



STUDENT ACCIDENT INSURANCE

- School-Time Coverage
 - 24 Hour Coverage
 - Football Coverage
 - \$5,000 Dental
-

This is a valuable accident only program which helps to offset the rising medical costs and deductibles required by insurance carriers under your current health plans.

Enclosed is a brief detail of the program currently available and enrollment form. Online enrollment is available via our website at www.studentinsuranceplans.com and coverage can be verified by calling 469-579-4139. A detailed master policy is available at the school district.

Underwritten by:

Life Insurance Company of North America
(a subsidiary of New York Life Insurance Company)

1601 Chestnut Street
Philadelphia, PA 19192-2235

Marketed by:

Student Insurance Plans, LLC
PO Box 1447

Frisco, Texas 75034

ACCIDENT PLANS

Description of Plan Benefits Design	Standard Plan Design	Elite Plan Design
Accidental Death	\$10,000	\$25,000
Accidental Dismemberment	\$10,000	\$25,000
Paralysis	N/A	\$25,000
Accidental Medical Expense		
Benefit Maximum	\$25,000	\$5,000
Deductible (per accident)	\$0	\$100
<u>Inpatient</u>		
Hospital Miscellaneous/Room & Board:	100% up to \$2,500	100% up to Benefit Maximum
Physician's Visit	\$50 per visit	100% up to Benefit Maximum
<u>Outpatient</u>		
Day Surgery Misc: (<i>facility charge</i>)	100% up to \$2,000	100% up to Benefit Maximum
X-Rays, Diagnostic Testing:	100% up to \$300	100% up to Benefit Maximum
Physician's Visits:	\$50 per visit	100% up to Benefit Maximum
Physical Therapy:	\$50/visit to \$500	100% up to Benefit Maximum
Hospital Emergency Room:	100% up to \$300	100% up to Benefit Maximum
Emergency Room Physician:	\$75 per visit	100% up to Benefit Maximum
MRI/Cat Scan:	100% up to \$800	100% up to Benefit Maximum
Lab:	100% up to \$150	100% up to Benefit Maximum
Home Health Care:	\$50/visit to \$500	100% up to Benefit Maximum
<u>Inpatient and/or Outpatient</u>		
Surgeon's Fees:	100% up to \$2,000 (limited to the primary procedure per surgery)	100% up to Benefit Maximum
Anaesthetist:	25% of surgeon benefit	100% up to Benefit Maximum
Assistant Surgeon:	25% of surgeon benefit	100% up to Benefit Maximum
Ambulance:	100% up to \$600	100% up to Benefit Maximum
Orthopaedic Braces & Appliances:	100% up to \$500	100% up to Benefit Maximum
Eyeglasses, Contact Lens, Hearing Aids:	100% up to \$400	100% up to Benefit Maximum
Dental:	100% up to \$5,000	100% up to Benefit Maximum
Prescriptions	100% up to \$100	100% up to Benefit Maximum
Injections:	100% up to \$100	100% up to Benefit Maximum
Motor Vehicle Accident:	100% up to \$5,000	100% up to Benefit Maximum
Felonious Assault and Violent Crime Benefit	N/A	10% of Principal Sum (death, dismemberment, paralysis)
Heart or Circulatory Malfunction Benefit	N/A	\$5,000 (death, dismemberment, paralysis)
Rates		
<u>School Time Coverage</u>		
Grades K-6	\$35.00 per year	\$50.00 per year
Grades 7-12	\$35.00 per year	\$50.00 per year
<u>24 Hour Coverage</u> (includes Athletics, excluding High School Football)		
Grades K-6	\$75.00 per year	\$100.00 per year
Grades 7-12	\$125.00 per year	\$150.00 per year
<u>Football Coverage</u>		
(Grades 9-12 who practice or play High School Football)	\$275	N/A

ACCIDENT COVERAGES



Coverage is in force for the hours and days when school is in session and while attending school sponsored and supervised activities on or off the school premises. **This coverage does not include Athletics/University Interscholastic League (UIL) activities in grades 7-12.**



Coverage is in force around the clock, 24 hours a day. Protected at home or while away – any time, any place, anywhere. The UIL/Sports Coverage protects students while at practice or participating in school sponsored and supervised UIL Activities and Sports for grades 7-12. (Policy Dates: 8/1-7/31) **High School Football is excluded.**



Coverage is in force while students participate in practice or play of school sponsored and supervised high school football activities, including travel to and from by in-school transportation. This coverage is for grades 9-12 who practice or play High School Football. **School time and 24 hour coverages purchased separately. Standard Plan Design option only.**

HOW TO ENROLL YOUR CHILD

- Select a Plan Design and Coverage Type from the options listed. Complete the application enclosed and make check payable to Student Insurance Plans. Please be sure to write the name of your child on your check.
- Enrollment is also available online at www.studentinsuranceplans.com
- Students must enroll for coverage each school year coverage is offered.
- Please keep a copy of the brochure and payment as your proof of insurance as you will not receive a policy or ID card. The master policy is issued to the District and can be obtained by contacting the District Administrator. Should you want an ID card for your child, you can print out an ID card on our website and fill in your child's information or contact us at 469-579-4139.

CLAIMS PROCEDURE

In case of accident, notify school immediately. Obtain a claim form from your school or at www.studentinsuranceplans.com and mail to the address indicated on the claim form. **Notice of claim must be filed within 90 days from date of accident.**

EXCLUSIONS AND LIMITATIONS

This Policy does not cover any loss as a result of: 1.) Suicide or attempted suicide; 2.) Intentionally self-inflicted injury; 3.) War or any act of war, whether declared or not. War or act of war does not include acts of terrorism; 4.) Illness; disease; bodily or mental infirmity; bacterial or viral infection; or medical or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food; 5.) Piloting or serving as a crewmember; 6.) Commission of or attempted to commit a felony; an assault; or other illegal activity; 7.) Active participation in a riot or insurrection; 8.) Flight in; boarding; or alighting from an aircraft or any craft designed to fly above the earth's surface, except as: (a) a fare-paying passenger on a regularly commercial or charter airline, (b) a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight; (c) A passenger in military aircraft flown by the Air Mobility Command or its foreign equivalent; 9.) Travel in any aircraft; owned; leased; or controlled by the Policyholder or any of its subsidiaries or affiliates. An aircraft will be deemed to be controlled by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days or more than 15 days in any year; 10.) The Covered Person being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor. Intoxication is defined by the laws of the jurisdiction where such Accident occurs. If such jurisdiction does not have a law to define intoxication, then under this Policy it will mean a blood alcohol content of .08 or greater; 11.) Participation in professional; intercollegiate sports; 12.) Pregnancy, childbirth, elective abortion, an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed; 13.) Complications of pregnancy or miscarriage, except as a result of a Covered Accident; 14.) Routine physical exams and medical services or wellness visits; 15.) Mental and nervous disorders; 16.) Experimental or investigative treatment or procedures; 17.) Treatment by persons employed or retained by the Policyholder, or by any Immediate Family Member except for treatment for Dental Services provided for under this Policy; or member of the Covered Person's household; 18.) Covered medical expenses for which the Covered Person would not be responsible for in the absence of this Policy; 19.) Conditions that are not caused by a Covered Accident; 20.) Participation in any activity or Coverage not specifically covered by this Policy; 21.) Any: treatment; service or supply not specifically covered by this Policy; 22.) Personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.

ENROLLMENT APPLICATION

School District Name: _____ School Name: _____
Student Last Name: _____ Student First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Student ID: _____ Date of Birth: _____ Grade: _____
Parent Name: _____ Parent Email: _____

PROGRAM SELECTION: (coverage dates are listed within the master policy and are based upon the school district's calendar)

SCHOOL TIME COVERAGE:

Standard Plan Design

Elite Plan Design

Grades K-6

☐ \$35.00

☐ \$50.00

Grades 7-12

☐ \$35.00

☐ \$50.00

24 HOUR COVERAGE:

Grades K-6

☐ \$75.00

☐ \$100.00

Grades 7-12

☐ \$125.00

☐ \$150.00

FOOTBALL COVERAGE:

(Grades 9-12 who practice
or play High School Football)

☐ \$275.00

N/A

AMOUNT ENCLOSED: _____ (make checks payable to Student Insurance Plans)

Online enrollment available via Visa or Mastercard at www.studentinsuranceplans.com

MAIL TO: Student Insurance Plans, PO BOX 1447, Frisco, Texas 75034

THIS POLICY PROVIDES LIMITED ACCIDENT ONLY COVERAGE. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS. Product availability and plan design features may vary by location and plan design type and is subject to change. For costs and complete information, including exclusions, limitations, and provisions regarding termination of coverage, contact a New York Life representative. Policy Form: BA-01-1000.00 et al. SMRU 000000(TBD)