

# Voluntary Student Accident Insurance Program

**IMPORTANT:** Coverage under the Policy is accident only and does not constitute comprehensive health insurance coverage (a/k/a/ "major medical insurance"). It therefore does not satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act. This brochure provides only a brief summary of the Program available for sale under policy series C11695DBG. The Program provides insurance for covered accidents incurred while insureds are participating in Covered Activities as defined in the issued Policy.

## School Time Accident Coverage <sup>1</sup>

This accident insurance provides coverage while the Insured is at school and while the Insured is attending or participating in activities sponsored and supervised by the school—on or off school premises.

Option 1: excluding interscholastic football;  
Option 2: excluding interscholastic football and interscholastic sports.

Includes:

- Travel to and from school
- School-sponsored summer activities
- Class trips

## 24-hour Accident Coverage <sup>1</sup>

This accident insurance provides coverage 24 hours per day, while the Insured is at school and while the Insured is attending or participating in activities sponsored and supervised by the school—on or off school premises.

Option 3: excluding interscholastic football;  
Option 4: excluding interscholastic football and interscholastic sports.

Includes:

- Weekends
- Vacation periods, including summer vacation
- Coverage at home or away

## Interscholastic Football Accident Coverage <sup>1</sup>

This accident insurance provides while the insured is participating in school sponsored, supervised football activities while on or off the school premises. Coverage includes travel to and from game locations.

<sup>1</sup> If elected and appropriate premium is received.

## Claims Procedure

In the event of an accident, notify the school immediately. The school should complete Section A of the claim form. The claimant should complete the remainder of the claim form, attach any other requested information, and mail to the address listed below. Claims for benefits must be filed within 90 days from date of accident, or as soon as reasonably possible.

**WebTPA**  
P.O. Box 669  
Grapevine, TX 76099-0669  
877-563-7492  
800-551-0824

## Definitions

Definitions may vary depending on state of issue. Please refer to the Policy on file with Policyholder.

**Injury** means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which occurs while such person is participating in a covered activity; and (3) which directly (independent of sickness, disease or any other cause) causes a covered loss.

**Insured** means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) for whom premium has been paid; (3) while covered under the Policy; and (4) who has enrolled for coverage under the Policy, if required.

**Medically Necessary** means a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a physician and performed under his or her care, supervision or order. <sup>2</sup>

**Physician** means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: (1) the Insured; (2) an immediate family member; or (3) retained by the Policyholder/the Participating Organization.

**Usual and Customary Charge(s) (U&C)** means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; or (3) does not include charges that would not have been made if no insurance existed.

Insurance underwritten by:

**National Union Fire Insurance Company of Pittsburgh, Pa.**  
with its principal place of business in New York, NY ("the Company")



For use in Texas and New Jersey only.

## Benefits

### Accidental Death Benefit

If Injury results in death of the Insured within 365 days of the date of the accident causing the Injury, the policy will pay 100% of the Accidental Death \$15,000 Maximum Amount.

### Accidental Dismemberment Benefit

If Injury to an Insured results in any one of the losses specified below, directly and independently of all other causes, within 365 days of the date of the accident causing the Injury, the policy will pay the percentage of the Accidental Dismemberment \$30,000 Maximum Amount specified for that loss.

For Loss Of	Percentage
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

### Heart and/or Circulatory Benefit

This benefit is not payable in addition to the Accidental Death Benefit. If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a covered activity, the Company will pay the Heart and/or Circulatory \$15,000 Maximum Amount provided that the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 48 hours after such participation.

### Accidental Medical Expense Benefit <sup>2</sup>

If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a physician, the Company will pay the coinsurance percentage of the Usual and Customary Charges (U&C) incurred for Medically Necessary Covered Accident Medical Services received due to that Injury up to an overall maximum of \$25,000. Benefits are payable for charges incurred within 52 weeks after the date of the accident causing the Injury. Benefits are payable on an excess basis where applicable.

	Plan A	Plan B
<b>Inpatient Hospital Services</b>		
Hospital's most common charge for semi-private room and board (or room and board in an intensive care unit)	70% of U&C	65% of U&C
Hospital ancillary services (including, but not limited to, use of the operating room)	70% of U&C	65% of U&C
<b>Outpatient Hospital Services</b>		
Hospital emergency room or ambulatory medical center	70% of U&C up to a max. of \$2,000	65% of U&C up to a max. of \$1,500

Laboratory tests	70% of U&C	65% of U&C
Radiological procedures	70% of U&C	65% of U&C
<b>Physician Services (Inpatient or Outpatient)</b>		
Services of a Physician	70% of U&C	65% of U&C
Anesthetics and the administration of anesthetics	70% of U&C	65% of U&C
Physical therapy	70% of U&C <sup>3</sup>	65% of U&C <sup>4</sup>
<b>Additional Services</b>		
Private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN)	70% of U&C	65% of U&C
Ambulance service to or from a hospital	70% of U&C up to a max. of \$800	65% of U&C up to a max. of \$500
Rental of durable medical equipment	70% of U&C	65% of U&C
Artificial eyes or other prosthetic appliances	70% of U&C	65% of U&C
Medicines or drugs administered by a physician or that can be obtained only with a physician's written prescription	70% of U&C	65% of U&C
Dental treatment (repair or replacement of sound natural teeth damaged or lost as a result of Injury)	70% of U&C, up to a max. of \$500 per accident	65% of U&C, up to a max. of \$250 per accident
Deferred dental treatment benefits (not subject to the overall Accident Medical Expense Maximum)	70% of U&C <sup>5</sup>	65% of U&C <sup>5</sup>

<sup>2</sup> The amount of benefits provided depends upon the plan selected. Premium will vary with the plan selected.

<sup>3</sup> 70% of U&C, except that an office visit connected with any such service is payable up to \$50 per visit up to a maximum of 5 visits

<sup>4</sup> 65% of U&C, except that an office visit connected with any such service is payable up to \$35 per visit up to a maximum of 5 visits

<sup>5</sup> Up to \$600 for required dental treatment that must be postponed to a date more than 52 weeks after the date of that Injury due to the physiological changes occurring to an Insured who is a growing child. Charges incurred for deferred dental treatment are covered only if they are incurred on or before the Insured's 21st birthday; except that charges incurred for deferred root canal therapy are covered only if they are incurred within 104 weeks after the date the Injury is sustained.

### Excess Provision \*

Benefits are payable up to the applicable maximum for covered Accident Medical Expense (AME) services that are not recoverable from another plan providing AME benefits. If the Insured is not covered by another plan providing AME benefits, the Excess Provision shall not apply.

### Penalty for Non-compliance <sup>3</sup>

In the event that an Insured is eligible under the Policy for benefits in excess of other coverage and the Insured has other coverage that is primary under a health maintenance organization, preferred provider organization or similar health service program, a penalty will apply if he or she does not use the facilities or services of the health maintenance organization, preferred provider organization or similar health service program. In such case, the benefits otherwise payable under the Excess provision in the Policy will be reduced by 50%. This reduction shall not apply to emergency treatment required within 24 hours of an accident when the accident occurs outside the geographic area served by a health maintenance organization, preferred provider organization or similar health service program.

### Limitation on Multiple Benefits

If an Insured person's Injury is caused by an accident that occurs while the Insured is participating in more than one covered activity applicable to that Insured, and if the same benefit applies to that Insured with respect to more

than one such covered activity, then for Policy purposes the Maximum Amount for that benefit for that Insured for that accident will be determined as though the accident occurred while the Insured was participating in only one such covered activity, the one with the largest Maximum Amount for that benefit for that person.

## Insured's Effective and Termination Dates

An Insured's coverage under the Policy begins on the latest of: (1) the Policy Effective Date; (2) the date for which the first premium for the Insured's coverage is paid; (3) the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; or (4) if individual enrollment is required, the date written enrollment is received by the Company. An Insured's coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated; (2) the end of the period for which premiums have been paid; (3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Classification of Eligible Persons section of the Master Application; or (4) the date the Insured requests, in writing, that his or her coverage be terminated. The Policy effective and termination dates are contained in the Policy on file with the District/School ("the Policyholder/the Participating Organization").

## Exclusions

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism.
2. sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
3. the Insured's commission of or attempt to commit a crime.
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy.
6. participation in any team sport or any other athletic activity, except participation in a covered activity.
7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: (a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; (b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or (c) riding as a passenger in an aircraft owned, leased or operated by the Policyholder/Participating Organization or the Insured's employer.
9. the Insured being under the influence of intoxicants while operating any vehicle or mean of transportation or conveyance.
10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a physician.
11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
12. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
13. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
14. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
15. any loss incurred while outside the United States, its Territories or Canada.
16. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing durable medical equipment unless due to a covered Injury.\*
17. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum shown in the Benefit Schedule.\*
18. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless due to a covered Injury; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury.\*
19. new hearing aids or hearing examinations unless due to a covered Injury; or repair or replacement of existing hearing aids unless due to a covered Injury.\*
20. rental of durable medical equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of durable medical equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense).\*
21. any charge for medical care for which the Insured is not legally obligated to pay.\*
22. care, treatment or services provided by an Insured or by an immediate family member.\*
23. routine physical exam and related medical services.\*
24. personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, or guest meals while confined in a hospital or for items taken away or home from the Hospital, except Durable Medical Equipment.\*
25. elective treatment or surgery.\*
26. experimental or investigational treatment or procedures.\*
27. treatment for temporomandibular dysfunction.\*
28. care, treatment or services provided by persons retained or employed by the Policyholder/Participating Organization or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder/Participating Organization or for which a charge is not made.\*
29. mental illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures.\*
30. educational or vocational testing or training.\*
31. treatment of Osgood-Schlatter's disease.\*
32. detached retina unless due to an Injury.\*
33. diagnostic tests or treatment, except due to infection which occurs directly from an accidental cut or wound or ingestion of contaminated food.\*
34. plastic or cosmetic surgery, due to a covered Injury.\*
35. charges that are payable under motor vehicle medical benefits.\*
36. hernia except as a result of participation in a covered activity.\*
37. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.\*

\*This exclusion is applicable to Accident Medical Expense Benefit only.

# Voluntary Student Accident Insurance Program

## PROPOSED INSURED'S INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M. I.: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of application: \_\_\_\_\_ Grade: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Name of school district: \_\_\_\_\_

By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as detailed in this Student Accident Insurance Plan brochure. There is no obligation to purchase this insurance plan.

Signature of parent/guardian: \_\_\_\_\_

## ANNUAL PREMIUM

Please check coverage and enclose the applicable amount. Only select one option.

K-12	PLAN A	PLAN B
<b>School Time Accident Coverage</b>		
Option 1: Excluding Interscholastic Football	<input type="checkbox"/> \$71.00	<input type="checkbox"/> \$64.00
Option 2: Excluding Interscholastic Football and Sports	<input type="checkbox"/> \$43.00	<input type="checkbox"/> \$37.00
<b>24-Hour Accident Coverage</b>		
Option 3: Excluding Interscholastic Football	<input type="checkbox"/> \$243.00	<input type="checkbox"/> \$221.00
Option 4: Excluding Interscholastic Football and Sports	<input type="checkbox"/> \$157.00	<input type="checkbox"/> \$143.00
<b>Interscholastic Football Accident Coverage: Freshmen (Grade 9)</b>	<input type="checkbox"/> \$305.00	<input type="checkbox"/> \$230.00
<b>Interscholastic Football Accident Coverage: Senior High (Grade 10, 11, 12)</b>	<input type="checkbox"/> \$598.00	<input type="checkbox"/> \$460.00

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS. MAKE MONEY ORDER OR CHECK PAYABLE TO:**

Monarch Management Corporation

Total enclosed: \_\_\_\_\_ Check number: \_\_\_\_\_

**MAIL TO:**

Monarch Management Corporation  
 3201 Cherry Ridge Drive, Suite D405  
 San Antonio, TX 78230  
 1-800-662-2778

**ONLINE ENROLLMENT AVAILABLE:**

www.mmc-ins.com

<b>COMPANY USE ONLY</b>
POLICY NUMBER: _____

For more information, contact your AIG Accident & Health representative or please visit our website at [www.aig.com/us/accident](http://www.aig.com/us/accident).

If the total student enrollment does not meet our minimum premium, we may not be able to renew coverage.

This brochure provides only brief descriptions of the coverages available under Policy Series C11695DBG. The issued Policy will contain reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage will be contained in the Policy on file with the District/School ("the Policyholder/the Participating Organization"). If there are any conflicts between this brochure and the Policy, the Policy shall govern in all cases. Coverage may not be available in all states. The Policy will include any applicable benefits, provisions or limitations required by the state in which it is delivered. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 175 Water Street, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all jurisdictions and is subject to actual Policy language.

For use in Texas and New Jersey only.

