

# Mandatory Student Accident Insurance Plans



**Texas Monarch Management Corporation**  
Student Accident Insurance

## Student Accident Network (SAN)

*Protection available from the No Balance Bill Network.*

### Offering Student Accident Insurance Plans...

Especially designed to cover your students:

- *School Sponsored Sports*
- *School Sponsored Activities*
- *All School Coverage*



*Underwritten by AXIS Insurance Company.*

# Mandatory Student Accident Plan Coverages

**As described below, the following plans are available:**

**Interscholastic Sports Coverage** – for Jr. High and Sr. High only, interscholastic athletics and activities.

- Interscholastic athletics and activities (UIL approved) coverage is available with or without football for Jr. High and Sr. High.

You may also purchase football coverage only.

**All School Coverage** – with or without athletics and activities

- Coverage for PK-8
- Coverage for PK-12

With or without football

**All School Coverage**

*(premium paid by school)*

Coverage is in force for each person for whom 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 Covered Person is participating in or attending any Sponsored and Supervised School Activity, except interscholastic football for students in Sr. High School and Jr. High if they practice or play with Sr. High School; and
- (b) while away from the School premises; other than traveling, if participating in a Sponsored and Supervised School Activity, except interscholastic football for students in the Sr. High School and Jr. High if they practice or play with Sr. High School; and
- (c) while traveling directly to or from the Insured Person's residence and School for regular School sessions, or for any Sponsored and Supervised School Activity in School designated vehicle, except interscholastic football for students in Sr. High School and Jr. High if they practice or play with Sr. High School.

Vocational and Field Trip Coverages are also included.

**Interscholastic Sports Coverage**

ALL ATHLETICS/ACTIVITIES

*(premium paid by school)* GRADES Jr. High and Sr. High

Coverage is in force for each Insured Person for whom Sports Coverage premium has been paid as set forth in the Policy:

- (a) while practicing for or competing in interscholastic sports and Supervised and Sponsored Sports Activities which are supervised by the Policyholder; and
- (b) while traveling directly to or from such practice or competition in a School designated vehicle.

**Also covered: Off-season conditioning for football (6 & 7 man teams included), vocational classes, ROTC, FFA, weightlifting, cheerleading, drill team and UIL activities under mandatory athletic plans.**

**Football Coverage** – Football Only Plan covers Sr. High and Jr. High if they practice or play with Sr. High *(premium paid by school)*

Coverage is in force for each Insured Person for whom Football Coverage premium has been paid as set forth in the Policy:

- (a) while practicing for or competing in football, which is a Supervised and Sponsored Sports Activity under the supervision of the Policyholder; and
- (b) while traveling directly to or from such practice or competition in School designated vehicle.

**Excess Insurance Provision**

No benefit of this policy is payable for any expenses incurred for Covered Injury which is paid or payable by: 1) another Health Plan, including ERISA or self-funded group Policy; or 2) under an automobile insurance policy. This Excess Provision will not be applied to coverage provided under the Texas Children's Health Insurance Program (CHIP). Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured Person for failing to comply with policy provisions or requirements.

**Medical Payments**

The policy provides benefits for loss due to a Covered Injury up to the Total Maximum for all Accident Medical Benefits of \$25,000 for each Covered Accident. Medical treatment must be provided by a qualified, licensed physician and must begin within 90 days from the date of the Covered Accident. Benefits will be payable for Covered Medical Expenses incurred within 52 weeks from the date of the Covered Accident up to the maximum Benefit Amount shown in the Schedule of Benefits.

**Accidental Death & Dismemberment Benefits**

Covered Loss must occur within 180 days of the Covered Accident

Loss of Life .....	\$20,000
Loss of Two or More Hands or Feet.....	\$20,000
Loss of Sight of Both Eyes .....	\$20,000
Loss of One Hand and One Foot.....	\$20,000
Loss of One Hand or One Foot and Sight of One Eye .....	\$20,000
Loss of Sight in One Eye .....	\$10,000
Loss of One Hand or One Foot.....	\$10,000
Loss of Entire Thumb and Index Finger of Either Hand.....	\$ 1,000

**Exposure and Disappearance.....Included**

# Schedule of Benefits For Mandatory Student Accident Plans

**New for 2015: Concussion Benefit, \$100 payable in addition to other benefits**

**All Maximums Are For Each Injury**

	Texas Custom U & C	Premier Plus	Premier
Plan Maximums (For each Covered Injury)	\$25,000	\$25,000	\$25,000
Vocational Plans (For each Covered Injury)	\$25,000	\$25,000	\$25,000
Field Trip Coverage (For each Covered Injury)	\$25,000	\$25,000	\$25,000
Hospital Room and Board	100% U & C	Semi-Private daily room rate	Semi-Private daily room rate
Hospital Inpatient Expenses	100% U & C	100% U & C up to \$750 1 <sup>st</sup> day, \$250 per day thereafter, subject to a Maximum of \$5,000 per Hospital Stay	100% U & C up to \$250 per day; subject to a Maximum of \$5,000 per Hospital Stay
Hospital Outpatient Surgery (facility charge)	100% U & C up to \$3,500	100% U & C up to \$2,000	100% U & C up to \$1,500
Hospital Outpatient Medical Emergency (use of emergency room <sup>1</sup> and supplies)	100% U & C up to \$350	100% U & C up to \$250	100% U & C up to \$150
Physician, Emergency Room	100% U & C up to \$150	100% U & C up to \$100	100% U & C up to \$50
Physician Nonsurgical Visits <i>Concussions are covered the same as any other injury, and there is an additional \$100 benefit</i>	100% U & C per visit, up to 5 visits  <i>Concussions: \$100 at U&amp;C plus 100% U &amp; C per visit up to 5 visits</i>	100% U & C up to \$40 per visit  <i>Concussions: \$100 at U&amp;C plus 100% U &amp; C up to \$40 per visit</i>	100% U & C up to \$40 per visit  <i>Concussions: \$100 at U&amp;C plus 100% U &amp; C up to \$40 per visit</i>
Physician Surgical Services	100% U & C, Maximum \$5,000	90% of U & C Maximum \$4,500	75% of U & C Maximum \$3,750
Anesthetist/Assistant Surgeon	25% of surgeon's allowance	25% of surgeon's allowance	25% of surgeon's allowance
Registered Nurse (Inpatient)	100% U & C per Hospital Stay	100% U & C per Hospital Stay	100% U & C up to \$400 per Hospital Stay
Outpatient Physiotherapy <sup>2</sup> <i>Non Post-Surgical</i>	\$50 per visit, Maximum \$1,000	\$50 per visit, Maximum \$300	\$25 per visit, Maximum \$150
<i>Post-Surgical</i>	\$50 per visit, Maximum \$1,000	\$50 per visit, Maximum \$750	\$25 per visit, Maximum \$150
Outpatient X-ray Services <sup>2</sup>	100% U & C up to \$300	100% U & C up to \$200	100% U & C up to \$200
Outpatient Laboratory Services <sup>2</sup>	100% U & C	100% U & C up to \$50	100% U & C up to \$50
Dental Treatment	100% U & C	100% U & C	100% U & C up to \$250 per tooth
Ambulance Services	First Trip to Hospital 100% U & C	First Trip to Hospital 100% U & C	First Trip to Hospital 100% U & C
Diagnostic Imaging Services (Includes MRI, Cat Scans)	100% U & C, up to \$1,200	100% U & C up to \$800	100% U & C up to \$500
Orthopedic Braces & Appliances <i>Inpatient</i>	100% U & C, Maximum \$1,200	100% U & C up to \$500	100% U & C up to \$300
<i>Outpatient</i>	100% U & C, up to \$600	100% U & C up to \$500	100% U & C up to \$300
Durable Medical Equipment	100% U & C, up to \$150	100% U & C up to \$150	100% U & C up to \$150
Eyeglasses, Contact Lenses	100% U & C	100% U & C	100% U & C
Hearing Aid Replacement	100% U & C	100% U & C	100% U & C
Prescription Drugs (outpatient)	100% U & C	100% U & C	100% U & C

*1 - includes Urgent Care Facility rendering services in a Hospital*

*2 - includes Urgent Care Facility services provided in a freestanding facility*

**Note that coverage includes benefits for:**

Concussions are covered if it is a loss due to covered injury. Baseline testing is not included.

Hernia as a result of Covered Accident/not stress

Heart and Circulatory Conditions due to Heat Exhaustion

Deferred Surgical Expense Benefit (pin removal within 2 years of the accident, paid under the surgical benefit maximum)

*This is a brief illustration of coverage underwritten by AXIS Insurance Company. The Policy issued will be the contract and will govern and control the payment of benefits. If there is any conflict between the information in this illustration and the Policy, the Policy will control in all respects. The Policy is a non-renewable one year policy. No benefits are payable for expense incurred that is paid or payable by another Health Plan. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. Further, this insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Furthermore, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.*

## Policy Exclusions and Limitations

**Benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Benefits Section of the Policy:**

1. Intentionally self-inflicted injury, suicide, or auto-eroticism or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
6. A Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
7. Flight in, boarding or alighting from, an Aircraft or any craft designed to fly above the Earth's surface:
  - a. except as a fare-paying passenger on a regularly scheduled commercial airline;
  - b. being flown by the Insured Person or in which the Insured Person is a member of the crew;
  - c. being used for:
    - i. Crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stund or acrobatic flying; or
    - ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
  - d. designed for flight above or beyond the earth's atmosphere;
  - e. including an ultra-light or glider;
  - f. being used for the purpose of parachuting or skydiving;
  - g. being used by any military authority, except an Aircraft used by the air mobility command or its foreign equivalent;
8. 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;
9. Bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, including exposure, whether or not accidental, to viral, bacterial or chemical agents whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of injuries sustained in a Covered Injury;
12. A cardiovascular, event or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician, while the Insured Person participates in a Covered Activity;
13. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
14. The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officers report, or similar items will be considered proof of the Insured Person's intoxication;
15. Operating any type of vehicle or conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred;
16. Travel in or on any on-road and off-road motorized vehicle except a golf cart or other vehicle the Company specifically agrees to cover, that does not require licensing as a motor vehicle;
17. Participation in any motorized race or contest of speed;
18. An accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
19. Injuries compensable under Workers' Compensation law or any similar law;
20. Participation in any sports activity not specifically authorized, sponsored and supervised by the School, whether or not it takes place on School premises or during normal School hours, during a Covered Activity, including but not limited to snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles;
21. Aggravation, during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity, unless the Company receives a written medical release from the Insured Person's Physician.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. employed or retained by the Policyholder;
2. living in the Insured Person's household;
3. an Immediate Family Member including Eligible Domestic Partner of either the Insured Person or the Insured Person's Spouse; or
4. the Insured Person.

**Excluded Medical Expenses** – The following will not be considered Covered Expenses unless coverage is specifically provided:

- Blood, blood plasma, or blood storage, except expenses by a Hospital for processing or administration of blood.
- Cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Loss.
- Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
- Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, orthopedic braces, or orthotic devices.
- Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
- Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
- Repair or replacement of existing dentures, partial dentures, braces or bridgework. Orthopedic appliances used mainly to protect an Injury so that the Covered Person can take part in interscholastic and club sports.
- Expenses payable by any automobile insurance policy without regard to fault.
- Treatment of HIV/AIDS, meaning Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome or AIDS Related Complex (ARC) regardless of the means by which it was acquired.
- Repair or replacement of existing artificial limbs, eyes and larynx.
- Charges for any article of clothing intended for use more than once.

**Covered Injury** means accidental bodily injury: (1) which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force, and (2) which results directly and independently from all other causes from a Covered Accident and (3) which occurs while such person is participating in a Covered Activity. The Covered Injury must be caused through accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.