2026-2027 VOLUNTARY COVERAGE

Student Accident Insurance



- ***Voluntary School-Time Coverage***
- ***Voluntary 24-Hour Coverage***
- ***Primary Coverage***
- ***Voluntary Football Coverage***
- ***Provides Coverage for All UIL Activities***

See Details Inside

Marketed by

THE BROKERAGE STORE

The Brokerage Store
4091 De Zavala Road • Suite #3
San Antonio, TX 78249
(210) 366-4800 or Toll Free (800) 366-4810
www.thebrokeragestore.com

SALES REPRESENTATIVE

Underwriting Company

Ameritas

Ameritas Life Insurance Corp.
Lincoln, Nebraska

Ameritas Life Insurance Corp. is a part of the Ameritas Mutual Holding Company. The company is domiciled in Lincoln, Nebraska and has been in business for over 100 years. The company is rated "A" (Excellent) by A.M. Best and "A+" (Strong) by Standard & Poor's. The Best's Rating Report and Standard and Poor's full analysis report are available in the insurance ratings section of ameritas.com. Ameritas Life is licensed in all states except New York.

Policy Form GA-2200(TX)Ed.11-16

L-1745TX(2026)

Coverage Options

Refer to the Medical Benefits and Exclusions sections for more detailed information.

FULL-TIME (24-HOUR) COVERAGE
Covers the student 24 hours a day until school starts next year. Students are covered while at home or school, on weekends, and during summer vacation.

SCHOOL-TIME COVERAGE
Covers the student while:

a) attending regular school sessions;

b) participating in or attending school-sponsored and supervised extra-curricular activities;

c) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised activities in school-provided transportation.

School-Time and Full-Time Coverage DOES NOT cover participation in UIL activities for students in the 7th grade or above.



EXTENDED DENTAL ACCIDENT COVERAGE
Provides benefits up to a maximum of $5,000 for any dental Injury. Covers the student 24 hours a day until school starts next year. Treatment must begin within 180 days from the date of the Injury and must be performed within one year from the date of Injury. However, if within the one year period following the date of Injury the student's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the policy pays the estimated cost of such deferred treatment, but not to exceed $200 for each tooth. 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 and dental disease, or expenses that exceed the dental prostheses maximum benefit limit.

ALL UIL ACTIVITIES/INTERSCHOLASTIC SPORTS GRADES 7-12 AND FOOTBALL COVERAGE
Covers the student while:

a) participating in, practicing for or competing in UIL Activities, which are scheduled by the school, and while the student is under the direct supervision of a school employee; and

b) traveling to and from such participation, practices or competition in school provided transportation.

c) School-Time or Full-Time with UIL Activities Coverage includes Spring and Summer Football exclusively sponsored and supervised by the Policyholder, if Football Coverage was not purchased during the regular football season.

Effective and Expiration Dates

Coverage becomes effective the later of: the Master Policy Effective Date; or for"online purchases", 12:01AM following the date the transaction was completed; or 12:01AM following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service. UIL activities coverage will expire on the last day of the authorized season of the current school year. School-Time and Full-Time Coverages expire on the selected expiration date of the annual term policy.

CLAIMS ADMINISTRATION

Student Assurance Services, Inc. is the claim administrator for this insurance plan. We have dedicated and experienced staff to provide outstanding customer service and claim processing services. We assign each school to a claim processor who can answer your specific questions and provide you with immediate access to information. Our customized computer system has various reporting capabilities to meet your needs.

CLAIMS HANDLING PROCEDURE

1. Parents should notify the school and obtain a claim form immediately. The school will fill out Part A of the claim form if it is a school-related injury.
2. Parents must complete Part B of the claim form. **Answer all questions**.
   NOTE: Parents or the School can access and complete a **claim form** on the website **www.sas-mn.com.** Go to K-12 Student/Parents select "Find My School; " from the drop down box select the state of Texas; and then select your specific school district.
3. Parents or the School can mail, fax or email the completed claim form and copies of student's itemized bills to:
   STUDENT ASSURANCE SERVICES, INC., PO BOX 196, STILLWATER, MN 55082
   Fax: (651) 439-0200; Email: claims@sas-mn.com
   NOTE: No claim can be completed until all of the above documents have been provided.
4. For claim questions, call Student Assurance Services at (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.
5. Questions can also be emailed to Student Assurance Services at **info@sas-mn.com**.

MEDICAL BENEFITS

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 (U&C) expenses incurred for covered services 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.

	All Amounts Listed Below are Per Injury
A. INPATIENT 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)	Up to $1,000 per day; maximum $5,000
4. Physician's Non-Surgical Visits (does not include physiotherapy; not paid same day of surgery)	Up to $50 per visit; maximum 10 visits
5. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation, or adjustments in any form, and/or office visits connected therewith)	Included in Hospital Miscellaneous Services
6. X-ray and Radiology Services	Included in Hospital Miscellaneous Services
7. Registered Nurse	U&C
B. OUTPATIENT SURGERY BENEFITS	
1. Day Surgery (facility charge; room supplies and all expenses for outpatient surgery)	U&C, up to $2,000
C. OTHER OUTPATIENT BENEFITS	
1. Hospital Emergency Room Charges	U&C, up to $300
2. X-ray Services	U&C; $250 facility; $50 reading
3. Diagnostic Imaging (includes CAT scans, MRI and bone scans)	U&C; $750 facility; $50 reading
4. Laboratory Services	U&C, up to $250
5. Physician's Non-Surgical Visits (not paid same day of surgery) (includes tele-health visits)	U&C, up to $50 per visit, maximum 10 visits
6. Physician's Non-Surgical Visits (treatment for concussion) (includes tele-health visits)	U&C, up to $80 per visit, first 2 visits; then paid $50 per visit, up to 10 additional visits
7. Emergency Room Physician's Non-Surgical Visits (other than treatment for concussion)	U&C, up to $150
8. Orthopedic Appliances (when prescribed by a physician for healing)	U&C, up to $500
9. Shots and Injections (within 24 hours of an injury)	U&C, up to $250
10. Prescription Drugs	U&C, up to $250
11. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation, or adjustments in any form, and/or office visits)	$50 per visit, maximum 5 visits
12. Ambulance Service (air or ground)	U&C, up to $1,000
13. Eyeglass Replacement (if medical treatment is received for a covered injury)	U&C, up to $250
14. Durable Medical Equipment (post-surgical only)	U&C, up to $100
D. OTHER PHYSICIAN SERVICES	
1. Dental Treatment (in lieu of all other medical benefits, including x-rays of sound and natural teeth)	U&C, up to $1,000
2. Physician's Surgical Care (inpatient or outpatient) Only one procedure will be allowed (the highest scheduled) when multiple procedures are performed through the same incision or in immediate succession.	U&C, up to $3,000
3. Assistant Surgeon Charges (inpatient or outpatient)	25% of Surgery Allowance
4. Anesthesia Charges (inpatient or outpatient)	25% of Surgery Allowance
E. MOTOR VEHICLE INJURY	U&C, up to $1,000, 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 will be payable.

Loss of Life	$ 2,500	Double Dismemberment	$10,000
Loss of an Eye	$ 2,000	Single Dismemberment	$ 2,000

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

EXCLUSIONS

This Policy does not provide benefits for expenses resulting from:

1. 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.
2. Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
3. 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.
4. Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.
5. The participation, practice or play of UIL activities including travel to or from such activity, practice, or play for students in the 7th grade or above, unless such premium is paid.

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.

The Voluntary Coverage Plan

This plan allows the school to offer student accident insurance coverage to parents on a voluntary basis. Each student in the District is provided with plan information to take home to their parents. This plan will give the School Board and Administration a method to inform parents that the District is not responsible to pay for medical expenses caused by a school injury.

Common Questions Answered

1. The Full-Time and School-Time Coverage does not cover participation in UIL activities for students in the 7th grade or above.
2. UIL activities coverage must be purchased with either Full-Time Coverage or School-Time Coverage. It covers all UIL activities injuries except football for students in grades 10-12 and grades 7-9 football if students practice or play with grades 10-12. The cost for football grades 10-12 is an additional $325.00. Football for students in grades 7-9 is included in the School-Time or Full-Time Coverage with UIL Activities Coverage, unless the student is practicing or playing with grades 10-12.
3. Extended Dental Coverage may be purchased separately and provides coverage during all UIL activities.

How To Apply for Coverage

1. IF YOU HAVE IMMEDIATE QUESTIONS PLEASE CALL (210) 366-4800 or (800) 366-4810.
2. Complete the enclosed application and mail to:

THE BROKERAGE STORE
4091 De Zavala Road • Suite #3
San Antonio, TX 78249

3. Only one student accident plan will be offered by the district.
4. A billing for Group premium will be made in July.
5. A supply of claim forms, solicitation envelopes and other materials will be sent to the school in July.

Internet Access

Access to plan information is available at **www.sas-mn.com**. You will be given an administrator website access code and will have immediate access to your:

Master Policy
Roster
Claim Status
Claim Forms

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.

PREMIUMS

One time policy year premiums

	NO UIL Activities Coverage	With UIL Activities Coverage
School-Time Coverage (Grades PK - 12)	$ 30.00	$ 120.00
Full-Time Coverage (Grades PK - 12)	$ 117.00	$ 207.00
Football (Grades 10 - 12 and grades 7-9 football, if student practices or plays with grades 10-12)	$ 325.00	
Extended Dental (Grades PK - 12)	$ 9.00	

UIL Activities Coverage: includes all school sports and activities that are school sponsored and supervised except Football (Grades 10 - 12 and grades 7-9 football if student practices or plays with grades 10-12).