

WHEN AND WHERE WILL MY STUDENT BE COVERED BY THIS INSURANCE?

The choice is yours! This Insurance offering describes several enrollment options designed to fit your individual needs. Please review this entire brochure, especially the coverage descriptions, before making your selections.

WHY IS THE SCHOOL PARTICIPATING IN THIS OFFERING?

Students are particularly susceptible to accidental injury. This plan will help provide coverage for expenses that are not covered by other insurance.

WHAT KIND OF INSURANCE IS THIS?

This is accidental bodily injury insurance; it covers accidental bodily injury occurring while the coverage is in force. Illnesses such as measles, sore throats, etc., are not covered.



WHO SHOULD CONSIDER BUYING THIS INSURANCE?

1. All families with no health insurance.
2. Families with policies having deductibles or co-pays.
 - The larger the deductible or co-pay percentage, the more you can benefit. There is no deductible in our plan.

WHEN AND HOW CAN I ENROLL?

ENROLL ANYTIME! It is to your advantage to enroll early. The premium cannot be prorated. Make check payable to: Student Assurance Services, and enclose in the attached envelope. Write the student's name on the check. There are also convenient credit card and on-line enrollment options available. Be sure to retain this brochure and a copy of your premium payment as proof of insurance. You will not receive a policy or ID card!

**HAVE QUESTIONS?
CALL US TOLL FREE AT
(800) 366-4810 OR (210) 366-4800**

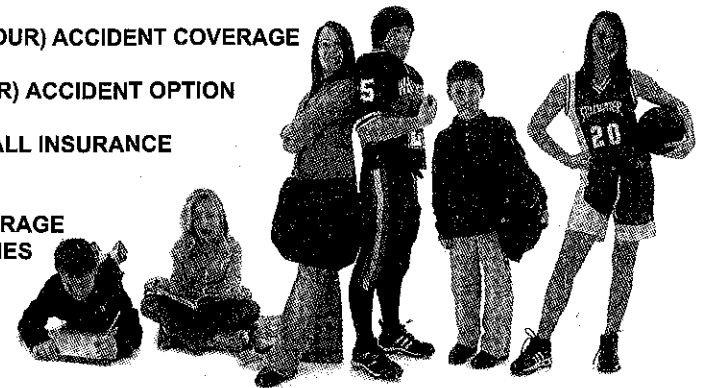
	Marketed by David Cates The Brokerage Store 4091 Dezavala Road, #3 San Antonio, TX 78249 210-366-4800 or Toll Free 800-366-4810
	Underwritten by COLUMBIAN LIFE INSURANCE COMPANY HOME OFFICE: CHICAGO, IL ADMINISTRATIVE SERVICE OFFICE Vestal Parkway E. • P.O. Box 1381 Binghamton, NY 13902-1381

This brochure is a summary of master policy 9F140-CL (Rev.)TX issued to the educational institution. If there is a discrepancy between this brochure and the policy, the master policy language will govern.

STUDENT ACCIDENT INSURANCE

Select the insurance plan that you need
to offset the cost of medical care.....

- SCHOOL-TIME ACCIDENT COVERAGE
- FULL-TIME (24 HOUR) ACCIDENT COVERAGE
- DENTAL (24 HOUR) ACCIDENT OPTION
- TACKLE FOOTBALL INSURANCE PLAN
- PROVIDES COVERAGE FOR UIL ACTIVITIES
- PRIMARY COVERAGE



THIS IS A LIMITED BENEFIT POLICY. ACCIDENT ONLY INSURANCE. NON-RENEWABLE

Enrollment Form Enclosed

APPROVED BY YOUR SCHOOL FOR GRADES PK-12

Make the Smart Choice Now!

	COLUMBIAN LIFE INSURANCE COMPANY HOME OFFICE: CHICAGO, IL ADMINISTRATIVE SERVICE OFFICE P.O. BOX 196 STILLWATER, MN 55082-0196
Form No. 3715-CL-09	U-1745(TX)

PRIVACY POLICY: You may obtain a detailed copy of Columbian Life's privacy policy from your school, by contacting SAS, Inc. at (800) 328-2739, or visiting www.sas-mn.com.

**ACCIDENT INSURANCE PLAN COVERAGE DESCRIPTIONS
(POLICY 9F140-CL)(Rev.)TX**

Includes UIL Activities Coverage

ANNUAL RATES

U-1745(TX)

School Time Coverage - Grades PK-12

Coverage would be in force for each person for whom the School Time 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 School Sponsored and Supervised Activity, except the interscholastic fall football season for students in the 10th grade or above and grades 7-9, if they practice or play with grades 10-12; and
(b) while away from the School premises, other than traveling, if participating in a School Sponsored and Supervised Activity, except the interscholastic fall football season for students in the 10th grade or above and grades 7-9, if they practice or play with grades 10-12; and
(c) while traveling directly to or from the Insured's residence and School, for regular School sessions, or for any School Sponsored and Supervised Activity in School provided transportation, except the interscholastic fall football season for students in the 10th grade or above and grades 7-9, if they practice or play with grades 10-12; or
(d) while participating in Spring and Summer football exclusively sponsored and supervised by the Policyholder, if football coverage was not purchased during the regular football season.

\$ 75.00



Full Time Coverage (24-Hour Coverage) - Grades PK-12

Coverage would be in force for each person for whom the Full Time Coverage premium has been paid as set forth in the Policy on a twenty-four (24) hour per day basis, except for the interscholastic fall football season for students in the 10th grade or above and grades 7-9, if they practice or play with grades 10-12. Includes Spring and Summer football exclusively sponsored and supervised by the Policyholder, if football coverage was not purchased during the regular football season.

\$160.00



Football Coverage - Grades 10-12 and Grades 7-9 if they practice or play with Grades 10-12
Coverage would be in force for each person for whom the Football Coverage premium has been paid as set forth in the Policy.

(a) while practicing for or competing in football which is 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) includes Spring and Summer Football exclusively sponsored and supervised by the Policyholder.

\$225.00



Dental Accident Coverage - Grades PK-12 (Endorsement 9E509-CL)

Coverage would be in force for accidental injuries to teeth on a 24 hour per day basis including participation in all UIL Activities subject to the limitations and exclusions of the Insurance Plan and this Dental Endorsement. Pays the usual and customary charges incurred within one year from the date of injury up to \$5,000 per injury.

\$ 8.00



HOW TO ENROLL

1. Determine the Insurance Plan of coverage you want. Complete the Enrollment envelope and enclose your check made payable to: STUDENT ASSURANCE SERVICES, INC. or complete the credit card payment information form. Premium cannot be prorated. Please write the name of the student on your check.
2. You can also enroll online at the Student Assurance Services, Inc. website www.sas-mn.com. The online form is available under the K-12 School District Look-up.
3. Be sure to retain this brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or ID card. The master policy is issued to your school.

Return your payment or credit card information form with the requested enrollment information in the attached envelope.

EFFECTIVE AND EXPIRATION DATES

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01A.M. following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service, or for on-line enrollment 12:01AM following the date the proper premium is received by the Plan Administrator. All Coverages expire on the Master Policy Expiration Date, or when premium is due and unpaid.

HOW TO FILE A CLAIM

1. Report school related injuries immediately to the school office;
2. Obtain a claim form from the school;
3. Follow ALL claim form instructions, attach all itemized bills and send to:
**STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196 • STILLWATER, MN 55082-0196**
4. Questions about claims will be answered immediately by calling (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.

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.

MEDICAL BENEFITS (What the Insurance Plan Pays) - 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 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 regardless of Other Valid Coverage.

- A. IN-PATIENT BENEFITS**
- | | |
|---|--|
| 1. Hospital Room and Board..... | Semi-private Room Charges |
| 2. Intensive Care (in lieu of Hospital Room and Board)..... | 1.5 X Semi-private Room Charges |
| 3. Hospital Miscellaneous Services (All Charges except Room & Board) | First day up to \$1,000, thereafter up to \$500 per day; max \$5,000 |
| 4. Physician's Non-Surgical Visits (other than Physical Therapy) .. (not paid day of surgery)..... | First day of treatment up to \$50, subsequent visits up to \$40, maximum 10 visits |
| 5. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith)..... | Included in Hospital Misc. Benefit |
| 6. X-ray and Radiology Services | Included in Hospital Misc. Benefit |
| 7. Registered Nurse..... | 100% of U&C charges |
- B. OUT-PATIENT SURGERY BENEFITS**
- | | |
|---|-------------------|
| 1. Day Surgery (Facility Charge) Room supplies and all other expenses for out-patient surgery | U&C up to \$2,000 |
|---|-------------------|
- C. OTHER OUT-PATIENT BENEFITS**
- | | |
|--|----------------------------------|
| 1. Hospital Emergency Room Charges | U&C up to \$300 |
| 2. X-ray and Radiology Services | U&C up to \$300 |
| 3. CAT Scans, MRI and Bone Scans | U&C up to \$800 |
| 4. Laboratory Services..... | U&C up to \$100 |
| 5. Physician's Non-Surgical Visits (not paid day of surgery) .. | \$50 per visit, 10 visit maximum |
| 6. Emergency Room Physician's Non-Surgical Care | U&C up to \$150 |
| 7. Orthopedic Appliances (when prescribed by a physician for healing)..... | U&C up to \$500 maximum |
| 8. Shots and Injections (within 24 hours of an injury) | \$50 per injury |
| 9. Prescription Drugs | \$50 per injury |
| 10. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith)..... | \$50 per visit, maximum 5 visits |
| 11. Ambulance Service (Air or Ground)..... | \$1,000 per injury |
| 12. Eyeglass Replacement (if medical treatment is also received for a covered injury) | \$200 per injury |
| 13. Durable Medical Equipment (Post-Surgical Only) | \$100 per injury |
- D. OTHER PHYSICIAN SERVICES**
- | | |
|---|------------------------------|
| 1. Dental Treatment (in lieu of all other medical benefits, including X-rays of sound & natural teeth)..... | \$200 per tooth |
| 2. Physician's Surgical Care (In-Patient or Out-patient) | U&C up to \$2,500 per injury |
| 3. Assistant Surgeon Charges (In-Patient or Out-patient).... | 25% of Surgery Allowance |
| 4. Anesthetist Charges (In-Patient or Out-patient)..... | 25% of Surgery Allowance |
- E. MOTOR VEHICLE INJURY**
- up to \$1,000 max. as scheduled above
- F. OTHER BENEFITS** - Heat Stroke and Heat Exhaustion will be covered as any other accident.
- G. 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..... | \$2,000 | Double Dismemberment | \$10,000 |
| Loss of an Eye | \$2,000 | Single Dismemberment..... | \$ 2,000 |

EXCLUSIONS (What the Plan DOES NOT Pay)

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.
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.
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. Treatment received from any person employed or retained by the Policyholder.
8. Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.

For specific costs and details of coverage, including exclusions, reductions, or limitations, see your Servicing Agent or write the Plan Administrator. Usual and Customary charges 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.