



89BHCBSD ACCIDENT INSURANCE

Plan Benefits

This is a secondary, fully excess, accident only policy for students that will help offset the rising medical costs and deductibles required by insurance carriers under your current health plans.

Enclosed is a brief detail of the plan benefits currently available from) ISD. Claim Forms are available our website at www.studentinsuranceplans.com and coverage can be verified by calling 469-579-4139. A detailed master policy is available at the school district.

Underwritten by:
Catlin Insurance Company, Inc.
1330 Post Oak Blvd, Ste 2325
Houston, Texas 77056

Managed by:
Student Insurance Plans, LLC
PO Box 1447
Frisco, Texas 75034

**2019-2020 Mandatory Premier Plan
Schedule of Benefits**



ACCIDENT MEDICAL EXPENSE BENEFIT	TEXAS PREMIER PLAN
Full Excess Accident Expense Benefit Limit	\$25,000 per accident (Benefit Maximum)
First Medical Expenses must be incurred within	90 days from the date of the accident
Benefit Period	52 weeks from the date of the accident
Benefit Limit for Covered Injuries from any one Motor Vehicle Accident	\$5,000
INPATIENT COVERED EXPENSES	
Semi-Private Room	100% of the usual and customary charges
Intensive Care Unit/Critical Care Unit	1.5 times the daily semi-private room rate
Hospital Miscellaneous Expenses	up to \$300 per day to a maximum of \$5,000 per accident
Registered Nursing Services	Up to \$400 per accident
Physician In-Hospital Non-Surgical Visits/limited to 1 visit per day	up to \$50 per visit
OUTPATIENT COVERED EXPENSE	
Physician Office Non-Surgical Visits/limited to 1 visit per day	up to \$40 per visit
Emergency Room Physician	up to \$60 per accident
Combined Maximum for CT scan, MRI	up to \$500 per accident
CT scan, MRI reading	up to \$25 per accident
X-ray	up to \$210 per accident
X-ray reading	up to \$25 per accident
Laboratory tests	up to \$60 per accident
Outpatient Physiotherapy Benefit	up to 5 treatments; up to \$150 per accident; 1 visit a day
Outpatient Orthopedic Appliances	up to \$600 per accident
Hospital Outpatient Surgery Facilities Payment	up to \$1,500 per accident
Shots & Injections	up to \$25 per accident
Ambulance Services/1 trip to nearest Hospital	100% of the usual and customary charges
Post-Surgical Medical Equipment	up to \$150 per accident
Dental Services	up to \$300 per tooth
Outpatient Prescription Drugs	100% of the usual and customary charges
Eyeglasses, Contact Lenses, Hearing Aids	100% of the usual and customary charges
Post Injury Concussion Testing	up to \$50 per test; not to exceed 3 tests
Heart & Circulatory <i>Covered Condition: Heat Exhaustion</i>	100% of the usual and customary charges
INPATIENT OR OUTPATIENT COVERED EXPENSE	
Emergency Room Treatment	up to \$150 per accident
Emergency Room Treatment must occur within	72 hours of the accident
Physician's Surgical Expenses/Fees	75% of the usual and customary charges up to \$3,750 per accident
Assistant Surgeon	25% of the surgery allowance
Anesthesia and its Administration	25% of the surgery allowance
Field Trip Coverage (PK-12)	Up to \$25,000
AD&D BENEFITS	
Accidental Death	\$5,000
Accidental Dismemberment	\$5,000