

Parents' Information Regarding NISD 2023-2024 Voluntary Accident Insurance Coverage Options and Enrollment Form

The Northside Independent School District (NISD) does NOT assume financial responsibility for injuries sustained while attending school and participating or practicing in school-sponsored and supervised extracurricular activities and sports. A parent/guardian does however have the option to purchase one of three ACCIDENT-ONLY insurance plans offered under a voluntary enrollment program approved by NISD. The ACCIDENT-ONLY insurance plans are underwritten by Ameritas Life Insurance Corp. and administered by Student Assurance Services, Inc.(SAS) Refer to the voluntary plan options and coverage descriptions below. The voluntary accident plan covers University Interscholastic League (UIL) sports and activities (except coverage does not include interscholastic football for students in grades 9-12). A schedule of the plan benefits and exclusions under the three voluntary plans offered are addressed on back of this page.

I understand that a student participating in "Interscholastic Football" in grades 9-12 will be covered only after I purchase one of the three voluntary accident plans and NISD has paid the football premium to SAS. If I purchase the Basic Plan or Preferred Plan, NISD will pay the football premium for the same plan purchased. The Premier Plan is not available to NISD for football coverage. If I purchase the Premier Plan, NISD will only pay the football premium for the Preferred Plan and football will be covered under the same plan. Extended Dental is not an eligible plan for football coverage.

Football coverage paid by NISD is ONLY for Football grades 9-12 and does not extend beyond football practices or games and travel to and from football practices and games in school-provided transportation. Football coverage expires at the end of Football season as mandated by UIL regulations.

I acknowledge that I have been given the opportunity to review the enrollment, benefits and exclusions of the voluntary accident insurance coverage available, and understand coverage for Interscholastic Football begins only after a voluntary accident plan is purchased. I understand that it is my responsibility to enroll in the voluntary accident plan and submit premium payment directly to SAS. Insurance coverage is effective on the later of: master policy effective date 08-01-2023; or 12:01 A.M. following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service; or for online enrollment 12:01 A.M. following the date the proper premium is received by SAS. All coverage expires July 31, 2024 of the current school year.

VOLUNTARY COVERAGE OPTIONS

School-Time Coverage PK-12 Includes UIL Activities and Sports 7-12 (Does NOT include Interscholastic Football for students in grades 9-12)

Covers the student while:

- a) attending regular school sessions;
- b) participating in or attending school-sponsored and supervised extracurricular activities;
- c) practicing for or participating in school-sponsored and supervised UIL sports and activities for grades 7-12 (except football grades 9-12); and
- d) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised extracurricular and UIL sports and activities in school-provided transportation.

Full-Time (24-Hour) Coverage PK-12 includes UIL Activities and Sports 7-12 (Does not include Interscholastic Football for students in grades 9-12)

Covers the student 24 hours per day until school starts next year. Includes coverage while at home and school, on weekends, and during summer vacation. Covers students while practicing or participating in school-sponsored and supervised UIL activities and sports, including travel in school-provided transportation for grades 7-12 (except football grades 9-12).

Extended Dental Coverage PK-12

Provides up to \$5,000 in benefits for any dental accident and covers the student 24 hours a day until 11:59 P.M. on 7/31/2024. Treatment must begin within 180 days from the date of injury. Benefits are limited to expenses actually incurred within one year from the date of accident. However, if within the one year period following the date of accident the insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the plan will pay the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. No benefits will be allowed for orthodontics or dental disease and 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, dental disease, or expenses that exceed the prostheses maximum benefit limit.

HOW TO ENROLL - FORMS WILL NOT BE ACCEPTED AT THE SCHOOL

For credit card payment, complete the online enrollment form at the website <http://www.sas-mn.com/k12.html>. On the webpage under K-12 Students/Parents select "Find My School"; from the drop down box select "Texas"; and then select Northside ISD - Click on Purchase Online to enroll.

CHECK YOUR COVERAGE SELECTIONS (one time policy year premium):

Premier Plan:	School-Time <input type="checkbox"/>	\$ 82.00	Full-Time <input type="checkbox"/>	\$ 310.00	Extended Dental <input type="checkbox"/>	\$ 9.00
Preferred Plan:	School-Time <input type="checkbox"/>	\$ 44.00	Full-Time <input type="checkbox"/>	\$ 170.00	Extended Dental <input type="checkbox"/>	\$ 9.00
Basic Plan:	School-Time <input type="checkbox"/>	\$ 25.00	Full-Time <input type="checkbox"/>	\$ 97.00	Extended Dental <input type="checkbox"/>	\$ 9.00

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

I-1746

Northside ISD (2023-2024)



Marketed by
David Cates - Texas Representative
The Brokerage Store
4091 De Zavala Road, Ste. #3
San Antonio, TX 78249

Scan for a direct link to
Student Assurance Services, Inc.
Website:



Underwritten by

Ameritas 
Ameritas Life Insurance Corp.
Lincoln, Nebraska

MEDICAL BENEFITS (What the Plan Pays)
Policy GA-2200Ed.11-16(TX)

When accidental bodily Injury covered by the policy results in treatment by a Physician within 180 days from the date of Accident, the Company shall pay the Usual and Customary Charges incurred for covered services 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 regardless of Other Valid Coverage if the covered claim expense is less than \$200. If the covered claim expense exceeds \$200, benefits shall be paid first by Other Valid Coverage. All Amounts listed below are Per Injury

	BASIC PLAN	PREFERRED PLAN	PREMIER PLAN
INPATIENT BENEFITS			
Hospital Room and Board (R&B).....	Semi-private room charges, up to \$250 per day	Semi-private room charges, up to \$350 per day	Semi-private room charges, 80% U&C
Hospital Miscellaneous Services (all charges except R&B).....	U&C, up to \$200 per day	U&C, up to \$400 per day	80% U&C
Physician Nonsurgical Visits (does not include physiotherapy).....	U&C, up to \$25 per visit, maximum 10 visits	U&C, up to \$35 per visit, maximum 10 visits	80% U&C
Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments, in any form, and/or office visits).....	Included in Hospital Miscellaneous Services	Included in Hospital Miscellaneous Services	80% U&C
X-ray and Radiology (includes charges for reading).....	Included in Hospital Miscellaneous Services	Included in Hospital Miscellaneous Services	Included in Hospital Miscellaneous Services
Registered Nurse.....	U&C	U&C	80% U&C
OUTPATIENT SURGERY BENEFITS			
Day Surgery (facility charge - includes room supplies and all other expenses for outpatient surgery).....	U&C, up to \$250	U&C, up to \$500	80% U&C
OTHER OUTPATIENT BENEFITS			
Hospital Emergency Room Charges.....	U&C, up to \$100	U&C, up to \$200	80% U&C
X-ray Services (includes charges for reading).....	U&C, up to \$100	U&C, up to \$200	80% U&C
Diagnostic Imaging (includes charges for reading - MRI, CT scan, bone scans).....	U&C, up to \$200	U&C, up to \$400	80% U&C
Physician Nonsurgical Visits (does not include physiotherapy).....	U&C, up to \$25 per visit, maximum 10 visits	U&C, up to \$35 per visit, maximum 10 visits	80% U&C
Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits).....	U&C, up to \$25 per visit, maximum of 5 visits	U&C, up to \$35 per visit, maximum of 5 visits	80% U&C maximum of 10 visits
Orthopedic Appliances (when prescribed by a physician for healing).....	U&C, up to \$200	U&C, up to \$400	80% U&C
Prescription Drugs.....	U&C, up to \$100	U&C, up to \$200	80% U&C
Ambulance Services.....	U&C, up to \$500	U&C, up to \$1,000	80% U&C
Laboratory Services.....	U&C, up to \$50	U&C, up to \$100	80% U&C
OTHER PHYSICIAN SERVICES			
Dental Treatment (in lieu of all other medical benefits; includes x-rays of sound and natural teeth).....	U&C, up to \$100 per tooth	U&C, up to \$200 per tooth	80% U&C
Physician Surgical Care (inpatient or outpatient; includes pre-operative and post-operative care, limited to primary procedure per surgery).....	U&C, up to \$1,000	U&C, up to \$2,000	80% U&C
Assistant Surgeon Charges (inpatient or outpatient).....	25% surgeon's allowance	25% surgeon's allowance	80% U&C
Anesthesia Charges (inpatient or outpatient).....	25% surgeon's allowance	25% surgeon's allowance	80% U&C
MISCELLANEOUS SERVICES			
Motor Vehicle Injury (subject to covered service limits).....	Same as any Injury up to \$2,000	Same as any Injury, up to \$2,000	Same as any Injury, up to \$10,000
Eyeglasses Replacement (if medical treatment is required for a covered injury).....	U&C, up to \$150	U&C, up to \$300	80% U&C

The policy contains a provision limiting coverage to the usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured

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 would be payable.

Loss of Life.....	\$5,000	Double Dismemberment.....	\$10,000
Loss of Sight in One Eye.....	\$5,000	Single Dismemberment.....	\$ 5,000

EXCLUSIONS (What the Plan DOES NOT Pay)

- 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 football including travel to or from such participation, practice, or play for students in grades 9-12.

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.

HOW TO FILE A CLAIM

- Report school related injuries immediately to the school office.
- Obtain a claim form from the school, or download a claim form online (www.sas-mn.com, K12 Find My School, Select Texas, and scroll to Northside ISD.)
- Follow ALL claim form instructions. Attach the student's itemized bills, other insurance plan EOBs and send to:
STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196 • STILLWATER, MN 55082-0196
- For claim questions call (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.

NOTE: Student must be treated by a licensed physician within 180 days of the date of the injury. Proof of claim should be submitted within 90 days from the date of accident, or a reasonable time thereafter not to exceed one year. Itemized bills should be submitted within 90 days from the date of treatment or a reasonable time thereafter not to exceed one year. We are responsible only for expenses incurred within one year.

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.