



STUDENT ACCIDENT INSURANCE
NEISD School Year 2025-2026

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,

Sean A. Maika, Ed.D.

Superintendent of Schools



Student Injuries Can Happen

Medical Expenses Can Be a Financial Hardship When the Unexpected Occurs

Approved By Your School/School District - Available for All Students PK-12

What is Student Accident Insurance?

- ◆ Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

Why Consider Student Accident Insurance For Your Student?

- ◆ High Deductible/Copayments to your Family's Primary Health Insurance
- ◆ No Health Insurance for your Student
- ◆ Your Student participates in a UIL activity/interscholastic sport where an unexpected injury is more likely to occur.
- ◆ Your Student is prone to injuries

Coverage Options Available Through Your School

- ◆ School Time Coverage - \$30.00
 - ◆ 24-Hour/Full-Time Coverage - \$117.00
 - ◆ UIL Activities/Interscholastic Sports Coverage (w/School Time-\$120.00 or 24 Hour Coverage-\$207.00)
 - ◆ Football Coverage - \$325.00 (Grades 10-12 and Grades 7-9 if they practice /play with Grades 10-12)
 - ◆ Extended Dental Coverage - \$9.00
- Premium Paid Once a School Year**

To Enroll Your Student & Review Medical Benefits

Go to: www.sas-mn.com

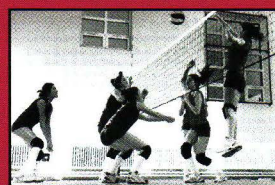
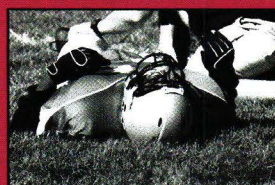
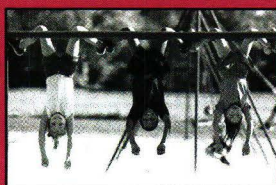
or scan this QR code with your smart phone to be directed to our website



Please locate "K-12 Students & Parents" on our homepage. Within this division, you will be able to search for your student's school district. Once located, you will have access to the following information:

- ◆ **Purchase Coverage**
(Managed Online or by Printing/Mailing Enrollment Form and premium)
- ◆ **Brochure (English & Spanish)**
(Explains medical benefits, exclusions and coverage options)
- ◆ **Claim Form**
(fillable form when enrolled student sustains injury)

For Questions, Call The Brokerage Store, Inc. at (800) 366-4810



Specializing in Student Accident Insurance

The above information is just a brief description of Student Assurance Service's student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to www.sas-mn.com Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company



Los estudiantes pueden sufrir lesiones

Los gastos médicos pueden ser una dificultad financiera ante situaciones imprevistas
Aprobado por su escuela o distrito escolar - Disponible para todos los estudiantes de preescolar a 12.º grado

¿Qué es el seguro estudiantil contra accidentes?

- ♦ Es una cobertura que le proporciona asistencia financiera con sus gastos médicos de bolsillo si su estudiante sufre una lesión corporal accidental.

Tener un seguro estudiantil contra accidentes para su estudiante le resultaría conveniente si:

- ♦ El seguro de salud principal de su familia tiene copagos o un deducible altos
- ♦ Su estudiante no tiene un seguro de salud
- ♦ Su estudiante participa en una actividad de la Liga Interescolar Universitaria (University Interscholastic League, UIL) o en un deporte interescolar que suele provocar lesiones imprevistas
- ♦ Su estudiante es propenso a sufrir lesiones

Opciones de cobertura disponibles a través de su escuela

- ♦ Cobertura de tiempo escolar: \$30.00
- ♦ Cobertura de tiempo completo (24 horas): \$117.00
- ♦ Cobertura para actividades de la UIL o deportes interescolares (con cobertura de tiempo escolar por \$120.00 o cobertura de 24 horas por \$207.00)
- ♦ Cobertura de fútbol americano: \$325.00 (de 10.º a 12.º grado y de 7.º a 9.º grado si practican o juegan con los de 10.º a 12.º grado)
- ♦ Cobertura dental extendida: \$9.00

La prima se paga una vez por año escolar

Para inscribir a su estudiante y revisar los beneficios médicos

Visite: www.sas-mn.com

o escanee este código QR con su teléfono inteligente para ir a nuestro sitio web



Busque "K-12 Students & Parents" (Padres y estudiantes de preescolar a 12.º grado) en nuestra página de inicio. Dentro de esta división, podrá buscar el distrito escolar de su estudiante. Una vez que lo encuentre, tendrá acceso a la siguiente información:

♦ Adquisición de cobertura

(Administrada en línea o mediante la impresión o el envío por correo del formulario de inscripción y la prima)

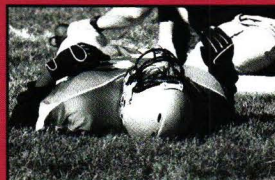
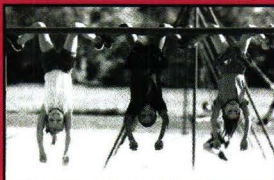
♦ Folleto (en inglés y español)

(Detalla los beneficios médicos, las exclusiones y las opciones de cobertura)

♦ Formulario de reclamación

(formulario que debe completarse cuando un estudiante sufre una lesión)

Si tiene preguntas, llame a The Brokerage Store, Inc. al (800) 366-4810.



Especialistas en seguros estudiantiles contra accidentes

La información anterior es solo una breve descripción del seguro estudiantil contra accidentes de Student Assurance Services. Para obtener más información, incluidos costos, beneficios, fechas de entrada en vigencia, exclusiones y limitaciones, visite www.sas-mn.com. Los estudiantes pueden adquirir la cobertura solo si su distrito escolar es titular de una póliza de la compañía de seguros.

NEISD 2025 - 2026

PRIMARY VOLUNTARY STUDENT ACCIDENT PLANS

AT SCHOOL COVERAGE

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 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

Voluntary Grades PK-12

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.

NON SPORTS / UIL \$30 WITH SPORTS / UIL \$120

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 | 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 2025-2026 PRIMARY VOLUNTARY STUDENT ACCIDENT PLANS

Exclusions

- 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.
- Injuries which benefits are payable under Workers' Compensation or Employer's liability Laws.
- 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.
- Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.
- 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

- 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".
- 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.
- 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.
- 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:



Underwritten by:



Enroll via smart phone

Download QR Reader App to scan



**Enrollment for the above plan opens on July 1, 2025
and coverage starts on August 1, 2025 and ends on July 31, 2026.
(no enrollment will be accepted prior to July 1, 2025)**

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

NORTH EAST ISD SCHOOL YEAR 2025-2026

⇒

First Name

Please go to www.sas-mn.com to enroll online for immediate service - or - complete and mail this form.

M

Last Name

/ /

Birth Date

Grade

⇒

Street Address

City

State

Zip Code

- -

Phone

⇒ Name of school:

Plan A (\$25,000 Maximum)

At School Coverage PK-12

24-Hour Coverage PK-12

Extended Dental PK-12

☐ \$30

☐ \$120

☐ \$117

☐ \$207

☐ \$9

Football grades 10-12

☐ \$325

MASTERCARD/VISA ONLY - Cardholder's Name: Last Name

First



Card Number:

Card Expiration Date: Mo Year

Cardholder's Signature:

Security Code: