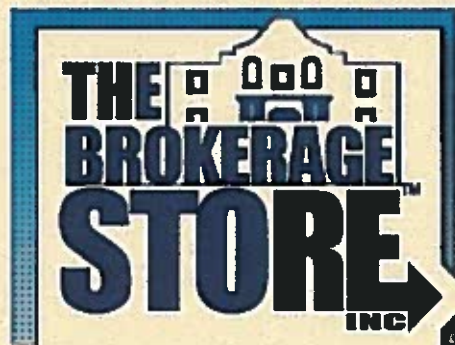


K-12 Student / Athletic Accident Insurance



TRAINER MANUAL



The Brokerage Store, Inc.
4091 De Zavala Road, Suite #3
San Antonio, TX 78249

Feel Free to
Contact Us

(210) 366-4800

or

(800) 366-4810

FAX

(210) 366-1388

www.thebrokeragestore.com



#1 in Student/Athletic Accident Insurance!

Meet The Team



Rochelle Sandefer



Rochelle has been in the insurance industry since 2004, where she worked as a secretary at Delgado Insurance Agency in Laredo, Texas. Rochelle moved to San Antonio in 2006 and began working for The Brokerage Store, Inc. She graduated in May 2009 from The University of Texas at San Antonio. She is now managing all Student/Athletic Accident Insurance and Special Risk Accident Policies for The Brokerage Store, Inc.

Albert Salinas



Albert started his insurance career with Spillman Mills Inc. in 1999 and partnered with The Brokerage Store to sell and service Student Accident Insurance in the Rio Grande Valley. He is president/partner of Texas Insurance Service Center, in Harlingen, Texas. Albert is a General Lines agent in Life, Health, Property, Casualty and a Life Insurance Counselor.

David Cates



David grew up in San Diego, California and received his Master's Degree from San Diego State University in 1973. In 1974 he was given an opportunity to open an Insurance Brokerage Operation in San Antonio, Texas. Not knowing one person, he moved to San Antonio and began his career in the insurance business. Since that time, David has been the sole owner of The Brokerage Store, Inc. and has received his CSRSM designation. The Brokerage Store, Inc.'s specialty products are: Student/Athletic Accident Insurance and Special Risk Accident Policies.

Roger Byers



Roger was born and raised in Baytown, Texas where he graduated from Robert E. Lee High School. He served in the U.S. Army and then in 1970 went on to college at Southwest Texas State University, receiving his Bachelor's Degree. Roger began his career as a sales representative for Blue Cross/Blue Shield of Texas. He has been associated with The Brokerage Store, Inc. since 1982, specializing in Student/Athletic Accident Insurance for Texas school districts.

Jeff Johnson



Jeff has 16 years experience in the Student Accident Insurance field, and 11 years experience as a Risk Manager in the restaurant industry. Jeff is very active in several San Antonio, Texas school education foundations: the Texas High School Athletic Directors, and S. Padre Athletic Trainers organizations.

OTHER SALES TEAM MEMBERS

Bruce Barnard	Seguin, TX	800.896.0888
Raul Barberena	Victoria, TX	361.580.9010
Jill Faulder	Ft. Worth, TX	817.685.9888
Donnie Gentry	Tyler, TX	903.939.8133
Rick Hernandez	El Paso, TX	915.845.6900
Hank Holt	Canyon, TX	806.655.0251
John Kennedy	Lufkin, TX	936.634.3378
Matt Knight	Lufkin, TX	936.634.3378
Robert Laurel	Laredo, TX	888.812.5348
John Lawrence	Crockett, TX	936.544.2204
Carmen Lozipone	Iowa Park, TX	940.781.8914
Albert Salinas	Harlingen, TX	800.750.0490
James Young	Goliad, TX	361.645.3591

Paul Fisher



Paul graduated from Sam Houston State University in 1983 with a Bachelor Degree in Business. Paul entered the Student Insurance industry in 1996 as a marketing representative with a local TPA firm. He opened Pinnacle Student Insurance in 2002 and joined forces with The Brokerage Store, Inc. in 2007 to pursue Student Accident Insurance in the K-12 arena. Paul and his family reside in New Braunfels, Texas where he also served on the New Braunfels school board for five years.



Dear Trainers,

We want to let you know how much we appreciate your partnership with us to protect your students and athletes this year. We realize that you have many choices when selecting a Carrier and Agent to handle the accident needs of your District and students, and we thank you for your business.

We are excited to let you know that for the 2021-22 school year, our preferred way to file a claim is online. We have included all the information you will need to file an accident claim, including frequently asked questions, a Network Provider directory, plan designs, claim forms and instructions for filing a claim/following up on a claim or reviewing current claims for your School/District. Of course, contact information for our office, the claims department and your local Agent is included for any guidance or help during the year.

Please review these items located within this guide that you will find very helpful and useful. Please check out the MedEx brace information that we have supplied. We now have an exclusive agreement with MedEx to provide ANY medically needed brace to you at a maximum cost of \$500 (for any plan design) with NO balance billing to parents. You can now access ANY brace offered in Texas from companies, such as: Don-Joy, Breg, Bledsoe, Ossur, or Healy & Weber for your students. A complete list of MedEx representatives is included for your convenience. Using these representatives can result on substantial savings when you consider the cost of a custom brace purchase. Utilizing our in-network Providers is key to controlling claim amounts, as most are contracted NOT to balance bill the parents of an injured student. Be sure and review the USAMCO network Provider Directory at: www.usamco.com or www.usamco.com/Ionestar. The directory is organized in alphabetical order by county for ease of operation.

We look forward to working with you this year, and want to invite you to contact us if you have any questions or concerns in relation to a claim or unusual situation that may occur. Our Insurance Professionals have a combined experience of over 100 years in the Student Accident Insurance business, and are happy to assist you and your students with their claim issues or concerns.

Thank you again for your trust and business.

Best regards,

David Cates, CSRM

4091 De Zavala Road ❖ Suite #3 ❖ San Antonio, Texas 78249

210.366.4800 ❖ 800.366.4810 ❖ Fax 210.366.1388 ❖ www.thebrokeragestore.com



Attention Trainers and Administrators

Please be advised that Contracted No-Balance Billing Providers' services may exceed the benefit dollar amounts and/or number of visits in our base plan accident policies, with the Memorial Hermann system.

Be sure that Parents understand that they are financially responsible for any/all charges that exceed policy limits. For example, if your base plan has a maximum number of visits, or a dollar amount maximum on a specific service/benefit, that any balance owed over and above these limits would be the responsibility of the Parent.

All balances due after all the Carriers pay their portion to the Memorial Hermann System and their Doctors/Providers would be the financial responsibility of the Parents after our benefits are exhausted. If Parents do not have any health insurance coverage, they are responsible for any amounts exceeding our policy limits.

Most balance billing issues result from extended physical therapy visits, x-rays or complex imaging. Less often, balance billing issues arise from surgeries that weren't successful the first time, as happens in approximately 2-4% of surgical procedures. In that case, a catastrophic claim may be appropriate.

Catastrophic claims are ALWAYS on a case –by- case basis. Please contact your District's student insurance representative to determine if a Catastrophic claim is appropriate.

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/lonestar.

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 (follow directions online at www.sas-mn.com), 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.**

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.

4091 De Zavala Road, Suite #3

San Antonio, TX 78249

800-366-4810 fax 210-366-1388

**STUDENT ACCIDENT INSURANCE
POLICY IDENTIFICATION FORM**

IMPORTANT:

**PRINT OUT THIS FORM AND FILL-IN THE STUDENT'S NAME
AND PERSONAL ID. CARRY THIS POLICY IDENTIFICATION FORM WITH YOU.**

INSURANCE UNDERWRITER:

Ameritas Life Insurance Corp.

Lincoln, Nebraska

"Ameritas Life Insurance Corp. is a part of
the Ameritas Mutual Holding Company"

CLAIM ADMINISTRATOR:

Student Assurance Services, Inc. (SAS)

P.O. Box 196

Stillwater, MN 55082

(800) 328-2739

Policyholder Name:

Policy School Year: 2021-2022

Policy Number:

Student Name:

(Print the first and last name)

Student Personal ID:

(Enter student's Date of Birth)

- This Policy ID form is not a guarantee of eligibility of benefits or confirmation of coverage. Benefits and eligibility will be confirmed when an accident claim is submitted for payment.
- Claim Forms, How to Submit a Claim and Plan Brochures can be found on the website www.sas-mn.com. 1) under K-12 Students/Parents select "Find My School," 2) then select the state where the school is located, 3) then search and select the school name.
- Submitting a claim is the parent's or student's responsibility.
- SAS has contracted for fee discounts for services received from physicians and facilities participating in the LONESTAR preferred provider network which is part of the USAMCO Network. Note that benefits are payable as described whether you use LONESTAR preferred provider or not. Present this ID form to your provider to obtain the LONESTAR preferred provider discount.

Claims Information Look Up Procedure

Go to website: www.sas-mn.com

Click on ***K-12 Administrators*** link in top toolbar

Click on ***School Login*** in left toolbar

Login: [k12sas](#)

Password: [dcates](#)

Click on ***Log In***

Enter Base Plan Policy Number

Policy # _____

Click on ***Claim Status*** for an updated claim list for current school year.

Voluntary Participation List Look Up

Go to website: www.sas-mn.com

Click on ***K-12 Administrators*** link on top toolbar

Click on ***School Login*** in left toolbar

Login: [k12sas](#)

Password: [dcates](#)

Click on ***Login In***

Enter Voluntary Plan Policy Number

Policy # _____

Click on ***List of Enrolled Students*** for current school year.

2021-22 Student Accident Insurance

Claims Filing Procedures

Online Claim Submission (Preferred procedure)

- 1) Go to website 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 send a copy to SAS 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 and email a copy to SAS at claims@sas-mn.com.

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.

- 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)

Email, Fax or Mail completed form to:
STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196
STILLWATER, MINNESOTA 55082
(800) 328-2739



To receive fee discounts, use the services of a LONESTAR preferred physician or facility. The LONESTAR Network is part of the USAMCO provider 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, not to exceed one year.

PART A: NOTICE OF INJURY

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

2. Name of Student _____ 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:

1. INTERSCHOLASTIC or (UIL Activity in Texas)	2. NON-INTERSCHOLASTIC or (UIL Activity in Texas)
<input type="checkbox"/> Practice	<input type="checkbox"/> Travel to/from school
<input type="checkbox"/> Game/Event	<input type="checkbox"/> Non-school activity
What Sport/Activity? _____	<input type="checkbox"/> In classroom
	<input type="checkbox"/> Physical Education
	<input type="checkbox"/> Other - Activity? _____
	<input type="checkbox"/> On school grounds

6. Part of the body injured _____ ☐ Left side ☐ Right side

7. Describe in detail how and where the injury occurred _____

Reported by _____
(Signature of School Official) (Title) Date (mm/dd/yyyy)

(*Part A may be completed by the parent if Full-Time Coverage was purchased.)
See Attached Claims Filing Information

PART B: PARENT STATEMENT

1. Students Name _____ Date of Birth _____
Students Social Security # _____
Parents Name _____ Relationship to Insured _____
Mailing Address _____
(Street, Route, or Box) (City) (State) (Zip)

2. Home phone number _____

3. Father's Occupation _____ Employer _____
Mother's Occupation _____ Employer _____

4. Do you have insurance coverage? ☐ Yes ☐ No Is the student covered under your insurance plan? ☐ Yes ☐ No
Name of Insurance Company _____
☐ Group ☐ Individual ☐ Medicaid ☐ CHIP ☐ None

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. By entering my name below, I warrant that all of the information provided is true, complete, and accurate.

Date (mm/dd/yyyy) (Print Name of Student/Patient) (Signature of Parent or Guardian)

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/Administrator or call the number listed on the claim form. The school **"IS NOT"** responsible for your medical payment or bills for your child. All medical charges are **"YOUR RESPONSIBILITY"** if your child is injured during **ANY** Athletic (or UIL Activity in Texas) or during any school sponsored and supervised activity.

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 policy has dollar maximums and benefit limitations. Any charges above the policy benefit limits are **YOUR RESPONSIBILITY**. This policy was purchased by the district based on funds available. Please be aware that this policy 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. Only one claim form for each accident needs to be submitted.
2. The claim form and benefit summary are available at our website: www.sas-mn.com. However, this is not a guarantee of benefits but only an explanation that is subject to all applicable terms, conditions, limitations and exclusions of the plan.
3. 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, the parent or guardian **may** complete both Part A and Part B of the claim form.
NOTE: This claim form or a copy of the claim form must be presented to the physician or facility in order to obtain the Lonestar Provider Discount.
4. Send copies of **itemized bills**. These are the original billings you receive, not monthly statements. **These itemized bills often called UB-04 or CMS-1500 must contain the provider address, date of service, procedure code, diagnosis code, and the provider's federal tax ID number and NPI number. Providers may submit itemized bills directly to the claim administrator at the address below.**
5. Submit copies of all bills to your primary family and/or group insurance first, even if you have a large deductible or copay. This plan is supplemental to all other insurance coverage (Blue Cross, Group Health, Prudential Insurance, etc.). This plan does not cover penalties imposed for failure to use providers preferred or designated by your primary coverage.
6. After you have received payment or copies of "Explanation of Benefits" (EOBs) from your primary insurance plan, fax, email or mail the completed claim form, copies of student's itemized bills and other insurance EOBs to:

STUDENT ASSURANCE SERVICES, INC.

P.O. BOX 196

STILLWATER, MN 55082-0196

FAX: (651) 439-0200

EMAIL: CLAIMS@SAS-MN.COM

Please keep a copy of the claim form for your records

**NO CLAIM CAN BE PROCESSED UNTIL ALL THE ABOVE DOCUMENTS ARE PROVIDED
IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO SUBMIT THE CLAIM FORM AND ITEMIZED BILLS**

PREFERRED PROVIDER DISCOUNT PROGRAM

Student Assurance Services, Inc. has contracted for fee discounts for services received from physicians and facilities participating in the LONESTAR network which is part of the USA Managed Care Organization Network (USAMCO). Please note that benefits are payable as described whether you use a LONESTAR preferred provider or not. However, it is to your advantage to use a LONESTAR preferred provider since your costs may be reduced. A directory of LONESTAR preferred physicians and facilities is available at the website www.Lonestarathletic.com.

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

Please fill out the following form.

Highlight Fields

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



To receive fee discounts, use the services of a LONESTAR preferred physician or facility. The LONESTAR Network is part of the USAMCO provider 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:
- | | |
|--|---|
| 1. INTERSCHOLASTIC or (UIL Activity in Texas) | 2. NON-INTERSCHOLASTIC or (UIL Activity in Texas) |
| <input type="checkbox"/> Practice _____ What sport/activity? _____ | <input type="checkbox"/> Travel to/from school _____ <input type="checkbox"/> Non-school activity _____ |
| <input type="checkbox"/> Game/Event _____ | <input type="checkbox"/> In classroom _____ <input type="checkbox"/> Other - Activity? _____ |
| <input type="checkbox"/> Travel _____ | <input type="checkbox"/> Physical Education _____ |
| | <input type="checkbox"/> 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)

TO BE COMPLETED BY A SCHOOL OFFICIAL

Complete ALL questions in the boxes

(*Part A may be completed by the parent if Full-Time Coverage was purchased.)
See Attached Claims Filing Information

PART B: PARENT STATEMENT

1. Students Name _____ Birthdate _____
Students Social Security # _____
- Parents Name _____ Relationship to Insured _____
Mailing Address _____ (Street, Route, or Box) _____ (City) _____ (State) _____ (Zip) _____
2. Home phone number _____
3. Father's Occupation _____ Employer _____
Mother's Occupation _____ Employer _____
4. Do you have insurance coverage? ☐ Yes ☐ No Is the student covered under your insurance plan? ☐ Yes ☐ No
Name of Insurance Company _____
☐ Group ☐ Individual ☐ Medicaid ☐ CHIP ☐ None

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. By entering my name below, I warrant that all of the information provided is true, complete, and accurate.

(Date)

(Print Name of Student/Patient)

(Signature of Parent or Guardian)

TO BE COMPLETED BY A PARENT OR GUARDIAN

The parents must complete this section and send with bills to Student Assurance Services, Inc.

Be sure to complete ALL questions

Form CLM-2 (19)USAMCO

You can complete the form on-line and then SAVE to your personal computer and email it to: claims@sas-mn.com

Student Accident Insurance Plans

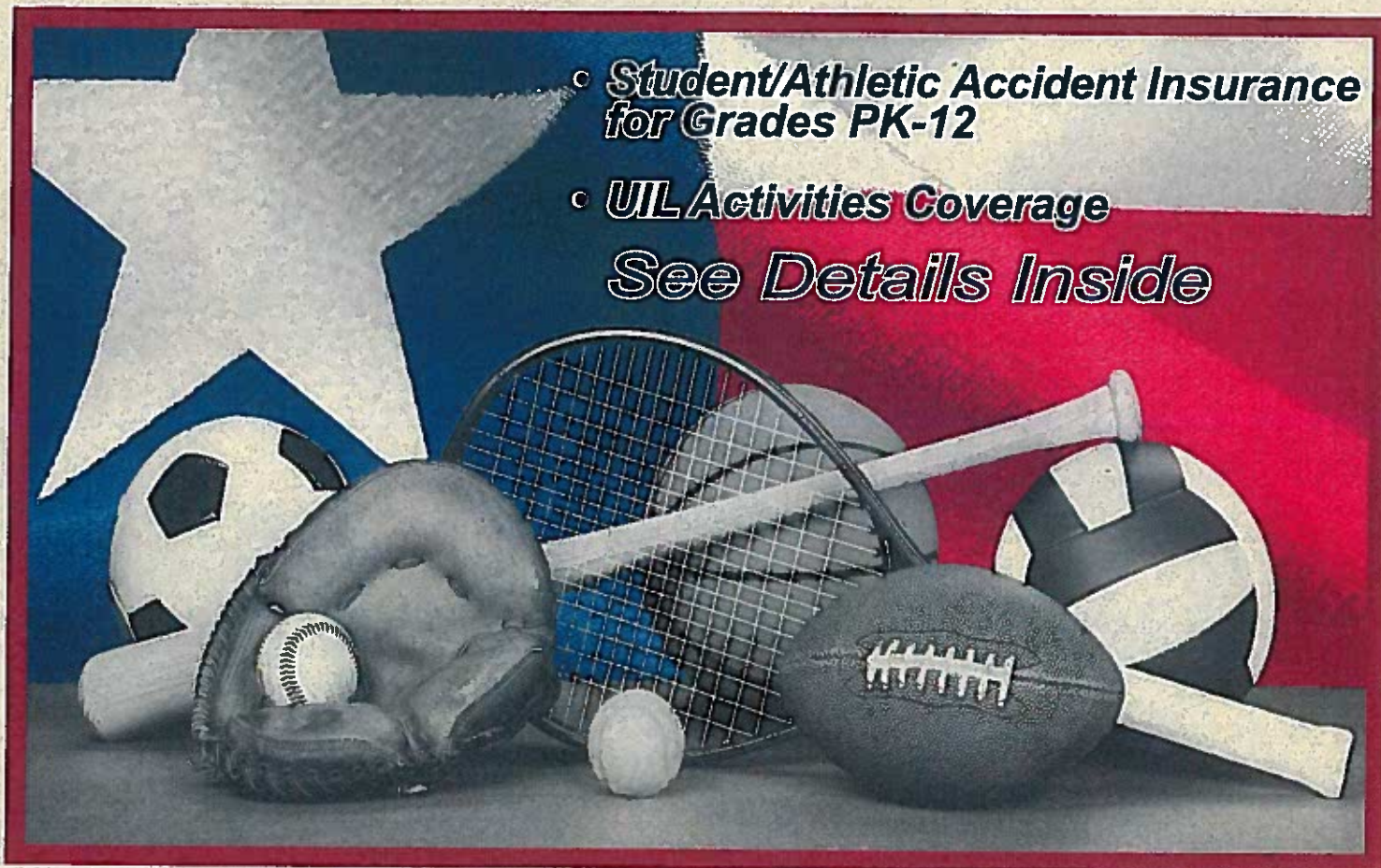
**2021-2022 Plans Especially Designed
For School Districts that Purchase UIL Coverage**

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
4091 De Zavala Road • Suite #3
San Antonio, TX 78249
210-366-4800 or Toll Free 800-366-4810
www.thebrokeragestore.com

SALES REPRESENTATIVE

UNDERWRITING COMPANY

Ameritas 
Ameritas Life Insurance Corp.
Lincoln, Nebraska

Ameritas Life Insurance Corp. is a part of the Ameritas Mutual Holding Company. The company is domiciled in Lincoln, Nebraska and has been in business for over 100 years. The company is rated "A" (Excellent) by A.M. Best and "A+" (Strong) by Standard & Poor's. The Best's Rating Report and Standard and Poor's full analysis report are available in the insurance ratings section of ameritas.com. Ameritas Life is licensed in all states except New York.

This Brochure is only a summary of the insurance coverage. Consult the actual Master Policy for complete details.

Policy Form GA-2200(TX)Ed.11-16

G-5725 TX

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

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 (SCHOOL-TIME) COVERAGE - premium paid by school

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 the other coverage first! This insurance plan does not cover penalties imposed for failure to use providers preferred or designated by the primary coverage.

EFFECTIVE AND EXPIRATION DATES

Interscholastic Activities Coverage (UIL) and All School Coverage becomes effective on the Master Policy effective date (08-01-2021). All coverage expires on the Master Policy expiration date (07-31-2022) 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 of the claim form if it is a school injury.
2. Parents complete Part B of the claim form. **Answer all questions.**
NOTE: Parents or the School can access and complete a claim form on website www.sas-mn.com. Go to K-12 Student/Parents select "Find My School." then select Texas; and then select the specific school district.
3. Parents should submit copies of the student's itemized bills to the student's family insurance first, even if there is a large deductible. The other insurance plan will send a report called an Explanation of Benefits (EOB). This plan is supplemental to all other valid coverage. Parents must file a claim with the 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. Parents or the School can mail, fax or email the completed claim form, copies of student's itemized bills and the other insurance plan EOBs to:
STUDENT ASSURANCE SERVICES, INC., PO BOX 196, STILLWATER, MN 55082
Fax: (651) 439-0200; Email: claims@sas-mn.com
NOTE: No claim can be completed until all of the above documents have been provided.
5. For claim questions, call Student Assurance Services, Inc. at (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. Questions can also be emailed to Student Assurance Services, Inc. at info@sas-mn.com.

MEDICAL BENEFITS

All Amounts Listed Below are Per Injury

G-5780 TX-Houstonian

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 listed under the Schedule of Covered Services.
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, unless insured is participating in an activity sponsored by the Policyholder.
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. Services provided by any person employed or retained by the Policyholder.
8. Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.

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.

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 1) medically necessary, 2) prescribed or performed by a Physician or Hospital, 3) not excluded by the Policy, and 4) listed or named in the Policy's Schedule of Covered Services.

Company means the Ameritas Life Insurance Company.

Durable Medical Equipment means medical equipment or device which can be rented, leased or purchased and which 1) is prescribed by a Physician; 2) is primarily and customarily used to serve a medical purpose; 3) can withstand repeated use; 4) generally is not useful to a person in the absence of Injury; and 5) is used exclusively by the Insured. Replacement equipment and devices are not covered. No benefits will be paid for rental charges in excess of purchase price. Durable Medical Equipment does not include non-prescription therapy devices or medical supplies; comfort and convenience items; corrective shoes; exercise and sports equipment. A written prescription must accompany the claim when submitted.

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 doctor of medicine or osteopathy, or any other licensed health care provider that state law requires to be recognized as a Physician, other than Insured or Insured's relative by blood or marriage, who 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 APPLY

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

Catastrophe Benefits

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

Accident Medical Expense Benefit Amount:
Maximum Benefit Period:

\$10,000,000
10 Years

Deductible \$25,000: The expenses to satisfy the Deductible must be incurred with in two years after the date of the Accident.

Accidental Death & Dismemberment

Accidental Death

\$10,000

Two Hands, Two Feet, or the Sight of Both Eyes

\$20,000

One Hand and the Sight of One Eye

\$20,000

One Foot and the Sight of One Eye

\$20,000

One Hand, One Foot, or the Sight of One Eye

\$10,000

Speech or The Hearing in Both Ears

\$10,000

The Hearing in One Ear

\$10,000

The Thumb and Index Finger of the Same Hand

\$5,000

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



Catastrophic Student Accident Insurance

Zurich Accident Solutions

*In the United States, about 30 million children and teens participate in some form of organized sports, and more than 3.5 million suffer injuries each year. **

** Oregon Health and Safety University*

School activity and sports-related injuries can be serious and may require long-term medical care. Zurich's catastrophic accident plans are designed to provide protection against financial hardship created by excessive medical expenses.

Our Catastrophic Student Accident Insurance Coverage Includes Two Options:

Excess Catastrophic Accident Medical Expense

This takes over when base plan benefits are exhausted. The deductible ranges from \$10,000 to \$1,000,000, and can match the base plan maximum. The most common catastrophic deductibles and base plan maximums are \$25,000.

Catastrophic Cash Benefit

Provides a cash benefit to the family of a severely injured student/athlete (coma, brain death, paralysis, etc.). It has been shown that in the event of a catastrophic injury, the family typically faces an economic impact over and above medical costs. This program, commonly referred to as "Catastrophe Cash Benefit" or "Cat Cash" helps to ease the economic impact over and above medical costs that a family typically faces in the event of a cat injury.

Eligibility

Class I: All enrolled students of the school or school district, including all sports activities (includes student coaches, student trainers, and student managers).

Class II: All enrolled student of the school or school district, while participating in gym classes, and extracurricular school activities, including intramural and interscholastic sports (football, band members, cheerleaders, majorettes, student coaches, student trainers, and student managers).

If an Insured suffers a Covered Injury resulting in a Covered Loss, and he or she is covered under more than one Class, we will pay only one benefit, the largest one.

Covered Activities

Class I: While participating in Policyholder sponsored and approved activities while the Insured is:

1. on the school premises:
 - a. while school is in session (including recess and lunch periods); or
 - b. while school is not in session, if the Insured is involved in a school sponsored activity; or
2. away from school or home:
 - a. if the Insured is involved in a school sponsored activity; and
 - b. with adult supervision provided by the school; or

3. traveling directly between the Insured's home and the school when school is in session; or
4. traveling directly to or from the Insured's home or the school to the location of a school sponsored activity whether or not such school is in session; or
5. participating in school scheduled sponsored and supervised games and practice sessions of intramural or interscholastic sports. Coverage includes supervised travel to and from such games and practice sessions

When travel is by other than school bus, covered travel time shall not exceed one hour each way. This includes traveling to or from the Insured's home, school, or a school sponsored activity. The covered travel time includes the period before the Insured's required attendance time and the period after the Insureds dismissal or after the Insured completes any extra duties.

Class II: While participating in Policyholder sponsored and supervised games and practice sessions of intramural and interscholastic sports. Coverage includes supervised travel to and from such games and practice sessions.

When travel is by other than school bus, covered travel time shall not exceed one hour each way. This includes traveling to or from the Insured's home, school, or a school sponsored activity. The covered travel time includes the period before the Insured's required attendance time and the period after the Insureds dismissal or after the Insured completes any extra duties.

Benefit Amounts

Accidental Death Benefit: \$10,000 maximum

Accidental Dismemberment Benefit: \$20,000 maximum

Exposure and Disappearance Benefit:..... \$10,000 maximum

Catastrophe Cash Benefit: \$500,000 maximum

Initial Lump Sum Payment: \$100,000

Monthly Amount: \$3,333.33

Number of Months Payable:..... 120

Accidental Medical Expense Benefit: \$10,000,000 maximum benefit per insured per covered accident

\$25,000 deductible per insured per covered accident

Heart Failure Benefit: \$10,000 maximum

Benefits Provided

Accidental Death Benefit

If you suffer a loss of life as a result of a covered injury, we will pay the applicable amount shown in the policy schedule. Your death must occur within 365 days of your covered injury.

Accidental Dismemberment Benefit

If your covered injury results in any of the following covered losses, we will pay the percentage shown below. Your covered loss must occur within 365 days of your covered accident.

The benefit amount is based on the maximum amount shown in the policy schedule for the person suffering the Covered Loss.

Covered Loss of	Percentage of Maximum Amount
Both Hands or Both Feet	100%
One Hand and One Foot	100%
One Hand or One Foot plus the loss of Sight of One Eye.....	100%
Sight of Both Eyes	100%
Speech and Hearing	100%

Speech or Hearing.....	50%
One Hand; One Foot; or Sight of One Eye.....	50%
Thumb and Index Finger of the same Hand.....	25%
Hearing in One Ear	25%

For purposes of this Benefit Covered Loss means:

1. For a foot or hand, actual severance through or above the ankle or wrist joint;
2. For thumb and index finger, complete severance through or above the metacarpophalangeal joint of both digits;
3. Total and permanent loss of sight;
4. Total and permanent loss of speech; or
5. Total and permanent loss of hearing.

Exposure and Disappearance Benefit

If you are exposed to weather because of an accident and this results in a covered loss, we will pay the applicable amount shown - in the policy schedule subject to all policy terms.

If the conveyance in which you are riding disappears, is wrecked, or sinks, and you are not found within 365 days of the event, we will presume that you lost your life as a result of injury. If travel in such conveyance was covered under the terms of the policy, we will pay the applicable amount shown in the policy schedule, subject to all policy terms. We have the right to recover the benefit if we find that you survived the event.

Heart Failure Benefit

If an Insured suffers a Covered Injury resulting in a Covered Loss as a result of a Covered Accident, which is a result of a Heart Failure, we will pay an additional amount shown in the Schedule. The Heart Failure must occur within twenty-six (26) weeks of the Covered Accident.

Catastrophic Cash Benefit

If an Insured suffers a Covered Injury resulting in a Covered Loss within 365 days of a Covered Accident that results in Paralysis, Coma or Brain Death, we will pay a benefit as described below, provided that the Paralysis, Coma or Brain Death:

1. satisfies the Benefit Waiting Period;
2. must be determined by a Physician to be permanent and irreversible at the end of that Benefit Waiting Period; and
3. must result in Disability.

This benefit is payable based on the following table.

Caused of Disability:	Percentage of Maximum Amount(s)
Coma.....	100%
Paralysis of Two or More Limbs (Upper and/or Lower)	100%
Brain Death	100%
Paralysis of One Limb (Upper or Lower).....	100%
Paralysis of One or More Other Parts of the Body.....	see below

NOTE: If the Insured's Paralysis is a part of the body other than a Limb, the percentage of the Maximum Amount used to determine the benefit payable will be adjusted in proportion to the comparable extent of Paralysis of the listed parts of the Insured's body.

If an Insured suffers more than one Disability as a result of the same Accident, only the largest Percentage of Maximum Amount(s), will be used to determine the benefit payable.



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*** * * * 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 Coverage which covers accidents during school hours ONLY
2. Full Time Coverage which covers the student 24 hrs a day, 7 days a week, any place, any time
3. Football Coverage for Varsity players grades 10-12
4. Dental Coverage which covers the student 24 hours a day for any dental accident

THIS INSURANCE IS PRIMARY INSURANCE TO ALL OTHER EXISTING POLICIES.

This insurance may be purchased at any time during the school year.

VOLUNTARY STUDENT/ATHLETIC ACCIDENT INSURANCE

	Annual Premiums WITHOUT UIL COVERAGE	Annual Premiums WITH UIL COVERAGE
School Time Coverage	\$ 30.00	\$ 120.00
Full Time Coverage	\$ 117.00	\$ 207.00
Dental Coverage	\$ 9.00	\$ 9.00
Football Coverage		\$ 325.00

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

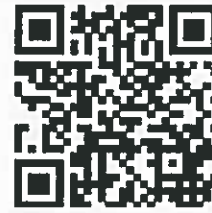
1. CONTACT YOUR CHILD'S SCHOOL OFFICE FOR YOUR APPLICATION; OR
2. GO ONLINE TO www.thebrokeragestore.com ; OR
3. CALL THE BROKERAGE STORE, INC FOR APPLICATIONS AND/OR ANY QUESTIONS.
TELEPHONE NUMBERS: 800-366-4810 OR 210-366-4800.
4. All major credit cards accepted.
5. Please make all checks payable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

☐ **I DECLINE COVERAGE AT THIS TIME**

***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.



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* * * * 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.

El distrito escolar ha comprado una póliza de accidente complementaria que cubre a los estudiantes para actividades UIL. Esta póliza le da la oportunidad de comprar a seguridad de accidente para estudiantes.

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 límites de la póliza es de "RESPONSABILIDAD SUYA".

Las opciones incluyen:

1. Cobertura de tiempo escolar-cubre accidentes únicamente durante el horario escolar.
2. Cobertura de tiempo completo- cubre 24 horas del día, 7 días por semana al cualquier sitio.
3. Cobertura de futbol americano- para jugadores grados 10-12 para la liga Varsity
4. Cobertura dental extendida- cubre las 24 horas del día por cualquier accidente de índole dental

ESTE POLIZA SERIA PRIMARIO A CUALQUIER OTRA POLIZA EXISTENTE. SEGURO VOLUNTARIO ESTUDIANTEL CONTRA ACCIDENTES

Costo Anual

	SIN Cobertura de UIL	CON Cobertura de UIL
Cobertura de tiempo escolar	\$ 30.00	\$ 120.00
Cobertura de tiempo completo	\$ 117.00	\$ 207.00
Cobertura dental extendida	\$ 9.00	\$ 9.00
Cobertura Varsity de futbol americano		\$ 325.00

Para inscribir a su hijo en este ESTUDIANTE VOLUNTARIO/plan de SEGURO DE ACCIDENTES ATLETICO, por favor:

1. COMUNIQUESE CON LA OFICINA DE LA ESCUELA DE SU HIGO PARA SU APLICACION, O
2. POR INTERNET www.thebrokeragestore.com ; O
3. LLAMA A THE BROKERAGE STORE, INC. PARA APLICACIONES Y/O CUALQUIER PREGUNTA.
TELEFONOS: 800-366-4810 o 210-366-4800
4. Se aceptan las tarjetas de crédito
5. Por favor haga su cheque pagable a: Student Assurance Services

☐ **RECHAZO LA COBERTURA ESTE MOMENTO**

***Esto es únicamente una breve 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.

2021-2022 VOLUNTARY COVERAGE

Student Accident Insurance



- **Voluntary School-Time Coverage**

- **Voluntary 24-Hour Coverage**

- **Primary Coverage**

See Details Inside

- **Voluntary Football Coverage**

- **Provides Coverage for All UIL Activities**

Marketed by



David Cates - Texas Representative
The Brokerage Store
4091 De Zavala Road • Suite #3
San Antonio, TX 78249
(210) 366-4800 or Toll Free (800) 366-4810
www.thebrokeragestore.com

SALES REPRESENTATIVE

Paul Fisher
The Brokerage Store
210-366-4800
800-366-4810 - Toll Free

Underwriting Company



Ameritas Life Insurance Corp. is a part of the Ameritas Mutual Holding Company. The company is domiciled in Lincoln, Nebraska and has been in business for over 100 years. The company is rated "A" (Excellent) by A.M. Best and "A+" (Strong) by Standard & Poor's. The Best's Rating Report and Standard and Poor's full analysis report are available in the insurance ratings section of ameritas.com. Ameritas Life is licensed in all states except New York.

Coverage Options

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

FULL-TIME (24-HOUR) 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 prostheses are limited to \$500 per injury, including procedures performed to install them. Dental prostheses include, but are 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 prostheses maximum benefit limit.

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

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 postmarked 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 of the claim form if it is a school-related injury.
2. Parents must complete Part B of the claim form. **Answer all questions.**
NOTE: Parents or the School can access and complete a claim form on the website www.sas-mn.com. Go to K-12 Student/Parents select "Find My School;" from the drop down box select the state of Texas; and then select your specific school district.
3. Parents or the School can mail, fax or email the completed claim form and copies of student's itemized bills to:
STUDENT ASSURANCE SERVICES, INC., PO BOX 196, STILLWATER, MN 55082
Fax: (651) 439-0200; Email: claims@sas-mn.com
NOTE: No claim can be completed until all of the above documents have been provided.
4. For claim questions, call Student Assurance Services at (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.
5. Questions can also be emailed to Student Assurance Services at 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 covered services 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. INPATIENT 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)	Up to \$1,000 per day; maximum \$5,000	
4. Physician's Non-Surgical Visits (does not include physiotherapy; not paid same day of surgery)	Up to \$50 per visit; maximum 10 visits	
5. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation, or adjustments in any form, and/or office visits connected therewith)	Included in Hospital Miscellaneous Services	
6. X-ray and Radiology Services	Included in Hospital Miscellaneous Services	
7. Registered Nurse	U&C	
B. OUTPATIENT SURGERY BENEFITS		
1. Day Surgery (facility charge; room supplies and all expenses for outpatient surgery)	U&C, up to \$2,000	
C. OTHER OUTPATIENT BENEFITS		
1. Hospital Emergency Room Charges	U&C, up to \$300	
2. X-ray Services	U&C; \$250 facility; \$50 reading	
3. Diagnostic Imaging (includes CAT scans, MRI and bone scans)	U&C; \$750 facility; \$50 reading	
4. Laboratory Services	U&C, up to \$250	
5. Physician's Non-Surgical Visits (not paid same day of surgery) (includes tele-health visits) ..	U&C, up to \$50 per visit, maximum 10 visits	
6. Physician's Non-Surgical Visits (treatment for concussion) (includes tele-health visits)	U&C, up to \$80 per visit, first 2 visits; then paid \$50 per visit, up to 10 additional visits	
7. Emergency Room Physician's Non-Surgical Visits (other than treatment for concussion)	U&C, up to \$150	
8. Orthopedic Appliances (when prescribed by a physician for healing)	U&C, up to \$500	
9. Shots and Injections (within 24 hours of an injury)	U&C, up to \$250	
10. Prescription Drugs	U&C, up to \$250	
11. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation, or adjustments in any form, and/or office visits)	\$50 per visit, maximum 5 visits	
12. Ambulance Service (air or ground)	U&C, up to \$1,000	
13. Eyeglass Replacement (if medical treatment is received for a covered injury)	U&C, up to \$250	
14. Durable Medical Equipment (post-surgical only)	U&C, up to \$100	
D. OTHER PHYSICIAN SERVICES		
1. Dental Treatment (in lieu of all other medical benefits, including x-rays of sound and natural teeth)	U&C, up to \$1,000	
2. Physician's Surgical Care (inpatient or outpatient) 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	
3. Assistant Surgeon Charges (inpatient or outpatient)	25% of Surgery Allowance	
4. Anesthesia Charges (inpatient or outpatient)	25% of Surgery Allowance	
E. MOTOR VEHICLE INJURY	U&C, up to \$1,000, as scheduled above	
F. OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other accident.		
G. 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	\$ 2,500	Double Dismemberment
Loss of an Eye	\$ 2,000	Single Dismemberment
		\$10,000
		\$ 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:

- 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.
- Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
- 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.
- Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.
- 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.

The Voluntary Coverage Plan

This plan allows the school to offer student accident insurance coverage to parents on a voluntary basis. Each student in the District is provided with plan information to take 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 expenses 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 grades 10-12 and grades 7-9 football if students practice or play with grades 10-12. The cost for football grades 10-12 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 Apply for Coverage

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
4091 De Zavala Road • Suite #3
San Antonio, TX 78249

3. Only one student accident plan will be offered by the district.
4. A billing for Group premium will be made in July.
5. A supply of claim forms, solicitation envelopes and other materials will be sent to the school in July.

Internet Access

Access to plan information is available at www.sas-mn.com. You will be given an administrator website access code and will have immediate access to your:

Master Policy
Roster
Claim Status
Claim Forms

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 GA-2200Ed.11-16 (and any state specific), and any applicable endorsement(s). 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.

PREMIUMS

One time policy year premiums

	NO UIL Activities Coverage	With UIL Activities Coverage
School-Time Coverage (Grades PK - 12)	\$ 30.00	\$ 120.00
Full-Time Coverage (Grades PK - 12)	\$ 117.00	\$ 207.00
Football (Grades 10 - 12 and grades 7-9 football, if student practices or plays with grades 10-12)	\$ 325.00	
Extended Dental (Grades 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 student practices or plays with grades 10-12).



ATTN: K-12 Texas School Districts

Exclusively for *The Brokerage Store* and school districts across Texas, USA **Managed Care Organization** developed and introduced the *Lonestar Athletic Injury Network* (LONESTAR), a panel of medical providers state-wide who have been nominated as medical care providers of choice by their local school officials. LONESTAR was created solely to treat injured Texas students and athletes.

LONESTAR provider reimbursement represents medical care payments that are in addition to any other insurance coverage a student may carry. In the event that an injured student carries no insurance, payments to LONESTAR providers are designed to become primary. LONESTAR provider payments represent full and final reimbursement. This is a "**ZERO BALANCE BILLING**" program as providers that participate in the Lonestar Athletic Injury Network agree to *forego balance billing and agree to accept plan payments as full assignment*.

The Brokerage Store is the oldest, long-established leader in the Student/Athletic Accident Insurance K-12 Texas market. All Brokerage Store accident programs are underwritten by insurance carriers that are A.M. Best "A" rated companies. The Brokerage Store's niche in the K-12 Texas market is enhanced by the *Lonestar Athletic Injury Network*, a unique-exclusive program that was truly developed in the interest of the health of our Texas' schoolchildren!

For additional information about specialized student/athletic accident insurance programs offered by The Brokerage Store, please call (800) 366-4810.

Lonestar Athletic Injury Network®

A Product of

USA Managed Care Organization

Participation Agreement

____ (Facility) has elected to participate in the Lonestar Athletic Injury Network (Lonestar), a network of medical providers across Texas who have agreed to offer medical services to injured Texas students and athletes participating in U.I.L. – related activities.

Facility acknowledges that three plans are available for the funding of medical care, the Texas Value Plan, the Texas U&C Plan, and the Texas Star Plan and that plan selection resides with purchaser of coverage. Purchaser may be listed as either a Texas School District or as an individual electing to purchase Voluntary Coverage.

Facility agrees that reimbursement made per the plans listed above represents the full and final amount of payment to be received, and hereby agrees to accept benefits payable as Full Assignment. In instances wherein an injured student may be listed as a beneficiary of other coverage, the plans represented by Lonestar will become secondary and payments made will be in addition to those made by the primary insurance carrier.

Either party may terminate this agreement with the provision of a 120 day written notice.

All covered school districts will be notified of the provisions of this agreement as well as the participation status of contracted medical care providers in their communities.

Facility Name

Signature

Address

Printed Name/Title

City, State, Zip

Date

Telephone #

Tax ID

Specialty

- ☐ Attach copy of applicable Accreditation/Certification
- ☐ Attach copy of applicable State License
- ☐ Attach copy of Malpractice and Professional Liability Insurance

Facility authorizes USA Managed Care Organization to consult with insurance carriers and any state/federal licensing agencies to obtain and verify Facility's credentials and qualifications. Facility releases USA and its employees and agents from any and all liability for their acts performed in good faith and without malice in obtaining and verifying such information.

**PLEASE RETURN PARTICIPATION AGREEMENT VIA FAX TO
(512) 306-1921, OR BY MAIL TO THE ADDRESS LISTED BELOW.**

**The Brokerage Store, Inc.
4091 De Zavala Road, Suite #3
San Antonio, Texas 78249**



Coaches, Trainers and Athletic Directors:

We, at The Brokerage Store, Inc. would like to announce a new relationship with Medical Express, PSI (MedEx), in the State of Texas. The Brokerage Store, Inc. is second to none when it comes to providing quality packages for Student/ Athletic Accident Programs. MedEx is the largest distributor of Orthopedic Bracing and Supplies in Texas and offers 7 physical office locations for students to pick up or get fit for a brace. MedEx distributes all of the major bracing lines including, Ossur, DJO, BREG, Bledsoe and Hely & Weber for your athletes selection.

The Brokerage Store, Inc. provides an Orthopedic Appliance Benefit that gives the Student/Athlete 100% coverage, with products acquired at any MedEx location or through your local MedEx Representative. With some bracing and supports traditionally costing private insurance carriers over \$500-\$1500 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 to the parents. MedEx provides a great selection of 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 Medical Express, PSI (MedEx) locations and the local Representatives. Please do not hesitate to call any of the reps listed about an injury or Orthopedic Appliance that can help your Student/Athlete get back into the game. We are excited about our new relationship and look forward to serving each and every one of you. Thank you for this opportunity.



David Gates, CSR

Darren McMaster
Regional Vice President
Medical Express, PSI
Ossur
210-884-1636 cell
DMcMaster@MedExpsi.com
www.MedExPSI.com



Austin North	Austin South
8800 B Shoal Creek	1701 W. Ben White, Ste 162
Austin, Texas 78757	Austin, Texas 78704-7679
p: 512-371-1700	p: 512-445-0600
f: 512-371-1754	f: 512-912-9618
John Rogers 512-784-7737	John Rogers 512-784-7737
David Kalb 512-779-3394	David Kalb 512-779-3394
Chris Leonard 512-773-4448	Chris Leonard 512-773-4448

Area MNGR
Office MNGR

Corpus Christi	Dallas
4455 South Padre Island Dr., Ste 25	11886 Greenville Ave, Ste 114,112
Corpus Christi, TC 78411	Dallas, Texas 75243-3569
p: 361-356-1483	p: 214-575-0441
f: 361-452-8344	f: 214-570-9199
John Rogers 512-784-7737	Rick Smith 682-551-4179
Maria Segovia 512-371-1700 ext. 1041	Rick Smith 682-551-4179

Area MNGR
Office MNGR

Houston O&P	Houston
3100 Timmons Lane, Ste. 101	1213 West Loop North # 190
Houston, TX 77027	Houston, Texas 77055
p: 713-961-5400	p: 713-681-9696
f: 713-634-2688	f: 866-819-5417
Kasey Guentert 713-854-9289	Kasey Guentert 713-854-9289
Tracie Hudspeth 713-961-5400	Gaby Domniguez 832-830-4109

Area MNGR
Office MNGR

San Antonio Medical Center	San Antonio North
21 Spurs Lane, Ste 260	15685B San Pedro Ave
San Antonio, Texas 78240-1671	San Antonio, TX 78232
p: 210-257-0705	p: 210-545-7070
f: 210-257-0693	f: 210-545-7069
Darren McMaster 210-884-1636	Darren McMaster 210-884-1636
Erica Rosas 210-788-9114	Manuel Sepulveda 210-445-3200

Area MNGR
Office MNGR

El Paso	Tyler
	1825 Troup Hwy
	Tyler, Texas 75701-5870
	p: 903-526-6300
	f: 903-526-6301
Adrian Bill 915-667-4284	Regina Rawls 903-738-5054
Adrian Bill 915-667-4284	Kristie Weeks 903-352-8366

Area MNGR
Office MNGR

Program Manager: Darren McMaster 210-884-1636



Dear Coaches, Trainers, Athletic Directors and Administrators:

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

The Brokerage Store, Inc. 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-\$1,500 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 reps 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,



David Gates, CSRM

The Brokerage Store, Inc.

mrdavid@thebrokeragestore.com

4114 Pond Hill Road ♦ Suite 100 ♦ Shavano Park, Texas 78231

210.366.4800 ♦ 800.366.4818 ♦ Fax 210.366.1388 ♦ www.thebrokeragestore.com

Don Joy Distributors of Texas

HOUSTON / VICTORIA

Michael Kearns

Active Edge Orthopedic

(713) 984-9970

mkearns@activeedgeortho.com

DFW / WEATHERFORD / EAST TEXAS

Andy Hewes

Excel Orthopedics of Texas

(817) 226-9900

ahewes@exlor.com

PANHANDLE / WEST TEXAS / CENTRAL TEXAS / RGV

Ross DeRogatis

Matrix Orthopedics LLC

(405) 269-6437

rderogatis@matrixortho.com

EL PASO

Jim Martin

Total Orthopedics

(303) 932-6914

jimmartin@totalortho.net

TEXARKANA

Paul Karp

KBI Medical

(615) 336-4330

paul@kbimedical.com

Don Joy Reps for Texas

HOUSTON / THE WOODLANDS

Michael Cox
Active Edge Orthopedics
(832) 524-0672
mikecox04@yahoo.com

HOUSTON / VICTORIA

Kyle Crowell
Active Edge Orthopedics
(832) 594-0223
kylecrowell@gmail.com

HOUSTON/ BEAUMONT/ PEARLAND

Jahn Finke
Active Edge Orthopedics
(713) 898-9857
jahnfinke@hotmail.com

FORT WORTH/WEATHERFORD/WAXAHACHIE

Kacee Baker
Excel Orthopedics of Texas
(817) 999-0727
KBaker@exlor.com

DALLAS / EAST TEXAS / DENTON

Simone Souza
Excel Orthopedics of Texas
(214) 477-8593
ssouza@exlor.com

TEXARKANA

Jason Warren
KBI Medical
(903) 491-6288
jwarren@usphclinic.com

SAN ANGELO / ABILENE / BROWNWOOD

Jacquelyn Carrillo
Matrix Orthopedics
(325) 320-8162
jc@matrixortho.com

LUBBOCK / MIDLAND / ODESSA

Kenneth Fox
Matrix Orthopedics
(806) 790-9123
wtxdonjoy@gmail.com

SAN ANTONIO/KERRVILLE/FREDERICKSBURG

Mike Kripner
Matrix Orthopedics
(210) 363-1500
kripner@matrixortho.com

N PANHANDLE / AMARILLO/DUMAS

James Marlin
Matrix Orthopedics
(806) 367-4830
jamesmarlin@hotmail.com

AUSTIN

Jacob Nieto
Matrix Orthopedics
(830) 556-5640
jnieto@matrixortho.com

BRYAN / COLLEGE STATION

Ashley Reece
Matrix Orthopedics
(979) 436-4592
ashley@matrixortho.com

CORPUS CHRISTI / RIO GRANDE VALLEY

Steve Tijerina
Matrix Orthopedics
(361) 537-5908
setijerina@aol.com

TEMPLE / WACO / KILLEEN

Steve Weaver
Matrix Orthopedics
(254) 379-8911
sweaver@matrixortho.com

EL PASO

Jason Matsu
Total Orthopedics, Inc.
(505) 353-0815
jmatsu@totalortho.net