sports excpt ftbl |
| Damron, Clay          | 09/16/2012 - 08/31/2013 | dental            |
| Damron, Clay          | 09/16/2012 - 08/01/2013 | sports excpt ftbl |
| Damron, Clay          | 09/16/2012 - 08/31/2013 | full time         |
| Dariah, Zula          | 08/31/2012 - 08/01/2013 | school time       |

**Student Assurance Services**  
Incorporated

**Claim Report**

[view enrollment report](#)  
[view master policy](#)

| Student Name          | Date Incurred | Claim Type   | Paid | Claim Status    |
|-----------------------|---------------|--|------|-----------------|
| Chaussonnet, Nicholas | 09/05/2012    | right hand / non school                            | Yes  |                 |
| Longoria, Kevin       | 11/01/2012    | right arm and wrist/ practice/PND ITEMIZED BILLS   | No   | Pended No Bills |
| Navaejas, Robert      | 11/03/2012    | right foot/football game                           | Yes  |                 |
| Schultz, Jaime        | 09/13/2012    | left elbow, arm/ fell from monkey bars/PND ITEMZIE | No   | Pended No Bills |
| Schultz, Jaime        | 11/22/2012    | right knee, ankle/ playing outside                 | Yes  |                 |

- End of Report -

**SAMPLE**

Mail completed form to:  
**STUDENT ASSURANCE SERVICES, INC.**  
 P.O. BOX 196  
 STILLWATER, MINNESOTA 55082  
 1-800-328-2739



Be sure to use the services of a USA MCO provider to receive discounts for services provided by physicians and facilities participating in the USA MCO Network.

This plan is supplemental to all other insurance coverage. You must file a claim with your other insurance first.

**PROOF OF CLAIM:** When Injury results in treatment by a Physician, complete this form and submit to Student Assurance Services, Inc. within 90 days from date of injury.

### PART A: NOTICE OF INJURY

1. Name of School \_\_\_\_\_ School District Name \_\_\_\_\_  
 School Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

2. Name of Insured \_\_\_\_\_ Grade \_\_\_\_\_

3. Date of Injury \_\_\_\_\_ ☐ AM ☐ PM

4. Under whose supervision? \_\_\_\_\_ Was he/she a witness? \_\_\_\_\_

5. The accident was incurred while the Insured was participating in:

| INTERSCHOLASTIC UIL ACTIVITY |                            | NON-INTERSCHOLASTIC UIL ACTIVITY |                             |
|------------------------------|----------------------------|----------------------------------|-----------------------------|
| ( ) Practice                 | What sport/activity? _____ | ( ) Travel to/from school        | ( ) Non-school activity     |
| ( ) Game/Event               |                            | ( ) In classroom                 | ( ) Other - Activity? _____ |
| ( ) Travel                   |                            | ( ) Physical Education           |                             |
|                              |                            | ( ) On school grounds            |                             |

6. Part of the body injured \_\_\_\_\_ ☐ R side ☐ L side

7. Describe in detail how and where the injury occurred \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reported by \_\_\_\_\_  
 (Signature of School Official) (Title) (Date)

(\*Part A may be completed by the parent if Full-Time Coverage was purchased.)  
 IMPORTANT INFORMATION ON REVERSE SIDE

### PART B: PARENT STATEMENT

1. Students Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Students Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parents Name \_\_\_\_\_ Relationship to Insured \_\_\_\_\_  
 Address \_\_\_\_\_  
 (Street or Route) (City) (State) (Zip)

2. Home phone number \_\_\_\_\_

3. Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

4. List your family or group coverage, please.  
 Name of Insurance Company \_\_\_\_\_ ☐ Group ☐ Individual ☐ Policy No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, or other organization, institution, or person that has any records or knowledge of the claimant's physical or mental health, to give the information to STUDENT ASSURANCE SERVICES, INC. To facilitate rapid submission of such information, I authorize all said sources, to give such records or knowledge to any agency employed by the insurance company to collect and transmit such information. A photocopy of this authorization shall be as valid as the original. This authorization expires one year from the date signed.

(Date) \_\_\_\_\_ (Print Name of Student/Patient) \_\_\_\_\_ (Signature of Parent or Guardian) \_\_\_\_\_  
**NOTICE:** Anyone who knowingly misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine or imprisonment.

# ATTENTION PARENTS

\*\*\*\*PARENTS "YOU'RE RESPONSIBLE"\*\*\*\*

Dear Parents,

Below are steps for completing the Claim Form. Should you have any questions, contact the school trainer or call the number listed on the claim form. The school **"IS NOT"** responsible for your medical payment or bills for your child. If your child is injured during ANY Athletic or UIL sponsored event or activity all medical charges are **"YOUR RESPONSIBILITY."**

**HOWEVER**, the school may have purchased a supplemental policy to cover any charges in excess of your own insurance policy. If you have **NO OTHER INSURANCE** for your child, this policy will then pay first or primary. This is a limited benefit policy and any charges above policy benefit limits are **YOUR RESPONSIBILITY**. This policy was purchased by the district based on funds available. Please be aware that this is a limited benefit policy and by **NO MEANS** was it intended to cover all medical bills for your child. **Your child's treatments and medical charges are your responsibility.**

**Please contact the school trainer or administrator before seeking medical treatment or services.**

---

## STEPS TO FOLLOW WHEN FILING A CLAIM:

1. A school official must complete Part A for all school related accidents. The parent or guardian must complete all questions in Part B – Parent Statement. If the accident is not school related, parent or guardian may complete Part A. This Claim Form must be presented to the physician or facility in order to obtain the USAMCO Provider Discount. Do not leave the claim form with the provider or facility. Complete and submit directly to the Claim's Office at the address indicated below.
2. Send copies of itemized bills. These are the original billings you receive, not monthly statements. These itemized bills often called UB04 or CMS 1500 provide the Address, Procedure Code, Diagnosis Code, and the Provider's Tax ID Number.
3. Submit copies of all bills to your family and/or group insurance, even if you have a large deductible. This plan is supplemental to all other valid coverage. You must file a claim with your other insurance first. This plan does not cover penalties imposed for failure to use providers preferred or designated by your primary coverage. After you have received payment or copies of "Explanation of Benefits" (EOB) from your family insurance company or insurance administrator (Blue Cross, Group Health, Prudential Insurance, etc.), send our claim form, copies of itemized bills and your other insurance E.O.B.'s to:

STUDENT ASSURANCE SERVICES, INC.  
P.O. BOX 196  
STILLWATER, MN 55082-0196  
1-800-328-2739

**NO CLAIM CAN BE PROCESSED UNTIL ALL OF THE ABOVE DOCUMENTS ARE PROVIDED.**

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## PREFERRED PROVIDER DISCOUNT PROGRAM

Student Assurance Services, Inc. has contracted for discounts for services received from physicians and facilities participating in the USA Manged Care Organization Network. Please note that benefits are payable as described whether you use a participating provider or not. However, it is to your advantage to use a participating provider since your costs will be reduced. A listing of participating physicians and facilities are available at the USA MCO Network website [www.usamco.com](http://www.usamco.com).

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PLEASE REFER TO THE MASTER POLICY ISSUED TO THE SCHOOL/SCHOOL DISTRICT FOR SPECIFIC DETAILS.

# ATTENTION PARENTS

\*\*\*\*PARENTS "YOU'RE RESPONSIBLE"\*\*\*\*

Dear Parents,

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**Please contact the school trainer or administrator before seeking medical treatment or services.**

---

## STEPS TO FOLLOW WHEN FILING A CLAIM:

1. A school official **must** complete Part A for all school related accidents. The parent or guardian must complete all questions in Part B – Parent Statement. If the accident is not school related, parent or guardian may complete Part A. This Claim Form **must be presented to the physician or facility** in order to obtain the USA MCO Provider Discount. Do not leave the claim form with the provider or facility. Complete and submit directly to the Claim's Office at the address indicated below.
2. Send copies of itemized bills. These are the original billings you receive, not monthly statements. These itemized bills often called UB04 or CMS 1500 provide the Address, Procedure Code, Diagnosis Code, and the Provider's Tax ID Number.
3. Submit copies of all bills to your family and/or group insurance, even if you have a large deductible. This plan is supplemental to all other valid coverage. You must file a claim with your other insurance first. This plan does not cover penalties imposed for failure to use providers preferred or designated by your primary coverage. After you have received payment or copies of "Explanation of Benefits" (EOB) from your family insurance company or insurance administrator (Blue Cross, Group Health, Prudential Insurance, etc.), **send our claim form, copies of itemized bills and your other insurance E.O.B.'s to:**

STUDENT ASSURANCE SERVICES, INC.

P.O. BOX 196

STILLWATER, MN 55082-0196

1-800-328-2739

**NO CLAIM CAN BE PROCESSED UNTIL ALL OF THE ABOVE DOCUMENTS ARE PROVIDED.**

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## PREFERRED PROVIDER DISCOUNT PROGRAM

Student Assurance Services, Inc. has contracted for discounts for services received from physicians and facilities participating in the USA Manged Care Organization Network. Please note that benefits are payable as described whether you use a participating provider or not. However, it is to your advantage to use a participating provider since your costs will be reduced. A listing of participating physicians and facilities are available at the USA MCO Network website [www.usamco.com](http://www.usamco.com).

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PLEASE REFER TO THE MASTER POLICY ISSUED TO THE SCHOOL/SCHOOL DISTRICT FOR SPECIFIC DETAILS.



Mail completed form to:  
**STUDENT ASSURANCE SERVICES, INC.**  
P.O. BOX 196  
STILLWATER, MINNESOTA 55082  
1-800-328-2739



Be sure to use the services of a USA MCO provider to receive discounts for services provided by physicians and facilities participating in the USA MCO Network.

This plan is supplemental to all other insurance coverage. You must file a claim with your other insurance first.

**PROOF OF CLAIM:** When Injury results in treatment by a Physician, complete this form and submit to Student Assurance Services, Inc. within 90 days from date of injury.

### PART A: NOTICE OF INJURY

1. Name of School \_\_\_\_\_ School District Name \_\_\_\_\_  
School Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

2. Name of Insured \_\_\_\_\_ Grade \_\_\_\_\_

3. Date of Injury \_\_\_\_\_ ☐ AM ☐ PM

4. Under whose supervision? \_\_\_\_\_ Was he/she a witness? \_\_\_\_\_

5. The accident was incurred while the Insured was participating in:

#### INTERSCHOLASTIC UIL ACTIVITY

( ) Practice What sport/activity? \_\_\_\_\_  
( ) Game/Event \_\_\_\_\_  
( ) Travel \_\_\_\_\_

#### NON-INTERSCHOLASTIC UIL ACTIVITY

( ) Travel to/from school ( ) Non-school activity  
( ) In classroom ( ) Other - Activity? \_\_\_\_\_  
( ) Physical Education \_\_\_\_\_  
( ) On school grounds

6. Part of the body injured \_\_\_\_\_ ☐ R side ☐ L side

7. Describe in detail how and where the injury occurred \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported by \_\_\_\_\_  
(Signature of School Official) (Title) (Date)

(\*Part A may be completed by the parent if Full-Time Coverage was purchased.)  
**IMPORTANT INFORMATION ON REVERSE SIDE**

### PART B: PARENT STATEMENT

1. Students Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Students Social Security #    -    -

Parents Name \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Address \_\_\_\_\_  
(Street or Route) (City) (State) (Zip)

2. Home phone number \_\_\_\_\_

3. Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

4. List your family or group coverage, please.

Name of Insurance Company \_\_\_\_\_ ☐ Group ☐ Individual ☐ Policy No. \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, or other organization, institution, or person that has any records or knowledge of the claimant's physical or mental health, to give the information to STUDENT ASSURANCE SERVICES, INC. To facilitate rapid submission of such information, I authorize all said sources, to give such records or knowledge to any agency employed by the insurance company to collect and transmit such information. A photocopy of this authorization shall be as valid as the original. This authorization expires one year from the date signed.

(Date)

(Print Name of Student/Patient)

(Signature of Parent or Guardian)

**NOTICE:** Anyone who knowingly misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine or imprisonment.

# 2013-14 Student Accident Insurance

## Claims filing procedures

### Online Claim submission (Preferred procedure)

- 1) Go to website [www.sas-mn.com](http://www.sas-mn.com)
- 2) Click on "Find My School" under K-12 Students/Parent
- 3) Choose State (Texas) and click "GO"
- 4) Choose your school district and click "GO"
- 5) Choose "Claim Form (English)"
- 6) Complete ALL boxes under "Part A" Be sure you give details of how the accident happened.
- 7) Print this form by choosing the "print" option on your computer.
- 8) Give a copy of the printed form to the student/parents to take to the Doctor/Clinic or Hospital.
- 9) The parents need to complete ALL questions in Part B before they give the form to the doctor. Be sure they know that they must complete the information about their family insurance coverage and file a claim with other insurance first. **Parents must sign the form and be sure that they send all itemized bills and copies of Explanation of Benefits from their family insurance to:**  
**Student Assurance Services, Inc. (SAS, Inc.)**  
**P.O.Box 196**  
**Stillwater, MN 55082-0196**
- 10) You can print a copy of the claim form for your records.
- 11) At the top of the claim form is a "Submit Form" button. Click this button and complete the subsequent information including your email address and name.
- 12) If you do not have Microsoft Outlook or similar – you will need to choose "Internet Email" if you do not have this option.

You have now sent a copy of the claim form to SAS, Inc. to begin the process.

### Paper Claim submission

- 1) School official completes and signs Part "A" of notice of injury form.
- 2) Parent/ Guardian completes and signs Part "B" –Parent statement
- 3) Claim is mailed to address on top of claim form-be sure Parent and School retains a copy of completed claim in records.
- 4) Parent/Guardian is responsible for sending in detailed bills and copies of other Insurance "Explanation of Benefits" forms into claims department.

### Downloading a claim form

Claim forms can be downloaded from website [www.sas-mn.com](http://www.sas-mn.com).

- 1) Click on K 12 students/ Parents, find my school
- 2) Select state ( Texas), choose School District ( listed alphabetically)
- 3) Download a claim form ( English or Spanish)

# FREQUENTLY ASKED TRAINER QUESTIONS

1) How do I file a claim?

The preferred way is to complete a claim form online, submit it, and then download two copies. (One copy for parent to complete, sign and mail in, the other copy for District records)

2) Where can I get a claim form?

Claim forms are available online, in this kit and by calling our office (800) 366-4810

3) Does the Hospital/Doctor file my claim, and do I leave the claim form with the Provider?

The injured student's Parents are responsible for ensuring the claim form, detailed bills and Explanations of Benefits from other insurance Carriers are sent into the claims department for processing on a timely basis. The address is on the front of the claim form.

4) What if I have other insurance?

Voluntary coverage (if purchased) pays **first**, personal health insurance pays **second**, the Base accident insurance purchased by the school pays **third**, and Medicaid/CHIP's pays **last**.

5) How long do I have to seek treatment and submit a claim?

Each claimant must seek treatment from a licensed Physician within 180 days of the date of the accident. The claim form must be submitted within that time frame, also. The sooner the better on both treatment and claim filing.

6) Where do I find the list of Participating Network Doctors and Facilities?

If the parents have family insurance they should use the network recommended by their family insurance. If not they should use the services of a USA/MCO network provider.

This manual includes a cd disc with an updated USA/MCO Provider directory for the State of Texas. You may also check the USA/MCO website for Providers at [www.usamco.com](http://www.usamco.com).

7) Who do I call to check on the status of a claim?

You can call your local Agent, The Brokerage Store, Inc. or the claims office. All contact information is listed below.

8) Is there a deductible with this policy?

Very few schools have a deductible. Ask your Athletic Director or contact us if you need to verify if your policy has a deductible.

9) Does the school insurance cover everything?

The school accident insurance is a benefit provided by the District, and is meant to supplement personal health insurance. It has internal policy limits, and was not intended to cover every injury or expense. The School District purchases this policy based upon their needs and budget.

These benefits cover U.I.L. sports/activities and school sponsored & supervised activities, such as day time field trips

10) Does the Voluntary accident insurance purchased by the parents pay first?

The Voluntary insurance that the Parents purchase is always "PRIMARY" to any other coverage.

11) Who is responsible for my bills?

**"REMEMBER", NEVER TELL ANYONE THAT EVERYTHING IS COVERED OR  
"DON'T WORRY ABOUT IT, WE'LL TAKE CARE OF IT"!**

12) Where do I send the completed and signed claim form to?

The quickest way to get a claim started is to submit it online, and then mail the complete claim (filled in and signed by a Parent) to SAS, at the address listed on the top of the claim form.

## **PLEASE REMEMBER TO RETAIN A COPY OF THE CLAIM FORM FOR YOUR FILES.**

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### **Contact Information:**

#### **Claims Office**

**Student Assurance Services**

**P.O. Box 196**

**Stillwater, MN. 55082-0196**

**800-328-2739 fax 651-439-0200**

#### **Texas Exclusive Agent**

#### **David Cates**

**The Brokerage Store, Inc.**

**4114 Pond Hill Road, Suite #100**

**Shavano Park, TX. 78231**

**800-366-4810 fax 210-366-1388**