North East
Independent School District

Office of Risk Management
riskmgmt@neisd.net
210-407-0187 Phone
210-805-2798 Fax

STUDENT ACCIDENT INSURANCE
NEISD School Year 2026-2027

Dear Parent:

North East Independent School District will make available Student Accident Insurance plans with Student Assurance Services, Inc. for the convenience of our students. A variety of plans are available such as a school-time coverage plan, 24-hour coverage plan, UIL Activities coverage plan and a 10-12th grade football coverage plan. The coverage plans pay in addition to any other insurance.

In accordance with the Texas Tort Claims Act, please be reminded the District cannot be responsible for costs of treating injuries or assume liability for any other costs associated with an injury at school or any school related function unless the personal injury is caused by a district employee's negligent operation of a motor vehicle while performing district duties.

There are two ways to enroll in the program:

1. **Enroll and purchase online at www.sas-mn.com *or***
2. **Access the "Voluntary Student Accident Insurance Plan" enrollment form at www.neisd.net/students. Mail the completed enrollment form and payment directly to "Student Assurance Services, Inc." at the address noted on the form. Checks or money orders should be made payable to "Student Assurance Services, Inc."**

While the school district does not directly handle completed enrollment forms, we do want to make sure all parents have an opportunity to see the enrollment material.

Please note: Coverage becomes effective the day after the plan is purchased, not retroactively. For this reason, parents are encouraged to consider enrolling at the start of the school year prior to participation in any school-sponsored activities.

Questions regarding the details of the coverage, which are not explained in the attachment, should be directed to the plan administrator at (800) 366-4810.

Sincerely,

Anthony Jarrett

Superintendent of Schools

NEISD 2026 -2027
PRIMARY VOLUNTARY STUDENT ACCIDENT PLANS

AT SCHOOL COVERAGE **NON SPORTS/ UIL $30**
Voluntary Grades PK-12 **WITH SPORTS/ UIL $120**

(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 Freshman Football (grade 9), 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 or 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 Freshman Football(grade 9), if they practice or play with Senior High School).

24 HOUR COVERAGE **NON SPORTS/ UIL $117**
Voluntary Grades PK-12 **WITH SPORTS/ UIL $207**

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 or play with Senior High School.

EXCESS FOOTBALL COVERAGE 9-12 **PLAN $325**
Grades 10-12 and Freshman Football (Grade 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.

EXTENDED DENTAL COVERAGE **$9**

Supplemental Coverage for accidental dental injuries to Sound, Natural Teeth is extended to students with School, 24 Hour or Football Coverage. Dental Coverage cannot be purchased without other coverage. Coverage is limited to the Insured Person's policy effective dates and accident only coverage option selected. Dental benefits from a covered accident are as follows: a) Usual and Customary charges for examinations, x-rays, endodontics and oral surgery to a maximum of $5,000, b) Dental expenses toward cost of bridge, denture or replacement in kind of previous dental repairs with a maximum limit of $250, c) Extended Dental Coverage does not cover orthodontics (braces or implants) for any reason, or damage to or loss of orthodontics.

MEDICAL PAYMENTS

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 180 days from the date of the Covered Accident. Benefits will be payable for Covered Medical Expenses incurred within 365 days 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.

Schedule of Benefits for Voluntary Student Accident Plans

MEDICAL BENEFITS (What the Insurance Plan Pays) - 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) charges 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 if the covered claim expense is less than $200. If the covered claim expense exceeds $200, benefits shall be paid first by 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
3. Hospital Miscellaneous Services (all charges except Room and Board) ..... U&C, up to maximum $1,000 day, max $5,000
4. Physician's Non-Surgical visits (does not include physiotherapy,not paid day of surgery) .... U&C, first day of treatment up to $50, 1 per day
5. Physiotherapy (includes office visits) ..... 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; includes room supplies and all other expenses for outpatient surgery ... U&C, up to $2,000

C. OTHER OUTPATIENT BENEFITS

1. Hospital Emergency Room Charges X-ray Services ..... U&C, up to $300
2. X-ray Services ..... U&C, up to $250 Facility; $50 Reading
3. Diagnostic Imaging (CT scan, MRI and bone scan) ..... U&C, up to $750 Facility; $50 Reading
4. Laboratory Services ..... U&C, up to $250
5. Physician's Non-Surgical Visits (not paid day of surgery) ..... U&C, up to $50 first visit, 10 maximum
6. Emergency Room Physician's Non-Surgical Visits (other than treatment for concussion) ..... U&C, up to $150
7. Orthopedic Appliances (when prescribed by a physician for healing) ..... U&C, up to $500
8. Prescription Drugs ..... U&C, up to $250
9. Physiotherapy (includes office visits) ..... U&C, up to $50 per visit, maximum 5 visits
10. Ambulance Service (air or ground) ..... U&C, up to $1000
11. Eyeglass Replacement (if medical treatment is also received for a covered injury) ..... U&C,up to $250
12. 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, includes x-rays of sound and natural teeth) ..... U&C, up to $1000 maximum per accident
2. Physician's Surgical Care (inpatient or outpatient) ..... U&C, using Fair Health 75th percentile
   Only one procedure will be allowed (the highest scheduled) when multiple procedures are performed through the same incision or an immediate succession
3. Assistant Surgeon Charges (inpatient or outpatient) ..... 25% of Surgeon's Allowance
4. Anesthesia Charges (inpatient or outpatient) ..... 25% of Surgeon's Allowance

E. MOTOR VEHICLE INJURY ..... Same as any Injury, up to $1,000

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

NEISD 2026-2027 PRIMARY VOLUNTARY STUDENT ACCIDENT PLANS

Exclusions

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenial condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, ostemyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
2. Injuries 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 practice or play of Varsity Football including travel to and from practice or play for students in grades 10-12 and students in grade 9 if practicing or playing in grades 10-12 football, 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.

Enrollment Options

- You can either enroll online or complete and detach this enrollment form.
- Make checks or money order payable to Student Assurance Services, Inc. Do not send cash. Credit card payment is also accepted.
- Clearly print the name of covered child on your check or money order.
- Send this enrollment form and correct payment to:
  Student Assurance Services, Inc., P.O. Box 196, Stillwater, MN 55082-0196
- Your cancelled check, money order stub or credit card statement is your proof of purchase. Keep this form for your reference; you will not receive a policy.
- If you have questions about this coverage, please call The Brokerage Store, 1-800-366-4810.

Enrollment is available online at www.sas-mn.com

Accidental Death & Dismemberment Benefits (Within 180 Days)

Loss of Life	$2,000
Loss of Sight of Both Eyes, or Loss of Two or More Hands or Feet	$10,000
Loss of One Hand and One Foot and Sight in One Eye	$10,000
Loss of One Hand and Foot	$10,000
Loss of Sight in One Eye	$2,000
Exposure and Disappearance	Included

How to File a Claim

1. This claim form should be fully completed and submitted within 90 days from the date of accident. Be sure to answer and complete the section regarding "OTHER INSURANCE STATEMENT".
2. Please advise all doctors/hospitals regarding this coverage so they may forward 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.
3. The bills should include the name of the doctor/hospital,their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for (diagnosis) and the specific itemized charges (description of treatment and amount) incurred (including the CPT/ procedure code). If this information is not on the bill, we will have to contact the doctor/hospital which will delay the review of your claim. "Balance Due" or "Balance Forward" statements do not contain sufficient information to complete your claim.
4. Only one claim form per accident needs to be submitted. Once completed, make a photocopy for your records,and mail to:
   Student Assurance Services, Inc.
   P.O. Box 196
   Stillwater, MN 55082-0196

Offered by: THE BROKERAGE STORE INC

Underwritten by: Ameritas

Administered by: STUDENT ASSURANCE SERVICES INCORPORATED

Enroll via smart phone
Download QR reader App to scan

Enrollment for the above plan opens on July 1, 2026 and coverage starts on August 1, 2026 and ends on July 31, 2027. (no enrollment will be accepted prior to July 1, 2026)

FOR OTHER OPTIONS AVAILABLE TO NORTH EAST INDEPENDENT SCHOOL DISTRICT PLEASE VISIT OUR WEBSITE AT: www.sas-mn.com

NORTH EAST ISD SCHOOL YEAR 2026-2027 **Please go to www.sas-mn.com to enroll online for immediate service - or - complete and mail this form.**

STUDENT'S FIRST NAME *Please Print* M.I. STUDENT'S LAST NAME ↑ (one letter in each box)

Address _____
(Street) Birth Date Grade

_____
(City) (State) (Zip)

Name of School _____

Plan A ($25,000 Maximum)					
At Scfiool Coverage PK-12	❒ $30	❒ $120	**Football grades 10-12**	❒$325	
24-Hour Coverage PK-12	❒ $117	❒ $207			
Extended Dental PK-12	❒ $9				

MASTERCARD/VISA ONLY
Credit Card Number Security Code (on back of card, 3 digits) Card Expiration Date (Month) (Year)

Print Cardholder Name _____ Date ____ / ____ /_____

Cardholder Signature _____

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).