

Student Accident Insurance

Monarch Management Corporation | www.mmc-ins.com | 800-510-2097

INFORMATION LETTER FOR PARENT(S)/Guardian(s)

2023-2024 SCHOOL YEAR

Supplemental student accident insurance is available for your purchase through **Monarch Management Company**.

"At-School" coverage provides accident coverage for students during the regular school session for the school year.

"24-Hour" coverage ("Around-the Clock"), protects students 24 hours a day, 7 days a week, anywhere accidents might happen, anywhere in the world. This coverage provides protection from the date of enrollment until July 31, 2023. The premium (cost) of either of these optional coverages are paid "one-time only" for the year (annual payment).

Student accident insurance plans provide ACCIDENT coverage for covered activities. The plans contain limitations and exclusions. Please carefully read the online information (or brochure) for an overview of plans. If you choose to purchase this coverage, please go on-line to purchase. This coverage is available by credit card purchase "on-line" at www.mmc-ins.com. When enrolling on-line, the coverage will be effective 24 hours after being received by the Company. If you do not have access to on-line enrollment please contact the campus office for an enrollment form and mail to:

Monarch Management
PO Box 242573
San Antonio, TX 78224.

If you have claims questions, please call Customer Service at 877-563-7492, or your local agent. If you need additional information, contact your ISD.

Thank you!

El seguro de accidentes de estudiante suplemental está disponible para su compra por **Monarch Management Compañía**.

La cobertura **"en escuela"** proporciona la cobertura de accidente para estudiantes durante la sesión escolar regular para el año escolar. Cobertura **"de 24 horas"** ("Alrededor - el Reloj"), protege a estudiantes 24 horas por día, 7 días por semana, en todas partes los accidentes podrían pasar, en cualquier parte del mundo. Esta cobertura proporciona la protección de la fecha de la inscripción hasta el 31 de julio de 2023. El premio (el coste) de cualquiera de estas coberturas opcionales es pagado "antiguo sólo" para el año (pago anual).

Los proyectos de seguro de accidentes de estudiante proporcionan la cobertura de ACCIDENTES para actividades cubiertas. Los proyectos contienen limitaciones y exclusiones. Por favor, con cuidado, lea la información en línea (o folleto) para una descripción de proyectos. Si usted decide comprar esta cobertura, por favor vaya en línea para comprarlo. Esta cobertura está disponible por la compra de tarjeta de crédito "en línea" en www.mmc-ins.com. Matriculando en línea, la cobertura será eficaz 24 horas después de ser recibido por la Compañía. Si usted no tiene el acceso a la inscripción en línea, por favor póngase en contacto con la oficina de campus para una forma de inscripción y correo a:

Monarch Management
PO Box 242573
San Antonio, TX 78224.

Si usted tiene preguntas de reclamaciones, por favor llame el Servicio de Cliente en 877-563-7492. Si usted necesita mas información, póngase en contacto con su ISD oficina de campus.

Gracias!

ECONOMY \$75

Cardholder Signature _____ Date _____

Voluntary Student Accident Insurance Plans - Exclusions

Benefits will not be paid for a Covered Person's loss which:

1. Is caused by or results from the Covered Person's own:
 - a) Intentionally self-inflicted injury, suicide or any attempt thereat. (In Missouri this applies only while sane.); b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.); c) Commission or attempt to commit a felony; d) Participation in a riot or insurrection; e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or f) Driving while intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
2. Is caused by or results from:
 - a. Declared or undeclared war or act of war;
 - b. An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.);
 - c. Aviation, except as specifically provided in this Certificate;
 - d. 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 and foreseeable result of an accidental external bodily injury or accidental food poisoning.
 - e. 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:
 - i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
 - ii) The Covered Person was within a 25-mile radius of the site of the release either:
 - 1) At the time of the release; or
 - 2) Within 24 hours of the start of the release.

Additional Exclusions

Benefits will not be paid for:

1. Normal health checkups;
2. 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 Certificate, and rendered within 6 months of the Accident;
3. Services or treatment rendered by a doctor, nurse or any other person who is:
 - (a) Employed or retained by the Certificateholder; or
 - (b) Who is the Covered Person or a member of his immediate family;
4. Charges which:
 - (a) The Covered Person would not have to pay if he did not have insurance; or
 - (b) Are in excess of Usual, Reasonable and Customary charges.
5. An Injury that is caused by flight in:
 - (a) An aircraft, except as a fare-paying passenger; (b) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or (c) An ultra light, hang-gliding, parachuting or bungi-cord jumping;
6. Travel in or upon: (a) A snowmobile; (b) Any two or three wheeled motor vehicle; (c) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
7. 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;
8. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
9. Injury that is:
 - (a) The result of the Covered Person being intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or
 - (b) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
10. Any Sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food, unless a Sickness Expense Rider is in force under this Certificate;
11. An Injury resulting from participation in or practice for non-School sponsored skiing, ice hockey, lacrosse, soccer or football;
12. Practice or play in any sports activity, including travel to and from the activity and

- practice, unless specifically provided for in this Certificate;
13. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
14. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
15. Elective treatment or surgery, health treatment, or examination where no injury is involved;
16. 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;
17. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
18. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
19. 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;
20. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
21. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
22. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
23. Rest cures or custodial care;
24. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
25. Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits;
26. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;
27. Services and supplies furnished by the Policyholder's infirmary, its employees, or doctors who work for the Policyholder;
28. Any bacterial infection that was not caused by an Accidental cut or wound.

How to File a Claim

1. The claim form with filing instructions can be obtained by your school or from our website.
2. The claim form should be fully completed and submitted within 90 days of the accident.
3. Advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills. However, if you have already been to the doctor/hospital and did not know about this coverage, then please send all of the itemized bills to the address shown below.
4. Bills should include the date of service, name, mailing address, and phone number of the doctor/hospital, and the specific itemized charges (description of treatment and amount) incurred (including CPT/procedure codes). Incomplete information will delay claim review.
5. Only one claim form per accident needs to be submitted. Once completed, make a photocopy for your records, and mail to:

WebTPA: P.O. Box 669
Grapevine, TX 76099-0669

Student Insurance ID Card Underwritten by United States Fire Ins. Co.

Student Name: _____

Accident Only Policy Selected: ☐ Premier Plan ☐ Economy Plan

Coverage Level Selected: ☐ At School ☐ 24-Hour
☐ Football 10-12 ☐ Spring Football 9-12

Customer Service: 1-877-563-7492

Enrollment Options

Option 1: Enroll online at mmc-ins.com

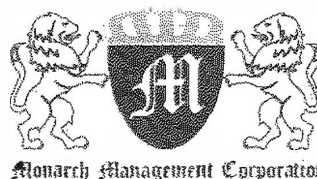
Option 2: Complete and detach the enrollment form and follow instructions below: -

- ♦ 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 Corporation
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:

United States Fire Insurance Company

Offered by:



Enroll online at www.mmc-ins.com