



**BELLVILLE INDEPENDENT SCHOOL DISTRICT**  
**Meeting of the BISD Board of Trustees**

May 6, 2020

<b>Subject:</b>	UIL Student Accident Insurance
<b>Presenter:</b>	Dennis Jurek
<b>Board Policy:</b>	
<b>BISD Goal:</b>	<ol style="list-style-type: none"> <li>1. Develop and attain local standards for high levels of integrated learning and performance. [LEARNING]</li> <li>2. Foster a connected, collaborative, and strategic approach to continuous improvement for the district. [LEADERSHIP]</li> <li>3. Create a culture that attracts, develops, and retains exceptional individuals to be part of our district and community. [HUMAN CAPITAL]</li> <li>4. Cultivate connections in our schools and community to ensure all feel safe, valued, and engaged in meaningful ways. [COMMUNITY]</li> </ol>

<b>Summary:</b>	<p>Covers UIL activities from grades 7-12, includes activities such as Cheer, Band and Vocational Coverage.</p> <p>The proposals are for a 3 year term. Year 1 is the same rate as the prior 3 years and years 2 &amp; 3 are discounted.</p> <table border="1"> <thead> <tr> <th></th> <th>Student Ins.</th> <th>Cat. Rider</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Year 1</td> <td>\$32,900</td> <td>\$1,560</td> <td>\$34,460</td> </tr> <tr> <td>Year 2</td> <td>\$31,255</td> <td>\$1,560</td> <td>\$32,815</td> </tr> </tbody> </table> <p>Summary:  Student Athletic and Activity Insurance provides supplemental insurance for students involved in interscholastic activities. The policy does not provide or replace individual, family, or group healthcare insurance coverage. The district policy is <u>accident</u> only, not sickness and illness. The supplemental accident policy pays after the parent's primary insurance policy. If the parents do not have primary insurance, then this policy pays as primary insurance. Included in the coverage are also riders for football and catastrophic. Texas Kids First has been a good partner and served the district well. The Board Approved renewal of Texas Kids First in 2015 &amp;</p>		Student Ins.	Cat. Rider	Total	Year 1	\$32,900	\$1,560	\$34,460	Year 2	\$31,255	\$1,560	\$32,815
	Student Ins.	Cat. Rider	Total										
Year 1	\$32,900	\$1,560	\$34,460										
Year 2	\$31,255	\$1,560	\$32,815										

**BELLVILLE BRAHMAS**  
**LEARNERS TODAY. LEADERS TOMORROW.**



**BELLVILLE INDEPENDENT SCHOOL DISTRICT**  
**Meeting of the BISD Board of Trustees**

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	<p>2017 at the same rate of \$34,460. Texas Kids First is offering a two year rate guarantee for accident and catastrophic coverage at the same price of <b>\$34,460.00</b></p> <p>It is my recommendation the Bellville ISD Board of Trustees approve the renewal/rate guarantee contract with Texas Kids First for Student Athletic and Activity Insurance at a rate of \$34,460 for the 2020-2021 school year and \$32,815 for the 2021-2022 and 2022-2023 school years</p>
<b>Attachments:</b>	<ul style="list-style-type: none"><li>▪ Athletic Director Grady Rowe Recommendation</li><li>▪ Texas Kids First Proposal</li></ul>
<b>Recommendation:</b>	<p>The recommendation is for the Board to: Renew Texas Kids First Student Accident Insurance.</p>

2020-2021

Application for K-12 Blanket
Athletics and Activities
Accident Insurance



FIDELITY SECURITY LIFE INSURANCE COMPANY

GENERAL INFORMATION

School/District: Bellville ISD
Address: 518 South Matthews
City: Bellville State: TX Zip: 77418 County: Austin
Telephone: (979) 865-3133 Fax: (979) 865-7019
Policy Effective Date: 8/01/2020 1st Day of Football Practice:

ENROLLMENT DATA

Student Enrollment: Grades K - 8 Grades 9 - 12
Number of High Schools in District: Number of Junior High/Middle Schools in District:

Deductible: \$0

Texas Kids First Plan Selection

Table with 7 columns: Plan Selection, Lone Star Advantage, Lone Star Advantage 2, Lone Star Advantage 3, Lone Star Advantage Special, Interscholastic Football Rider, Premium. Includes rows for All School Activities and Athletics, All Interscholastic Athletics and Activities, All Interscholastic Athletics, and All School Activities Excluding Athletics.

Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

AUTHORIZED SIGNATURES

School Official's Name (print)
School Official's Title (print)
School Official's Signature Date:
Agent's Name (print): Rommie Maxey
Agent's Signature: R. Maxey Date: April 6 '20

Return to:
Rommie Maxey
438 Little Walnut Drive
Richmond, TX 77469

For Office Use Only:



Accident & Health

# Great American Student Accident & Health 2020 Application for Catastrophic Coverage

Legend Insurance Agency, 13931 Quail Pointe Drive, Oklahoma City, OK 73134

New  Renewal

Requested Effective Date of Coverage: 8/01/2020 Quote Date: \_\_\_\_\_

School or District Name: Bellville ISD

Address: 518 South Matthews City: Bellville State: TX Zip: 77418

Number of Schools: Junior High: 1 Senior High: 1

Estimated Number of Students (per grade): Grades K-8: \_\_\_\_\_ Grades 9-12: \_\_\_\_\_

Eligible Classes: Junior High:  Yes Senior High:  Yes

**Class I:** All registered Students of the School or School District, including all sports and activities (includes student coaches, student trainers and student managers).

Football: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Class II:** All registered 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

### Desired Benefits:

- Accident Medical Expense: \$ 10,000,000 Maximum Benefit  
(Excess Coverage)
- Accidental Death: \$ 10,000 Maximum Benefit
- Accidental Dismemberment: \$ 20,000 Maximum Benefit
- Catastrophic Cash Benefit: \$ 100,000 Maximum Benefit
- Upgraded Catastrophic Cash Benefit: \$ 500,000 Maximum Benefit

Premium: \$ 1,560.00

I hereby acknowledge that all answers and statements contained on this form and any attachments are complete and accurate. I also understand that no coverage will become effective until the application has been approved by the Company.

Official's Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title (print): \_\_\_\_\_ Date: \_\_\_\_\_



## Texas Kids First

Providing affordable insurance to Texas Schools and school-age children

Date: \_\_\_\_\_

District Name: Bellville ISD  
Address: 518 South Matthews  
City, ST Zip: Bellville, TX 77418

RE: Rate Guarantee - Student Accident Insurance

Texas Kids First and its Regional Representative agree to offer a rate guarantee for student accident insurance that will be effective August 1, 2020. This agreement will automatically renew for the school year(s) indicated below:

The student accident insurance rate guarantee will be based on the following:

Premium (per year): \$31,255  
School Year(s): 2021-22, 2022-23

The Policy issued will govern and control the payment of benefits subject to the exclusions, provisions, and terms outlined in the Policy.

District Representative Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Agent Signature: R. Maxey \_\_\_\_\_

Print Name: Rommie Maxey \_\_\_\_\_

Date: Apr. 6 '20 \_\_\_\_\_

\*\* Rate Guarantee Agreement is void ONLY in the event the district elects to discontinue purchasing student accident insurance \*\*

*Quoted*

**SCHEDULE OF BENEFITS  
Lone Star**

**Policy Effective Date:** August 1, 2020  
**Maximum Benefit:** \$30,000.00 each Injury except Motor Vehicle Injury  
\$5,000.00 each covered Motor Vehicle Injury  
**Deductible:** \$0.00  
**Benefit Period:** 52 weeks  
**Initial Treatment Period:** 90 days

If an Injury to the Insured results in His incurring Covered Charges for any of the services specified below, We will pay the applicable benefit, subject to the Deductible and Coinsurance Percentage (if any), that are in excess of Covered Charges payable by any Other Valid and Collectible Insurance or Plan, including an ERISA or self-funded group policy. Provided medical treatment by a Doctor begins within the Initial Treatment Period, benefits will be payable for Covered Charges incurred during the Benefit Period up to the maximum benefit per service as shown below. The total payable for all Covered Charges shall never exceed the Maximum Benefit stated above. This excess provision will not apply to coverage provided under the Texas Children's Health Insurance Program (CHIP). Covered Charges exclude amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with policy provisions or requirements. Usual and Customary Charges are based on data provided by Context 4 Healthcare, Inc. using the 75<sup>th</sup> percentile.

**Inpatient**

Room & Board:	Private room rate
Intensive Care:	Private room rate (in lieu of Room & Board)
Hospital Miscellaneous:	Usual & Customary Charges up to \$250.00 per day/\$5,000.00 maximum
Registered Nurse:	Usual & Customary Charges
Doctor Visits:	Usual & Customary Charges up to \$40.00 per day
Family Travel:	After 5 continuous days of inpatient hospital stay, \$300.00 per day/5 days maximum

**Outpatient**

Ambulatory Surgical Center:	Usual & Customary Charges up to \$1,500.00 (facility charge)
Doctor Visits:	Usual & Customary Charges up to \$40.00 per day
Physiotherapy:	\$50.00 1 <sup>st</sup> visit/\$25.00 per visit thereafter up to 8 visits total (limited to 1 visit per day)
Medical Emergency:	Usual & Customary Charges up to \$175.00 (for use of emergency room facility and services within 72 hours of Injury)
Medical Emergency Doctor:	Usual & Customary Charges up to \$150.00
Shots and Injections:	Usual & Customary Charges up to \$60.00 (within 24 hours of an Injury)
Diagnostic X-ray:	Usual & Customary Charges up to \$200.00 and \$50.00 for reading
CAT Scan/MRI/Bone Scan:	Usual & Customary Charges up to \$500.00 and \$50.00 for reading
Laboratory Procedures:	Usual & Customary Charges up to \$50.00

**Other (Inpatient and/or Outpatient)**

Surgeon:	Usual & Customary Charges up to \$3,500.00 (limited to primary procedure including removal of surgical implanted pins within two years of Injury)
Anesthetist:	25% of surgeon benefit
Assistant Surgeon:	25% of surgeon benefit
Ambulance:	Usual & Customary Charges up to \$5,000.00
Dental Treatment:	Usual & Customary Charges up to \$5,000.00 (benefits paid on Injury to Sound, Natural Teeth only)
Cosmetic-Only Dental Benefit:	Usual & Customary Charges up to \$500.00
Post Surgical Durable Medical Equipment:	Usual & Customary Charges up to \$175.00
Eye Glasses, Contact Lenses and Hearing Aid Replacement:	Usual & Customary Charges (as a result of a covered Injury only)
Prescription Drugs:	Usual & Customary Charges
Post Surgical Orthopedic Braces & Appliances	Usual & Customary Charges up to \$500.00
Expanded Medical Benefit:	Pays for services per Schedule of Benefits up to \$350.00

**SCHEDULE OF BENEFITS  
Lone Star 2**

**Policy Effective Date:** August 1, 2020  
**Maximum Benefit:** \$30,000.00 each Injury except Motor Vehicle Injury  
 \$5,000.00 each covered Motor Vehicle Injury  
**Deductible:** \$0.00  
**Benefit Period:** 52 weeks  
**Initial Treatment Period:** 90 days

If an Injury to the Insured results in His incurring Covered Charges for any of the services specified below, We will pay the applicable benefit, subject to the Deductible and Coinsurance Percentage (if any), that are in excess of Covered Charges payable by any Other Valid and Collectible Insurance or Plan, including an ERISA or self-funded group policy. Provided medical treatment by a Doctor begins within the Initial Treatment Period, benefits will be payable for Covered Charges incurred during the Benefit Period up to the maximum benefit per service as shown below. The total payable for all Covered Charges shall never exceed the Maximum Benefit stated above. This excess provision will not apply to coverage provided under the Texas Children's Health Insurance Program (CHIP). Covered Charges exclude amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with policy provisions or requirements. Usual and Customary Charges are based on data provided by Context 4 Healthcare, Inc. using the 75<sup>th</sup> percentile.

**Inpatient**

Room & Board:	Private room rate
Intensive Care:	Private room rate (in lieu of Room & Board)
Hospital Miscellaneous:	Usual & Customary Charges up to \$250.00 per day/\$5,000.00 maximum
Registered Nurse:	Usual & Customary Charges
Doctor Visits:	Usual & Customary Charges up to \$40.00 per day
Family Travel:	After 5 days of continuous inpatient hospital stay, \$300.00 per day / 5 days maximum

**Outpatient**

Ambulatory Surgical Center:	Usual & Customary Charges up to \$2,000.00 (facility charge)
Doctor Visits:	Usual & Customary Charges up to \$40.00 per day
Physiotherapy:	\$50.00 1st visit / \$25.00 per visit thereafter/8 visits maximum (limited to 1 visit per day)
Medical Emergency:	Usual & Customary Charges up to \$175.00 (for use of emergency room facility and services within 72 hours of Injury)
Medical Emergency Doctor:	Usual & Customary Charges up to \$150.00
Shots and Injections:	Usual & Customary Charges up to \$60.00 (within 24 hours of an Injury)
Diagnostic X-ray:	Usual & Customary Charges up to \$200.00 and \$50.00 for reading
CAT Scan/MRI/Bone Scan:	Usual & Customary Charges up to \$500.00 and \$50.00 for reading
Laboratory Procedures:	Usual & Customary Charges up to \$50.00

**Other (Inpatient and/or Outpatient)**

Surgeon:	Usual & Customary Charges up to \$2,000.00 (limited to primary procedure including removal of surgical implanted pins within two years of Injury)
Anesthetist:	25% of surgeon benefit
Assistant Surgeon:	25% of surgeon benefit
Ambulance:	Usual & Customary Charges up to \$1,000.00
Dental Treatment:	Usual & Customary Charges up to \$5,000.00 (benefits paid on Injury to Sound, Natural Teeth only)
Cosmetic-Only Dental Benefit:	Usual & Customary up to \$500.00
Post Surgical Durable Medical Equipment:	Usual & Customary Charges up to \$175.00
Eye Glasses, Contact Lenses and Hearing Aid Replacement:	Usual & Customary Charges (as a result of a covered Injury only)
Prescription Drugs:	Usual & Customary Charges
Post Surgical Orthopedic Braces & Appliances:	Usual & Customary Charges up to \$500.00
Expanded Medical Benefit:	Pays for services per Schedule of Benefits up to \$350.00

**SCHEDULE OF BENEFITS  
Lone Star 3**

**Policy Effective Date:** August 1, 2020  
**Maximum Benefit:** \$30,000.00 each Injury except Motor Vehicle Injury  
 \$5,000.00 each covered Motor Vehicle Injury  
**Deductible:** \$0.00  
**Benefit Period:** 52 weeks  
**Initial Treatment Period:** 90 days

If an Injury to the Insured results in His incurring Covered Charges for any of the services specified below, We will pay the applicable benefit, subject to the Deductible and Coinsurance Percentage (if any), that are in excess of Covered Charges payable by any Other Valid and Collectible Insurance or Plan, including an ERISA or self-funded group policy. Provided medical treatment by a Doctor begins within the Initial Treatment Period, benefits will be payable for Covered Charges incurred during the Benefit Period up to the maximum benefit per service as shown below. The total payable for all Covered Charges shall never exceed the Maximum Benefit stated above. This excess provision will not apply to coverage provided under the Texas Children's Health Insurance Program (CHIP). Covered Charges exclude amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with policy provisions or requirements. Usual and Customary Charges are based on data provided by Context 4 Healthcare, Inc. using the 75<sup>th</sup> percentile.

**Inpatient**

Room & Board:	Private room rate
Intensive Care:	Private room rate (in lieu of Room & Board)
Hospital Miscellaneous:	Usual & Customary Charges up to \$550.00 1 <sup>st</sup> day / \$250.00 per day thereafter / \$2,500.00 maximum
Registered Nurse:	Usual & Customary Charges
Doctor Visits:	Usual & Customary Charges up to \$45.00 1 <sup>st</sup> day/subsequent visits up to \$30.00 / 10 visits maximum
Family Travel:	After 5 continuous days of inpatient hospital stay, \$300.00 per day / 5 days maximum

**Outpatient**

Ambulatory Surgical Center:	Usual & Customary Charges up to \$1,500.00 (facility charge)
Doctor Visits:	Usual & Customary Charges up to \$45.00 per day / 10 days maximum
Physiotherapy:	\$35.00 per visit up to 5 visits total (limited to 1 visit per day)
Medical Emergency:	Usual & Customary Charges up to \$210.00 (for use of emergency room facility and services within 72 hours of Injury)
Medical Emergency Doctor:	Usual & Customary Charges up to \$150.00
Shots and Injections:	Usual & Customary Charges up to \$60.00 (within 24 hours of an Injury)
Diagnostic X-ray:	Usual & Customary Charges up to \$180.00 and \$25.00 for reading
CAT Scan/MRI/Bone Scan:	Usual & Customary Charges up to \$580.00 and \$25.00 for reading
Laboratory Procedures:	Usual & Customary Charges up to \$50.00

**Other (Inpatient and/or Outpatient)**

Surgeon:	Usual & Customary Charges up to \$1,500.00 (limited to primary procedure including removal of surgical implanted pins within two years of Injury)
Anesthetist:	25% of surgeon benefit
Assistant Surgeon:	25% of surgeon benefit
Ambulance:	Usual & Customary Charges up to \$1,000.00
Dental Treatment:	Usual & Customary Charges up to \$1,000.00 (benefits paid on Injury to Sound, Natural Teeth only)
Post Surgical Durable Medical Equipment:	Usual & Customary Charges up to \$110.00
Eye Glasses, Contact Lenses and Hearing Aid Replacement:	Usual & Customary Charges up to \$110.00 (as a result of a covered Injury only)
Prescription Drugs:	Usual & Customary Charges up to \$30.00
Post Surgical Orthopedic Braces and Appliances:	Usual & Customary Charges up to \$500
Expanded Medical Benefit:	Pays for services per Schedule of Benefits up to \$350





Dennis Jurek <djurek@bellvillebrahmas.org>

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## Student Insurance

1 message

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**Grady Rowe** <growe@bellvillebrahmas.org>  
To: Dennis Jurek <djurek@bellvillebrahmas.org>

Thu, Apr 23, 2020 at 12:22 PM

Dennis,

I recommend that we continue our student insurance with Texas Kids First. We have not had any issues that I or our Trainer are aware of.

Grady

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**Grady Rowe**

Athletic Director/Head Football Coach

Bellville Independent School District

Phone: 979-865-3681

Fax: 979-865-7088

**"EXPECT VICTORY"**

