

2016-17 Excess Voluntary Student Accident Plans

AT SCHOOL COVERAGE Plan A \$65 Plan B \$35 Plan C \$17 *School Year Premium Voluntary Grades PK-12*

- (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 Person is participating in or attending any Sponsored and Supervised School Activity, except interscholastic high school football for students in the 10th grade or above (Senior High School) and Junior High students if they practice or play with Senior High School; and
- (b) while away from the School premises: other than traveling, if participating in a Sponsored and Supervised School Activity, except interscholastic high school football for students in the 10th grade or above Senior High School) and Junior High students if they practice or play with Senior High School; and
- (c) while traveling directly to or from the Insured Person's residence and School: for regular School sessions, or for any Sponsored and Supervised School Activity in School designated vehicle, except interscholastic high school football for students in the 10th grade or above (Senior High School) and Junior High students if they practice or play with Senior High School.

24 HOUR COVERAGE Plan A \$280 Plan B \$160 Plan C \$81 *School Year Premium Voluntary Grades PK-12*

Coverage is in force for each person for whom the 24-Hour Coverage premium has been paid as set forth in the Policy on a twenty-four (24) hour per day basis, except for interscholastic high school football for students in the 10th grade or above

(Senior High School) and Junior High students if they practice or play with Senior High School.

EXTENDED DENTAL COVERAGE Plan A, B, & C \$10 *School Year Premium Voluntary Grades PK-12*

Supplemental Coverage for accidental dental injuries to Sound, Natural Teeth is extended to students with School or 24 Hour Coverage. Dental Coverage cannot be purchased without other coverage. Coverage is limited to the Insured Person's policy effective dates and accident only coverage option selected. Dental benefits from a covered accident are as follows: a) Usual and Customary charges for examinations, x-rays, endodontics and oral surgery to a maximum of \$10,000, b) Dental expenses toward cost of bridge, denture or replacement in kind of previous dental repairs with a maximum limit of \$250, c) Extended Dental Coverage does not cover orthodontics (braces) for any reason, or damage to or loss of orthodontics.

Medical Payments

The policy provides benefits for loss due to a Covered Injury up to the Total Maximum for all Accident Medical Benefits of \$25,000 for each Covered Accident. Medical treatment must be provided by a qualified, licensed physician and must begin within 180 days from the date of the Covered Accident. Benefits will be payable for Covered Medical Expenses incurred within 52 weeks from the date of the Covered Accident up to the maximum Benefit Amount per service as shown on the Schedule of Benefits of the Policy.

Schedule of Benefits for Voluntary Student Accident Plans. These benefits are paid up to the following maximums, not to exceed \$25,000 for each injury.

COVERED EXPENSES	Plan A	Plan B	Plan C
Benefit Period	52 Weeks	52 Weeks	52 Weeks
Coverage	Full Excess	Full Excess	Full Excess
In-Patient Hospital Services	80% Usual & Customary	\$350/day Maximum per Covered Injury	\$250/day Maximum per Covered Injury
Hospital Miscellaneous Expenses	80% Usual & Customary	\$400/day Maximum per Covered Injury	\$200/day Maximum per Covered Injury
Hospital Intensive Care	80% Usual & Customary	\$700/day for 5 days Maximum per Covered Injury	\$500/day for 5 days Maximum per Covered Injury
Nurse Services	80% Usual & Customary	100% Usual & Customary	100% Usual & Customary
Emergency Room Treatment	80% Usual & Customary	\$200 Maximum per Covered Injury	\$100 Maximum per Covered Injury
Physician Services Surgery	80% Usual & Customary	80% Usual & Customary up to \$2,000 Maximum per Covered Injury	80% Usual & Customary up to \$1,000 Maximum per Covered Injury
Assistant Surgeon	80% Usual & Customary	25% of Surgeon's allowance	25% of Surgeon's allowance
Use of Physician's Surgical Facilities	80% Usual & Customary	\$500 Maximum per Covered Injury	\$250 Maximum per Covered Injury
Anesthesia and its Administration	80% Usual & Customary	25% of Surgeon's allowance	25% of Surgeon's allowance
In-Hospital Visits	80% Usual & Customary	\$35 per visit (limited to one visit per day)	\$25 per visit (limited to one visit per day)
Office Visits	80% Usual & Customary	\$35 per visit (limited to one visit per day)	\$25 per visit (limited to one visit per day)
Out Patient X-Ray	80% Usual & Customary	\$200 Maximum per Covered Injury	\$100 Maximum per Covered Injury
Out Patient CT Scan, MRI	80% Usual & Customary	\$400 Maximum per Covered Injury	\$200 Maximum per Covered Injury
Out Patient Laboratory Tests	80% Usual & Customary	\$100 Maximum per Covered Injury	\$50 Maximum per Covered Injury
Out Patient Physiotherapy (limited to one visit per day)	80% Usual & Customary	\$35 per visit/Maximum 5 treatments per Covered Injury	\$25 per visit/Maximum 5 treatments per Covered Injury
Ambulance Services	80% Usual & Customary	\$1,000 Maximum per Covered Injury	\$500 Maximum per Covered Injury
Medical Equipment (orthopedic braces & appliances)	80% Usual & Customary	\$400 Maximum per Covered Injury	\$200 Maximum per Covered Injury
Dental Services	80% Usual & Customary	\$200 per tooth per Covered Injury	\$100 per tooth per Covered Injury
Motor Vehicle Injury	\$10,000 per Covered Injury	\$10,000 per Covered Injury	\$10,000 per Covered Injury
Extended Dental Benefits	100% of U&C Charges for examinations, x-rays, endodontic and oral surgery to a maximum of \$10,000 and Dental expenses toward the cost of a bridge, denture or replacement in kind of previous dental repairs to a maximum of \$250	100% of U&C Charges for examinations, x-rays, endodontic and oral surgery to a maximum of \$10,000 and Dental expenses toward the cost of a bridge, denture or replacement in kind of previous dental repairs to a maximum of \$250	100% of U&C Charges for examinations, x-rays, endodontic and oral surgery to a maximum of \$10,000 and Dental expenses toward the cost of a bridge, denture or replacement in kind of previous dental repairs to a maximum of \$250
Prescription Drugs (Out Patient)	80% Usual & Customary	\$200 Maximum per Covered Injury	\$100 Maximum per Covered Injury
Eyeglasses, Contact Lenses Hearing Aids	80% Usual & Customary	\$300 Maximum per Covered Injury	\$150 Maximum per Covered Injury

This is a brief illustration of coverage underwritten by AXIS Insurance Company. The Policy issued will be the contract and will govern and control the payment of benefits. If there is any conflict between the information in this illustration and the Policy, the Policy will control in all respects. The Policy is a non-renewable one year term policy. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. Further, this insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Common Exclusions

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits section or Covered Conditions section of the Policy:

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

Voluntary Student Accident Insurance Plans

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

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

Excluded Expenses, the following will not be considered Covered Expenses unless coverage is specifically provided.

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

Accidental Death & Dismemberment Benefits (Within 180 Days)

Loss of Life.....	\$10,000	Loss of Two or More Hands or Feet	\$10,000
Loss of Sight of Both Eyes	\$10,000		
Loss of One Hand and One Foot and Sight in One Eye.....	\$10,000		
Loss of One Hand and Foot	\$10,000	Loss of Sight in One Eye	\$ 5,000
Loss of One Hand or Foot.....	\$ 5,000		
Loss Thumb and Index Finger of Either Hand.	\$ 500		

Exposure and Disappearance..... Included

How to File a Claim

1. This claim form should be fully completed and submitted within 90 days from the date of accident. Be sure to answer and complete the section regarding "OTHER INSURANCE STATEMENT".
2. Please advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills. However, if you have already been to the doctor/hospital and did not know about this coverage, then please send all of the itemized bills to the address shown above.
3. The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for (diagnosis) and the specific itemized charges (description of treatment and amount) incurred (including the CPT/procedure code). If this information is not on the bill, we will have to contact the doctor/hospital which will delay the review of your claim. "Balance Due" or "Balance Forward" statements do not contain sufficient information to complete your claim.
4. Only one claim form per accident needs to be submitted. Once completed, make a photocopy for your records, and mail to: WebTPA: P.O. Box 669; Grapevine, TX 76099-0669; or call 1-877-563-7492 for assistance.

RETAIN THIS DESCRIPTION FOR YOUR RECORDS



Underwritten by AXIS Insurance Company

Offered by:

Texas Monarch Management Corporation

Enroll Online at:

www.mmc-ins.com/northside

Parents' Information Regarding NISD 2016-2017 Voluntary Accident Insurance Program Coverage Selection and Enrollment Application

The Northside Independent School District (NISD) does NOT assume financial responsibility for injuries sustained in any at school, school sponsored activity, athletic event or practice. A parent or guardian does however have the option to purchase ACCIDENT-ONLY insurance under a voluntary enrollment program approved by NISD. This ACCIDENT-ONLY coverage is underwritten by AXIS Insurance Company and it covers injuries sustained at school, school sponsored activities, athletic events or practice. There is also a 24-hour option which extends coverage for accidents that occur away from school. A summary of the benefits and exclusions under the three voluntary plans (A, B, C) offered are contained in the accompanying brochure. Coverage is available on or after July 1, 2016. The voluntary enrollment plans exclude interscholastic tackle football for students in grades 9-12.

I understand that a student participating in "Interscholastic Tackle Football" with grades 9-12 will be covered only after purchasing one of the three voluntary student plans and when the football premium has been paid by NISD and received by Texas Monarch Management Corp. If Plan B or Plan C is purchased by the parent, NISD will pay the football premium for the same plan chosen. Plan A is not available to NISD for football coverage. If Plan A is purchased by the parent, NISD will only pay the football premium Plan B and football will be covered under Plan B.

Football coverage paid by NISD is ONLY for Football and does not extend beyond football practices, football games and travel to and from said practices and games in school sponsored, supervised vehicles. Football coverage expires at the end of FOOTBALL SEASON as mandated by U.I.L. regulations.

To apply for coverage, please enroll on-line with a credit card at www.mmc-ins.com/northside/ or complete the form and mail it, along with your check or money order to the address shown below.

I acknowledge that I have been given the opportunity to review the enrollment application, benefits and exclusions of the Voluntary Accident insurance coverage available, as well as that coverage for UIL Football begins only after a Voluntary Accident plan is purchased. I understand that it is my responsibility to submit the enrollment application and payment directly to Texas Monarch Management Corp. as indicated below, and insurance coverage is not in effect until received in the office of Texas Monarch Management Corp.

Student's Last Name _____ Student's First Name _____ Student's Middle Initial _____ Grade _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Birthdate _____

School System NORTHSIDE INDEPENDENT SCHOOL DISTRICT Name of School _____

Check Your Selection:

- | | | | | | | | | | |
|---------------|--------------------------|--------------------|---------|--------------------------|------------------|----------|--------------------------|-----------------|------|
| Plan A | <input type="checkbox"/> | Optional At School | \$65.00 | <input type="checkbox"/> | Optional 24 Hour | \$280.00 | <input type="checkbox"/> | Extended Dental | \$10 |
| Plan B | <input type="checkbox"/> | Optional At School | \$35.00 | <input type="checkbox"/> | Optional 24 Hour | \$160.00 | <input type="checkbox"/> | Extended Dental | \$10 |
| Plan C | <input type="checkbox"/> | Optional At School | \$17.00 | <input type="checkbox"/> | Optional 24 Hour | \$ 81.00 | <input type="checkbox"/> | Extended Dental | \$10 |

Please check here if your child will be participating in grades 9-12 interscholastic tackle football. I understand that in order for there to be football coverage, premium must be paid by NISD and only Plan B or Plan C coverage benefits will be available for football.

Please Enroll Online at www.mmc-ins.com/northside/

For Payments by Check or Money Order ONLY, please make check payable to Texas Monarch Management Corp. and return entire enrollment application to:
Texas Monarch Management Corp.
3201 Cherry Ridge Drive, Suite D405
San Antonio, TX 78230

Total Enclosed: _____

Signature of Parent or Guardian: _____ Date: _____