Primary Voluntary Student Accident Plans

AT SCHOOL COVERAGE PREMIER \$ 93 ECONOMY \$64 PREMIER w/o Sports \$20 ECONOMY w/o Sports \$13 Voluntary Grades PK-12

(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 of 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 of play with Senior High School.

24 HOUR COVERAGE PREMIER \$195 ECONOMY \$127 ECONOMY w/o Sports \$62 Voluntary Grades PK-12 PREMIER w/o Sports \$95 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 of play with Senior High School.

FOOTBALL COVERAGE 10-12 PREMIER \$288 ECONOMY \$187 SPRING FOOTBALL 9-12** PREMIER \$116 **ECONOMY \$75**

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.

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	\$ 5,000
Loss of Two or More Hands or Feet	\$10,000
Loss of Sight of Both Eyes	\$10,000
Loss of One Hand and One Foot and Sight in One Eye	
Loss of One Hand and Foot	
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	

^{*} 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 \$5,000 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 Phy's 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)					
Durable Medical Equipment (Post surgical only)	100% of URC Charges up to \$250 per Covered Injury	100% of URC Charges up to \$250 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					

This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. Further, this insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

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	Student's First Name		Last Na	ame		Birth Date	/		
<u> </u>	Address	City		ST	Zip	Phone			
~	Name of School District (Required)				of School			Grade	
	At School Coverage PK-12	3 □\$20	Economy □\$64 □\$127	y w/o Sports □\$13 □\$62	Footb	all Grades 10-12 g Football 9-12	Premier □\$288 □\$116	Economy □\$187 □\$75	
Coi	mplete for MASTERCARD VISA	Name on Card,	Last 🔲 🗌			First			
Car	d Number			Ехр	iration Date Mo	Year		VISA MasterCard	
Car	dholder Signature				Date				

EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an Accidental bodily Injury, unless otherwise covered under this Policy by Additional Benefits:

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
- 2. War or any act of war, declared or undeclared.
- An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps:
- 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;
- 5. Participation in a riot or insurrection.
- Any Injury requiring treatment which arises out of, or in the course of fighting, brawling, assault or battery.
- 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 foreseeable result of an Accidental external bodily injury or accidental food poisoning.
- 8. Disease or disorder of the body or mind.
- 9. Mental or nervous disorders.
- Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's iob.
- Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
- 12. Intoxication or being under the influence of any drug or narcotic.
- 13. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
- Driving under the influence of a controlled substance unless administered on the advice of a Physician.
- 15. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
- 16. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
- 17. Conditions that are not caused by a Covered Accident.
- Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
- 19. Any treatment, service or supply not specifically covered by this Policy.
- 20. Loss resulting from participation in any activity not specifically covered by this Policy.
- 21. Charges which Are in excess of Usual, Reasonable and Customary charges.
- Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
- Regular health check ups.
- Services or treatment rendered by a Physician, Nurse, or any other person who is employed or retained by the Policyholder.
- 25. Services or treatment rendered by an Immediate Family member of the Covered Person;
- Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- That part of the medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any sate where prohibited).
- Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
- 29. Travel or activity outside the United States.
- 30. Participation in any motorized race or speed contest.
- Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
- Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.

- 3. Treatment of a hernia whether or not caused by a Covered Accident.
- 34. Treatment of a detached retina unless caused by an Injury suffered from a Covered
- Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
- 66. Expense incurred for 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; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Policy.
- 37. 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 Policy, and rendered within 6 months of the Accident...
- Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
- 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.
- 40. Travel in or upon:
 - a. A snowmobile;
 - b. A water jet ski;
 - Any two or three wheeled motor vehicle, other than a motorcycle registered for onroad travel;
 - Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation competition.
- 41. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
 - b. While being used for any test or experimental purpose; or
 - c. While piloting, operation, learning to operate or serving as a member of the crew
 - d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
 - e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - f. an ultralight hang-gliding, parachuting, or bungi-cord jumping
 Except as a fare paying passenger on a regularly scheduled commercial airline or
 as a passenger in a non-scheduled, private aircraft used for business or pleasure
- 42. Treatment for an Injury that is caused by or results from a 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:
 - The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy and
 - b. The Covered Person was within a 25-mile radius of the site of release either:
 - i. At the time of the release; or
 - ii. Within 24 hours of the start of the release
- 43. Practice or play in any amateur, club sport, intercollegiate, interscholastic, intramural school activity or professional sports contest or competition.
- 44. The repair or replacement of existing artificial limbs, orthopedic braces or orthotic devises.
- 45. Rest cures or custodial care.
- 46. Prescription medicines unless specifically provided for under this Policy.
- Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- 48. Massage Therapy. Physical Therapy or Acupuncture/Acupressure Services, unless otherwise specifically allowed for in the Schedule of Benefits.
- 49. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

Enrollment Options

- Complete and detach the enrollment form.
- 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 Corp.

PO Box 242573, San Antonio, TX 78224

- 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. 1-800-510-2097.

Underwritten by:

Offered by:

United States Fire Insurance Company



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Enroll Online at www.mmc-ins.com