



May 5, 2014

St. Thomas More Catholic High School
Kim Broussard
450 E. Farrel Road
Lafayette, LA 70508

RE: Voluntary Student Insurance quotes

Hi Kim

Enclosed please find the rates and plan of benefits for your review. These plans are the best around for voluntary benefits.

We can also offer a catastrophic student insurance plan in addition to the voluntary benefits.

Please review these plans and rates and I will give you a call to discuss. Thank you for the opportunity to serve you.

Sincerely,

A handwritten signature in black ink that reads "Bobby Horn". The signature is written in a cursive, slightly slanted style.

Bobby Horn
Regions Insurance
Employee Benefits
Student/Athletic Insurance

enclosures

405 E. St. Peter Street
New Iberia, Louisiana 70560
337.365.5426
Fax 337.367.2420

VOLUNTARY RATES

\$25,000 MAXIMUM – FULL EXCESS COVERAGE

NO DEDUCTIBLE

One YEAR BENEFIT PERIOD

PLAN A (New schedule)

Excludes Senior High Football Only

Schoolltime	\$ 38.00
24-Hour	\$132.00
Extended Dental	Not available

Excludes Senior High Sports & Football

Schoolltime	\$30.00
24-Hour	\$112.00
Extended Dental	Not available

PLAN B (New Schedule)

Excludes Senior High Football Only

Schoolltime	\$35.00
24-Hour	\$120.00
Extended Dental	Not available

Excludes Senior High Sports & Football

Schoolltime	\$26.00
24-Hour	\$102.00
Extended Dental	Not available

2013-2014 VOLUNTARY FOOTBALL RATES

MAKSIN GROUP

\$25,000 ACCIDENT MEDICAL EXPENSE

1 YEAR BENEFIT PERIOD

NO DEDUCTIBLE

Plan A and Plan B have new schedule of benefits

Fall Football

PLAN A FULL EXCESS

Grades (10, 11, 12)	\$325.00
Grade (9)	\$165.00

PLAN B FULL EXCESS

Grades (10, 11, 12)	\$250.00
Grade (9)	\$125.00

* Voluntary Football Premiums are paid by parent.

* Coverage included for try-outs, pre and post season play and spring play.

* Coverage included for off-season training for football only.

ACCIDENT INSURANCE COVERAGE PROVIDING A MAXIMUM OF \$25,000 ACCIDENT MEDICAL EXPENSES

If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a physician, the Company will pay the coinsurance percentage of the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury up to an overall maximum of \$25,000. Benefits are payable for charges incurred within 52 weeks after the date of the accident causing the Injury.

BENEFIT SCHEDULE

ACCIDENT MEDICAL EXPENSE BENEFITS Covered Accident Medical Service(s) means any of the following services:	PLAN A	PLAN B
<p>INPATIENT HOSPITAL SERVICES Hospital's most common charge for semi-private room and board (or room and board in an intensive care unit) Hospital ancillary services (including, but not limited to, use of the operating room)</p>	<p>70% of U&C 70% of U&C</p>	<p>65% of U&C 65% of U&C</p>
<p>OUTPATIENT HOSPITAL SERVICES Hospital emergency room or ambulatory medical center Laboratory tests Radiological procedures</p>	<p>70% of U&C up to a maximum of \$2,000 70% of U&C 70% of U&C</p>	<p>65% of U&C up to a maximum of \$1,500 65% of U&C 65% of U&C</p>
<p>PHYSICIAN SERVICES (INPATIENT OR OUTPATIENT) Services of a Physician (Physician means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an immediate family member; or 3) retained by the Policyholder/Participating Organization.) Anesthetics and the administration of anesthetics Physical therapy</p>	<p>70% of U&C 70% of U&C 70% of U&C except that an office visit connected with any such service is payable up to \$50 per visit up to a maximum of 5 visits</p>	<p>65% of U&C 65% of U&C 65% of U&C except that an office visit connected with any such service is payable up to \$35 per visit up to a maximum of 5 visits</p>
<p>ADDITIONAL SERVICES Private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN) Ambulance service to or from a hospital Rental of durable medical equipment Artificial eyes or other prosthetic appliances Medicines or drugs administered by a physician or that can be obtained only with a physician's written prescription Dental treatment (repair or replacement of sound natural teeth damaged or lost as a result of Injury) Deferred dental treatment benefits</p>	<p>70% of U&C 70% of U&C up to a maximum of \$800 70% of U&C 70% of U&C 70% of U&C 70% of U&C up to a maximum of \$500</p>	<p>65% of U&C 65% of U&C up to a maximum of \$500 65% of U&C 65% of U&C 65% of U&C up to a maximum of \$250 65% of U&C up to \$600 for required dental treatment that must be postponed to a date more than 52 weeks after the date of that Injury due to the physiological changes occurring to an Insured who is a growing child. Charges incurred for deferred dental treatment are covered only if they are incurred on or before the Insured's 21st birthday; except that charges incurred for deferred root canal therapy are covered only if they are incurred within 104 weeks after the date the Injury is sustained.</p>