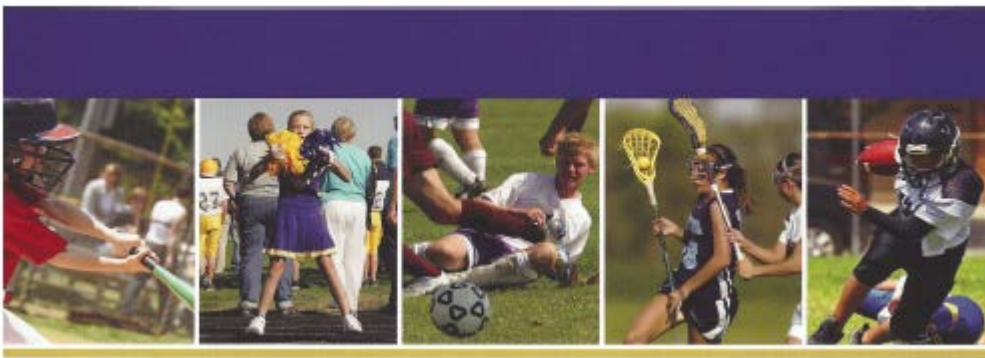




Players Health | www.mmc-ins.com | 800-510-2097

INFORMATION LETTER FOR PARENT(s)/Guardian(s) 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, 2026. 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:

Players Health
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 2026. 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:

Players Health
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!

******* ATTENTION PARENTS *******

******* YOU ARE RESPONSIBLE *******

Under State Law, school districts are not liable for injuries that occur in school. It is important to understand that the school / district "IS NOT" responsible for medical payments or bills for your child.

If your child is injured during ANY SCHOOL, ATHLETIC OR UIL SPONSORED ACTIVITY, all medical charges are "YOUR RESPONSIBILITY."

Football coverage is a separate benefit and premium. THIS INSURANCE IS PRIMARY INSURANCE TO ALL OTHER EXISTING POLICIES.

The school district has enrolled in a supplemental accident policy for the upcoming school year, which allows you the opportunity to purchase student accident insurance. You have the option of purchasing:

1. Coverage which includes UIL sponsored activities
2. Coverage without UIL sponsored activities

Please note this is a limited benefit policy and any charges above the policy limits are **YOUR RESPONSIBILITY**.

Plan Options include: (see costs below)

1. **School Time Only** which covers accidents during school time only
2. **24-Hour** which covers 24 hours a day, 365 days a year, anyplace and anytime
3. **Dental** coverage
4. **Football** coverage

If you purchase voluntary coverage it will pay in the following sequence:

- It pays primary if you do not have health insurance on your child.
- If you have primary health insurance on your child then it will pay after your health insurance has paid.
- Voluntary coverage is primary and pays first if your child is insured by CHIPS or Medicaid.

VOLUNTARY STUDENT / ATHLETIC ACCIDENT INSURANCE

Coverage	Plan A	Plan B
School Coverage & Sports Coverage (excluding Interscholastic Football)	\$71.00	\$64.00
24 Hour Coverage (excluding Interscholastic Football)	\$243.00	\$221.00
Sports Coverage (Interscholastic Football Only)	Grade 9 - \$305.00 Grades 10-12 - \$598.00	Grade 9 - \$230.00 Grades 10-12 - \$460.00

For additional information and to enroll your child in one of these Voluntary Student / Athletic Accident Insurance:

1. Go online to: www.mmc-ins.com
2. Click **ENROLL NOW**
3. Select your child's school district from the drop down menu and follow the enrollment questions. MasterCard and Visa are accepted.

Contact Monarch Management Corporation at 1-800-510-2097 with additional questions

The above is a brief description of rates and benefits available under this plan. This is not a contract, policy, or outline of coverage. All benefits are subject to maximum amounts, limits, exclusions and other policy provisions.

Visit www.mmc-ins.com for more information.

VOLUNTARY ACCIDENT INSURANCE



HOW TO ENROLL:

Enrolling online is easy and takes only a few minutes

1. Go to www.mmc-ins.com and click on **ENROLL NOW** button
2. **SELECT** the name of the **SCHOOL DISTRICT** where your child is enrolled and click **SUBMIT**
3. Enter the **RESPONSIBLE PARTY's** information and click **NEXT**
4. Enter the **STUDENT's** information and click **NEXT**
5. Select the **PLAN** in which you want your student to be enrolled and click **NEXT**
6. **Review** the plan selected for your student. Add additional students as needed.
7. **ENTER PAYMENT** information. Once you click **CONTINUE** you will receive 2 emails:
 1. Confirmation of your processed purchase
 2. Confirmation of your policy and coverage information.

NOTE: Please check spam and junk mail if you do not receive in your inbox within 24 hours of purchase.

Purchase Voluntary Insurance

Enrolling online is as easy as 1-2-3 and your child will be covered immediately. Just click here and follow the simple instructions.

1 → **Enroll Now!**

2 → **Begin by finding your school district.**

School District Name: **2** →

Enter a few letters of the name....

Submit

Please enter information on the **RESPONSIBLE PARTY** for this transaction, usually the parents or guardian of the student for whom the insurance is being purchased.

3 → **First Name**

Last Name

Address

Step 2 - Student Information

Please enter information on the **STUDENT** for whom the insurance is being purchased. opportunity to enter more students on this account after each page.

4 → **Student ID or SS #:**

First Name:

Last Name:

Grade:

5 → **Product**

Product	AT SCHOOL
24 HOUR	AT SCHOOL
☐ 24 Hour Economy w/o sports	☐ At School Economy w/o sports
☐ 24 Hour Economy w/o sports + Dental	☐ At School Premier w/o sports
☐ 24 Hour Premier w/o sports	☐ At School Economy w/o sports + Dental
☐ 24 Hour Premier w/o sports + Dental	☐ At School Premier w/o sports + Dental
☐ 24 Hour Economy	☐ At School Economy
☐ 24 Hour Economy + Dental	☐ At School Economy + Dental
☐ 24 Hour Premier	☐ At School Premier
☐ 24 Hour Premier + Dental	☐ At School Premier + Dental
FOOTBALL	SPRING FOOTBALL
☐ Football Grades 10-12 Economy	☐ Spring Football Economy
☐ Football Grades 10-12 Economy + Dental	☐ Spring Football Economy + Dental
☐ Football Grades 10-12 Premier	☐ Spring Football Premier
☐ Football Grades 10-12 Premier + Dental	

Step 3 - Payment Information

Please confirm your selection below. Edit to make corrections, delete the selection, or add another student. If everything is correct please enter your payment information and press continue.

Student Name	School	Product	Amount
TOTAL CHARGE:			

6 → **Enter Another Student**

Cardholder Name:

Card Type:

Card Number:

Expiration Month:

Expiration Year:

7 → **Continue**

VOLUNTARY INSURANCE FREQUENTLY ASKED QUESTIONS

1. Where can I get a claim form?

Claim forms are available online at www.mmc-ins.com in the bottom "FORMS" Section or you can request one to be sent to you via email or fax by calling us at 1-800-510-2097.

2. Does the Hospital / Doctor file my claim, and do I leave the claim form with the Provider?

The injured student's parents are responsible for ensuring the claim form, detailed bills and Explanations of Benefits from other insurance carriers are sent into the claims department for processing in a timely manner. The fax number and address is on the front of the claim form.

3. What if I have other insurance?

If you purchase voluntary coverage it will pay in the following sequence: It pays primary if you do not have health insurance on your child. If you have primary health insurance on your child then it will pay after your health insurance has paid. Voluntary coverage is primary and pays first if your child is insured by CHIP or Medicaid.

4. How long do I have to seek treatment and submit a claim?

Each claimant must seek treatment from a licensed physician within 90 days of the date of the accident. The claim form must be submitted within that time frame, also. The sooner the better on both treatment and claim filing.

5. Where do I find a list of participating network doctors and facilities?

If the parents have a family insurance plan, they should use the network recommended by that plan. If not, they should use the services of a MultiPlan Network provider. You may also check the MultiPlan website for providers at: <http://www.multiplan.com/search/search-2.cfm?originator=84451>

6. Who do I call to check the status of a claim?

You can call WebTPA at 877-563-7492 and select option 4 for claim status

7. Is there a deductible with this policy? No

8. Does the school insurance cover everything?

The school accident insurance is a benefit provided by your school district, and is meant to supplement personal health insurance. It has internal policy limits, and was not intended to cover every injury or expense. For example: the School Time Plan covers students during school hours the 24 Hour Plan covers students 24 hours a day, 365 days a year.