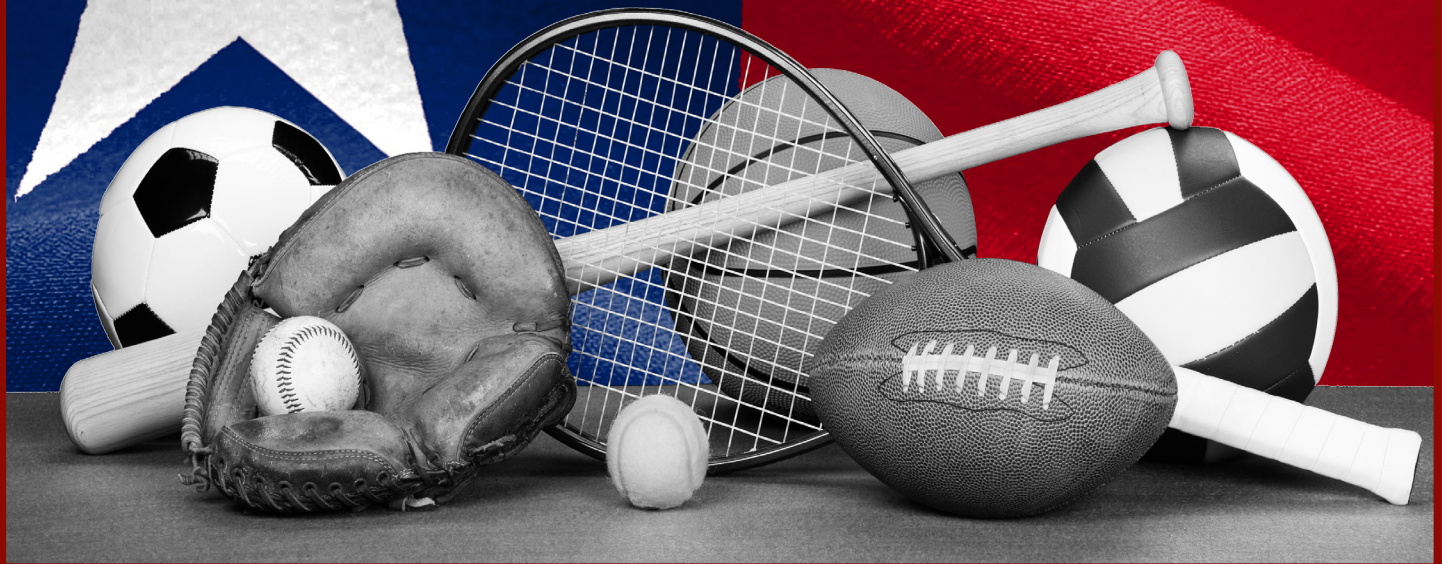


Student Accident Insurance Plans

**2026-2027 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



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 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

L-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, power lifting, 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 (08-01-2026). All coverage expires on the Master Policy expiration date (07-31-2027) 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

When injury covered by this policy results in treatment by a Licensed Physician within 180 days from the date of injury, the Company will pay the Usual and Customary expenses incurred for necessary covered services and supplies as listed below, for expenses actually incurred within one year from the date of injury up to a **Maximum Medical Benefit of \$25,000 per injury**. This policy will pay benefits only after all other valid and collectible coverage has been paid.

All Amounts Listed Below are Per Injury

A. INPATIENT BENEFITS		VALUE PLAN	STAR PLAN
1. Hospital Room and Board	Semi-private Room Charges	Semi-private Room Charges	Semi-private Room Charges
2. Intensive Care (in lieu of Hospital Room and Board)	1.5 X Semi-private Room Charges	1.5 X Semi-private Room Charges	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	Up to \$500 per day, maximum \$2,500	Up to \$500 per day, maximum \$2,500
4. Physician's Non-Surgical Visits (other than Physical Therapy; not paid day of surgery)	Up to \$50 per visit, maximum 10 visits	Up to \$40 per visit, maximum 10 visits	Up to \$40 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 Misc. Benefit	Included in Hospital Misc. Benefit	Included in Hospital Misc. Benefit
6. X-ray and Radiology Services	Included in Hospital Misc. Benefit	Included in Hospital Misc. Benefit	Included in Hospital Misc. Benefit
7. Registered Nurse	U&C charges	U&C charges	U&C charges
B. OUTPATIENT SURGERY BENEFITS			
1. Day Surgery (facility charge) Room supplies and all other expenses for outpatient surgery	U&C, up to \$2,000	U&C, up to \$1,500	U&C, up to \$1,500
C. OTHER OUTPATIENT BENEFITS			
1. Hospital Emergency Room Charges	U&C, up to \$300	U&C, up to \$200	U&C, up to \$200
2. X-ray and Radiology Services	U&C, up to \$250; \$50 reading	U&C, up to \$175; \$25 reading	U&C, up to \$175; \$25 reading
3. Diagnostic Imaging (includes CAT scans, MRI and bone scans)	U&C, up to \$750; \$50 reading	U&C, up to \$575; \$25 reading	U&C, up to \$575; \$25 reading
4. Laboratory Services	U&C, up to \$100	U&C, up to \$50	U&C, up to \$50
5. Physician's Non-Surgical Visits (not paid day of surgery) (includes tele-health visits)	\$50 per visit, maximum 10 visits	\$40 per visit, maximum 10 visits	\$40 per visit, maximum 10 visits
6. Physician's Non-Surgical Visits (treatment for concussion) (includes tele-health visits)	\$80 per visit, first 2 visits; then paid \$50 per visit, up to 10 additional visits	\$60 per visit, first 2 visits; then paid \$40 per visit, up to 10 additional visits	\$60 per visit, first 2 visits; then paid \$40 per visit, up to 10 additional visits
7. Emergency Room Physician's Non-Surgical Care (other than treatment for concussion)	U&C, up to \$150	U&C, up to \$120	U&C, up to \$120
8. Orthopedic Appliances (when prescribed by a physician for healing)	U&C up to \$500	U&C, up to \$500	U&C, up to \$500
9. Shots and Injections (within 24 hours of an injury)	U&C, up to \$100	U&C, up to \$50	U&C, up to \$50
10. Prescription Drugs	U&C, up to \$100	U&C, up to \$50	U&C, up to \$50
11. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith)	\$50 per visit, maximum 5 visits	\$30 per visit, maximum 5 visits	\$30 per visit, maximum 5 visits
12. Ambulance Service (air or ground)	U&C, up to \$1,000	U&C, up to \$500	U&C, up to \$500
13. Eyeglass Replacement (if medical treatment is received for a covered injury)	U&C, up to \$200	U&C, up to \$100	U&C, up to \$100
14. Durable Medical Equipment (post-surgical only)	U&C, up to \$200	U&C, up to \$100	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	U&C, up to \$500	U&C, up to \$500
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 \$4,000	U&C, up to \$2,000	U&C, up to \$2,000
3. Assistant Surgeon Charges (inpatient or outpatient)	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
4. Anesthesia Charges (inpatient or outpatient)	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
E. MOTOR VEHICLE INJURY			
.....	Same as any Injury, up to \$1000	Same as any injury up to \$1,000	Same as any injury up to \$1,000
F. OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other accident.			
G. FIELD TRIP COVERAGE - All students will be covered for one day field trips, with no overnight stay. Basic benefits apply for up to \$2,000 per injury.			
H. ACCIDENTAL DEATH AND DISMEMBERMENT - When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.			
Loss of Life	\$ 2,500	Double Dismemberment	\$10,000
Loss of an Eye	\$ 2,000	Single Dismemberment	\$ 2,000

For specific costs and further details of the coverage, including exclusions, reductions or limitations, and the terms under which the policy may be continued in force, see your agent or write the Company. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits.

EXCLUSIONS

The Policy does not provide benefits for:

1. Any sickness, disease, infection (unless caused by an open cut or wound), aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics, injuries involving bone cysts or dental implants.
2. Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
3. The services of a second or subsequent Physician when not requested in writing by the attending Physician. This exclusion does not apply to any Assistant Surgeon Benefits 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.