

Primary Voluntary Student Accident Plans

AT SCHOOL COVERAGE

Voluntary Grades PK-12

PREMIER \$ 93

PREMIER w/o Sports \$20

ECONOMY \$64

ECONOMY w/o Sports \$13

FOOTBALL COVERAGE 10-12

SPRING FOOTBALL 9-12**

PREMIER \$288

PREMIER \$116

ECONOMY \$187

ECONOMY \$75

- (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.

Grades 10-12 and Grades 7-9 if they practice or play with Grades 10-12

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

MEDICAL PAYMENTS

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

Accidental Death & Dismemberment Benefits (Within 180 Days)

Loss of Life.....	\$ 2,000
Loss of Two or More Hands or Feet	\$10,000
Loss of Sight of Both Eyes	\$10,000
Loss of One Hand or 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 of Thumb and Index Finger of Either Hand.....	\$ 500
Exposure and Disappearance	Included

24 HOUR COVERAGE

Voluntary Grades PK-12

PREMIER \$195

PREMIER w/o Sports \$95

ECONOMY \$127

ECONOMY w/o Sports \$62

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.

* Note: Junior High and Middle School Students participating in interscholastic tackle football will be covered for football by paying the above At School or 24 Hour premium, provided they do not practice or participate with 10th, 11th, or 12th graders (high school). Interscholastic Sports, other than Senior High Tackle Football are covered under the At School and 24 Hour coverages.

** Spring Football is for those participating in Spring Football only that did not purchase Fall Football coverage.

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	PREMIER PLAN	ECONOMY PLAN
In-Patient Hospital Services	the semi-private daily room rate	the semi-private daily room rate
Hospital Miscellaneous Expenses	100% of URC Charges up to \$250 per day subject to a Maximum of \$4,000 per Hospital Stay	100% of URC Charges up to \$250 per day subject to a Maximum of \$4,000 per Hospital Stay
Nurse Services	100% of URC Charges up to \$400 per Covered Injury	100% of URC Charges up to \$400 per Covered Injury
Orthopedic Appliances Outpatient	100% of URC Charges up to \$300 per Covered Injury	100% of URC up to \$300 per Covered Injury
Emergency Room Treatment	100% of URC Charges up to \$150 per Covered Injury	100% of URC Charges up to \$75 per Covered Injury
Physician Services Surgery	75% Usual and Customary Charges up to \$3,750 Maximum	75% Usual and Customary Charges up to \$3,500 Maximum
Assistant Surgeon	25% of Surgeon's allowance	25% of Surgeon's allowance
Use of Phys Surgical Facilities	100% of URC Charges up to \$1,250 per Covered Injury	100% of URC Charges up to \$750 per Covered Injury
Anesthesia and its Administration	25% of Surgeon's allowance	25% of Surgeon's allowance
In-Hospital Visits	100% of URC Charges up to \$40 per visit (limited to one visit per day)	100% of URC Charges up to \$20 per visit (limited to one visit per day)
Office Visits	100% of URC Charges up to \$40 per visit (limited to one visit per day)	100% of URC Charges up to \$20 per visit (limited to one visit per day)
Out Patient X-Ray	100% of URC Charges up to \$200 per Covered Injury	100% of URC Charges up to \$100 per Covered Injury
Out Patient CT Scan, MRI	100% of URC Charges up to \$500 per Covered Injury	100% of URC Charges up to \$250 per Covered Injury
Out Patient Laboratory Tests	100% of Usual and Customary Charges up to \$50 per Covered Injury	100% of Usual and Customary Charges up to \$25 per Covered Injury
Out Patient Physiotherapy	100% of URC Charges up to \$20 per day up to a maximum of \$100 (limited to one visit per day)	100% of URC Charges up to \$20 per day up to a maximum of \$40 (limited to one visit per day)
Ambulance Services	100% of URC Charges (first trip to the Hospital only)	100% of URC Charges up to \$100 Maximum (first trip to the Hospital only)
Medical Equipment Rental	100% of URC Charges up to \$150 per Covered Injury	100% of URC Charges up to \$150 per Covered Injury
Dental Services	100% of URC Charges up to \$150 per tooth	100% of URC Charges up to \$150 per tooth
Prescription Drugs (Out Patient)	100% of URC Charges	100% of URC Charges
Eyeglasses, Contact Lenses Hearing Aids	100% of URC Charges	100% of URC Charges
Consultant	No Benefits	No Benefits

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ENROLL ONLINE FOR QUICKER SERVICE or COMPLETE AND MAIL

Student's First Name _____ M _____ Last Name _____ Birth Date / /
 Address _____ City _____ ST _____ Zip _____ Phone _____ - _____ - _____
 _____ ISD _____ Name of School District (Required) _____ Name of School _____ Grade _____

	Premier	w/o Sports	Economy	w/o Sports		Premier	Economy
At School Coverage PK-12	<input type="checkbox"/> \$93	<input type="checkbox"/> \$20	<input type="checkbox"/> \$64	<input type="checkbox"/> \$13	Football Grades 10-12	<input type="checkbox"/> \$288	<input type="checkbox"/> \$187
24-Hour Coverage PK-12	<input type="checkbox"/> \$195	<input type="checkbox"/> \$95	<input type="checkbox"/> \$127	<input type="checkbox"/> \$62	Spring Football 9-12	<input type="checkbox"/> \$116	<input type="checkbox"/> \$75

Complete for MASTERCARD VISA Name on Card, Last First

Card Number Expiration Date Mo Year

Cardholder Signature _____ Date _____



Voluntary Student Accident Insurance Plans - Exclusions

Benefits will not be paid for a Covered Person's loss which:

1. Is caused by or results from the Covered Person's own:
 - a) Intentionally self-inflicted Injury, suicide or any attempt thereof. (In Missouri this applies only while sane.); b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.); c) Commission or attempt to commit a felony; d) Participation in a riot or insurrection; e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
2. Is caused by or results from:
 - a. Declared or undeclared war or act of war;
 - b. An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.);
 - c. Aviation, except as specifically provided in this Certificate;
 - d. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
 - e. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
 - i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
 - ii) The Covered Person was within a 25-mile radius of the site of the release either:
 - 1) At the time of the release; or 2) Within 24 hours of the start of the release.

Additional Exclusions

Benefits will not be paid for:

1. Normal health checkups;
2. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within 6 months of the Accident;
3. Services or treatment rendered by a doctor, nurse or any other person who is:
 - (a) Employed or retained by the Certificateholder; or
 - (b) Who is the Covered Person or a member of his immediate family;
4. Charges which:
 - (a) The Covered Person would not have to pay if he did not have insurance; or
 - (b) Are in excess of Usual, Reasonable and Customary charges.
5. An Injury that is caused by flight in:
 - (a) An aircraft, except as a fare-paying passenger; (b) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or (c) An ultra light, hang-gliding, parachuting or bungi-cord jumping;
6. Travel in or upon:
 - (a) A snowmobile; (b) Any two or three wheeled motor vehicle;
 - (c) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
7. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
8. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
9. Injury that is:
 - (a) The result of the Covered Person being Intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or
 - (b) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
10. Any Sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food, unless a Sickness Expense Rider is in force under this Certificate;
11. An Injury resulting from participation in or practice for non-School sponsored skiing, ice hockey, lacrosse, soccer or football;
12. Practice or play in any sports activity, including travel to and from the activity and

- practice, unless specifically provided for in this Certificate;
13. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
14. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
15. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
16. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request;
17. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
18. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
19. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
20. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
21. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
22. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
23. Rest cures or custodial care;
24. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
25. Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits;
26. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;
27. Services and supplies furnished by the Policyholder's infirmary, its employees, or doctors who work for the Policyholder;
28. Any bacterial infection that was not caused by an Accidental cut or wound.

How to File a Claim

1. The claim form with filing instructions can be obtained by your school or from our website.
2. The claim form should be fully completed and submitted within 90 days of the accident.
3. 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 below.
4. Bills should include the date of service, name, mailing address, and phone number of the doctor/hospital, and the specific itemized charges (description of treatment and amount) incurred (including CPT/procedure codes). Incomplete information will delay claim review.
5. 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

Student Insurance ID Card Underwritten by United States Fire Ins. Co.

Student Name: _____

Accident Only Policy Selected: Premier Plan Economy Plan

Coverage Level Selected: At School 24-Hour

Football 10-12 Spring Football 9-12

Customer Service: 1-877-563-7492

Enrollment Options

Option 1: Enroll online at mmc-ins.com

Option 2: Complete and detach the enrollment form and follow instructions below:

- ♦ Make Checks or money order payable to Monarch Management Corp. Do Not Send Cash. Credit card payment is also accepted.
- ♦ Clearly print name of child on the check or money order.
- ♦ Send the enrollment form and payment to:
Monarch Management Corporation
3201 Cherry Ridge Drive; Suite D405;
San Antonio, TX 78230
- ♦ Your cancelled check, money order stub or credit card statement is your proof of purchase.
- ♦ Keep this for your reference, you will receive no policy.
- ♦ If you have questions about this coverage, please call Monarch Management Corp., 1-800-662-2778.

Underwritten by:

United States Fire Insurance Company

Offered by:



Enroll online at www.mmc-ins.com