



EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Olga L. Saenz, Administrative Insurance Specialist

411 N 8<sup>TH</sup> ST.

EDINBURG, TEXAS 78539

RECEIVED

OCT 15 2007

COUNTY JUDGE

# FAX MEMO

Date: 10-15-07

To: Cris Trevino

Fax: 318-2699

Fr: Olga L. Saenz

Total pgs : 6

Phone: (956) 289-2305 x 2712 E:Mail: o.saenz@ecisd.us

Fax: (956) 385-3349

PLEASE DELIVER TO J.D. SALINAS' OFFICE

Re: STUDENT ACCIDENT INSURANCE DOCS

## Message

Requested by Alberto Garza Jr. from Economedes High School

You will find the application for coverage forms and the benefits highlights for the school's blanket accident policy. This policy went into effect on 8-1-07. I await receipt of the binder/ contract very soon.

Carrier: Texas Monarch & United Health Care

Thank you.

*It is the policy of Edinburg CISD not to discriminate on the basis of sex, age, handicap, religion, race, color, or national origin in its educational programs*

*Es la poliza del Distrito Escolar de Edinburg el no discriminar por razones basadas en sexo, edad, religion, raza, color, origen nacional, ni por incapacidad dentro de sus programas educacionales.*

**Texas Monarch Management Corporation**  
**ENROLLMENT REQUEST FOR STUDENT ATHLETIC AND/OR ACTIVITIES INSURANCE**  
**United HealthCare Insurance Company**

**SCHOOL/DISTRICT INFORMATION**

School/District: Edinburg CISD Policy # \_\_\_\_\_  
 Address: 411 North 8th / Drawer 990  
 City: Edinburg State: TX Zip: 78541 County: \_\_\_\_\_

**DATE INFORMATION**

Effective Date: 8/1/07 Termination Date: 7/31/08  
 Start Day of School: 8/27/07 Last Day of School: 8/2/07 Last Day of Football Practice: \_\_\_\_\_

**PLAN and PREMIUM INFORMATION**

**BLANKET COVERAGE - FOR GRADES 7-12**

| List High School(s)<br>(Grades 7-12 Enrollment)                   | UIL Class.  | Plan Design       | Premium or Special Quote       |
|---|-------------|-------------------|--------------------------------|
| <input checked="" type="checkbox"/> All Athletic & Activities (1) |             | <u>Custom UHC</u> | \$ <u>507,300<sup>00</sup></u> |
| (2)   |             |                   | \$ _____                       |
| (3)   |             |                   | \$ _____                       |
| <b>Sub Total</b>  |             |                   | \$ <u>507,300<sup>00</sup></u> |
| <b>Discount Description</b>                                       |             |                   |                                |
|   | % Reduction |                   | \$ _____                       |
|   | % Reduction |                   | \$ _____                       |
| <b>Total All Athletic &amp; Activities Premium Due</b>            |             |                   | \$ <u>507,300<sup>00</sup></u> |

| Plan Design                                      | Grade | Enrollment | Rate     |
|--|-------|------------|----------|
| <u>Non Athletic All School</u>                   |       |            | \$ _____ |
| <b>Total Non Athletic All School Premium Due</b> |       |            | \$ _____ |

**Total All Athletic and Non Athletic All School Premium Due** \$ 507,300<sup>00</sup>

Check here for Voluntary Envelopes. To receive Voluntary Envelopes the Supply Registration Form must be filled out and attached to this form. Voluntary Rates: Without Rental At School 24-Hour Football Spring Football With Rental At School 24-Hour Football Spring Football

Check here for K-12 Health Plan Rate: [ ] To receive Health Brochures the Supply Registration Form must be filled out and attached to this form.

School Official Signature: Gilberto Garza, Jr. Printed Name: Gilberto Garza, Jr.  
 Title: Superintendent of Schools - Edinburg CISD Telephone: (956) 289-2305, ext. 2001 Email: g-garza@ecisd.us  
 Agent Name: Ronnie Wray

Return to:  
 Jerry Hutchins  
 2624 Lillian Miller Pkwy, #115, Denton, TX 76210  
 940-566-2062 Fax 940-566-0985  
 Email: Hutchinsj@uhs.com

Agent Signature: \_\_\_\_\_  
 For Office Use Only  
 TX MMC Agent #:  
 UIC UIM

### 2007-2008 APPLICATION FOR CATASTROPHIC COVERAGE

Underwritten By:  
AIG Life Insurance Co.

Name of Participating School or School District Edinburg CISD

Address 411 North 8th / Drawer 990 City Edinburg State TX Zip 78541

Number of Sr. High Schools 3 Number of Jr. High Schools 4

Estimated Number of Students: Grades K-8 20,000 Grades 9-12 6,600

Eligible Classes Senior High: Yes  No  Junior High: Yes  No

       Class I: All enrolled Students of the School or School District, including all sports and activities (includes student coaches, student trainers, and student managers.)

Class III: All enrolled Students of the School or School District, while participating in gym classes, and extracurricular school activities, including intramural and interscholastic sports including football, band members, cheerleaders, majorettes, student coaches, student trainers and student managers. Coverage includes supervised travel to and from such games and practice sessions.

**Benefits:**

Accident Medical Expense Benefit Amount.....\$6,000,000

Maximum Benefit Period (10 Years).....Deductible \$25,000, Two Year Deductible Incurral Period

Accidental Death & Dismemberment (\$10,000 Death, \$20,000 Dismemberment)

Catastrophic Cash Benefit: (Please check one).

|                                 |                           |                           |
|---------------------------------|---------------------------|---------------------------|
| Maximum Benefit Amount          | ( )                       | ( X )                     |
| Lump Sum Payment After 6 Months | \$500,000                 | \$1,000,000               |
| Benefit Amount                  | \$100,000                 | \$ 200,000                |
| Maximum Benefit Period          | \$ 40,000/Yr.<br>10 Years | \$ 40,000/Yr.<br>20 Years |

Premium: \$ 12,692.00 Effective Date: 8/01/07 Expiration Date: 7/31/08

**Minimum Premium: \$ 500.00**

We hereby apply to the AIG Life Insurance Co. for a Student Accident Catastrophic Policy. We understand that coverage will be in force if this application is accepted by the Company and the required premium is received by the Company when due. Company must receive and approve application prior to effective date of coverage.

Signed *Gilberto Garza Jr.* Date 6-19-07  
(Signature of Authorized Official & Title)

Printed Name & Title Gilberto Garza, Jr., Superintendent of Schools

Phone Number (956) 289-2305, ext. 2001

Return To: Texas Monarch Management  
2524 Lillian Miller Pkwy., # 115  
Denton, TX 76210  
Phone: 800-388-5620; Fax: 940-566-0985



**Mandatory Student Accident  
Insurance Plans**

# **Texas Monarch Management Corporation**

**Offering Texas Student Accident Insurance Plans for 2007/2008...**

**especially designed to cover your students:**

- *School Sponsored Sports*
- *School Sponsored Activities*
- *All School Coverage*



Underwritten by:  
United HealthCare Insurance Company

Serviced by:  
Jerry L. Hutchins  
2524 Lillian Miller Pkwy, #115  
Denton, TX 76210  
Phone: 940-566-2063  
Fax: 940-566-0985  
E-mail: hutchins@sprynet.com

# MANDATORY STUDENT ACCIDENT PLAN COVERAGES

## ALL SCHOOL COVERAGE (premium paid by school)

Coverage is in force for each person for whom the All School 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 Covered Person is participating in or attending any Sponsored and Supervised Activity, except interscholastic football for students in the 10th grade or above and Grades 7-9 if they practice or play with Grades 10-12 (high school); and
- (b) while away from the School premises; other than traveling, if participating in a Sponsored and Supervised Activity, except interscholastic high school football for students in the 10th grade or above and Grades 7-9 if they practice or play with Grades 10-12 (high school); and
- (c) while traveling directly to or from the Covered Person's residence and School; for regular School sessions, or for any Sponsored and Supervised Activity in School furnished vehicle, except interscholastic football for students in the 10th grade or above and Grades 7-9 if they practice or play with Grades 10-12.

In addition to a, b and c above, if additional premium is paid, All School Plans will include interscholastic sports grades 7-12. All School Plans are available with football; without football; grades PK-8 only with no interscholastic athletics or activities and non-athletic coverage. Vocational and Field Trip Coverages also available.

## INTERSCHOLASTIC SPORTS COVERAGE - ALL ATHLETICS/ACTIVITIES

(premium paid by school) GRADES 7-12

Coverage is in force for each person for whom the Interscholastic Sports Coverage premium has been paid as set forth in the Policy:

- (a) while practicing for or competing in interscholastic sports which are 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 a School furnished vehicle.

Also covered: Off-season conditioning for football, vocational classes, ROTC, FFA, weightlifting, cheerleading, drill team and UIL activities under mandatory athletic plans.

## FOOTBALL COVERAGE - FOOTBALL ONLY PLAN COVERS GRADES 10-12 AND GRADES 7-9 IF THEY PRACTICE OR PLAY WITH GRADES 10-12 (premium paid by school)

Coverage is 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 furnished vehicle.

## EXCESS INSURANCE PROVISION

No benefit of this policy is payable for any expenses incurred for injury which is paid or payable by: 1) other valid and collectible insurance, including ERISA or self-funded group Policy; or 2) under an automobile insurance policy. This Excess Provision will not be applied to coverage provided under the Texas Children's Health Insurance Program (CHIP). Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Covered Person for failing to comply with policy provisions or requirements.

## MEDICAL PAYMENTS

The policy provides benefits for loss due to a covered injury up to the Maximum Benefit of \$25,000 for each injury. Provided that medical treatment by a qualified, licensed physician begins within 90 days from the date of the accident, benefits will be payable for Covered Medical Expenses incurred within 52 weeks from the date of the accident up to the maximum benefit per service as shown on the Schedule of Benefits.

## ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS (WITHIN 180 DAYS)

|  |          |
|--|----------|
| Loss of Life .....   | \$2,000  |
| Loss of Both Hands, Both feet, or Sight of Both Eyes ..... | \$10,000 |
| Loss of One Hand and One Foot .....                        | \$10,000 |
| Loss of One Hand or One Foot and Sight of One Eye .....    | \$10,000 |
| Loss of One Hand, One Foot or Sight of One Eye .....       | \$5,000  |
| Loss of Entire Thumb and Index Finger of Either Hand ..... | \$500    |

**Benefits will not be paid for: a) loss or expense caused by, contributed to, or resulting from: or b) treatment, services or supplies for, at, or related to:**

1. Air travel except while as a fare-paying passenger on a regularly scheduled commercial air carrier; travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limited to: two or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snowmobile or off-road motorized vehicle not requiring licensing as a motor vehicle.
2. Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore unless specifically provided for in the Schedule of Benefits.
3. Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered Injury.
4. Dental treatment, except for accidental Injury to Sound, Natural Teeth.
5. Food poisoning or bacterial infections (except an infection occurring through an open visible wound); cysts or skin lesions such as blisters or boils; tumors; over-exerting; fainting; hernia, regardless of how caused; illness or disease in any form.
6. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury.
7. The addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
8. Injury for which benefits are paid or payable by worker's compensation or employer's liability or occupational disease law.
9. Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
10. War, declared or undeclared (a pro-rata premium will be refunded upon request for such period not covered); participation in a riot or civil disorder; or while a member of the Armed Services.
11. Orthodontics (braces) for any reason or damage to or loss of orthodontics.
12. Play or practice of interscholastic high school football; except where a specific additional premium is paid.
13. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of injury.
14. Skiing, scuba diving, surfing, roller skating, riding in a rodeo.
15. Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding, or ballooning.
16. Suicide or attempt thereof, while sane or insane (including drug overdose); intentionally self-inflicted injuries; fighting as an active participant.
17. Supplies, except as specifically provided in the policy.
18. While committing or attempting to commit an assault or felony, or to which a contributory cause was the Covered Persons being engaged in an illegal occupation.

**Injury means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; and 4) sustained while the Covered Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity.**

**Benefits are provided as required by the state of Texas for Telemedicine/Telchealth Services and Benefits Following a Brain Injury. A detail of these benefits may be found in the Master Policy.**

## SCHEDULE OF BENEFITS FOR MANDATORY STUDENT ACCIDENT PLANS

All Maximums Are For Each Injury.

|  | U&C = Usual and Customary Charges                                       |  |  |
|--|---|--|--|
|  | Texas Custom U&C  | Premier Plus   | Premier  |
| Plan Maximums (For each Injury)  | \$25,000*   | \$25,000*  | \$25,000*  |
| Vocational Plans (For each injury)   | \$25,000*   | \$25,000*  | \$25,000*  |
| Field Trip Coverages (For each injury)   | \$1,500*  | \$1,500*   | \$1,500*   |
| Hospital Room and Board  | U&C   | Semi-Private room rate                                 | Semi-Private room rate                               |
| Hospital Inpatient Expenses  | U&C   | up to \$750 1st day, \$250 thereafter, maximum \$5,000 | up to \$250 per day; maximum \$5,000                 |
| Hospital Outpatient Surgery (Facility charge)  | U&C up to \$3,500 per injury  | up to \$1,500 per injury                               | up to \$1,250 per injury                             |
| Hospital Outpatient Medical Emergency (Within 72 hours of injury) (use of emergency room and supplies)         | up to \$350 per injury  | up to \$200 per injury                                 | up to \$150 per injury                               |
| Physician, Emergency Rooms   | up to \$150 per injury  | up to \$100 per injury                                 | N/A  |
| Physician Nonsurgical Visits (Except Physiotherapy or surgery. Benefits are limited to one visit per day)      | U&C up to 5 visits  | up to \$40 per visit                                   | up to \$40 per visit                                 |
| Physician Surgical Services (Limited to primary procedure per surgery)   | U&C as determined by Ingenix* Maximum \$5,000                           | 90% of U&C as determined by Ingenix* Maximum \$4,500   | 75% of U&C as determined by Ingenix* Maximum \$3,750 |
| Anesthetist/Assistant Surgeon  | 25% of surgeon's allowance  | 25% of surgeon's allowance                             | 25% of surgeon's allowance                           |
| Registered Nurse (Inpatient)   | U&C   | U&C  | up to \$400 per injury                               |
| Outpatient Physiotherapy (And/or office visit connected therewith) (Benefits are limited to one visit per day) | up to \$50 per visit, up to 20 visits per injury                        | up to \$25 per visit up to \$250 per injury            | up to \$20 per visit up to \$100 per injury          |
| Outpatient X-ray Services (Includes charges for reading)   | up to \$300 per injury  | up to \$200 per injury                                 | up to \$200 per injury                               |
| Outpatient Laboratory Services   | U&C   | up to \$50 per injury                                  | up to \$50 per injury                                |
| Dental Treatment (Injury to sound and natural teeth- in lieu of all other medical benefits)                    | U&C   | U&C  | up to \$250 per tooth                                |
| Motor Vehicle Injury (Subject to covered services limits)  | up to \$5,000 per injury  | up to \$5,000 per injury                               | up to \$5,000 per injury                             |
| Ambulance Services   | First trip to hospital  | First trip to hospital                                 | First trip to hospital                               |
| Diagnostic Imaging Services (Outpatient) (Includes MRI, Cat Scans, includes charges for reading)               | U&C up to \$1,200 per injury  | up to \$750 per injury                                 | up to \$500 per injury                               |
| Orthopedic Braces & Appliances (When prescribed by a physician for healing)                                    | Inpatient up to \$1,200 per injury<br>Outpatient up to \$500 per injury | Outpatient up to \$500 per injury                      | Outpatient up to \$300 per injury                    |
| Durable Medical Equipment (Post surgical only)   | up to \$150 per injury  | up to \$150 per injury                                 | up to \$150 per injury                               |
| Eyeglasses, Contact Lenses/<br>Hearing Aid Replacement (If medical treatment is received for covered injury.)  | U&C   | U&C  | U&C  |
| Prescription Drugs (Outpatient) (Take home drugs)  | U&C   | U&C  | U&C  |
| Consultant   | No Benefits   | No Benefits  | No Benefits  |
| Injections   | No Benefits   | No Benefits  | No Benefits  |

This is a brief illustration of coverage offered through the PK-12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. This Policy is a non-renewable one year term policy. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance.

\*Usual and Customary Charges for Covered Services are determined by referencing the 75th percentile of the most current survey published by Ingenix for such Covered Service.