

CLAY COUNTY SCHOOLS
2023 – 2024 STUDENT ACCIDENT INSURANCE SUMMARY
IMPORTANT NOTICE TO PARENTS

Clay County Schools strive to provide a safe learning environment for all students. However, accidental injuries do occasionally occur during school activities and sports. As a service to the students, the school purchases a student accident insurance policy to assist families with some of the medical expenses that may result from an accidental school related injury. The school policy has limits and may not provide 100% coverage for all medical fees and charges. The following information summarizes the sports policy provisions. **Visit www.KidGuardInsurance.com for information regarding more information and ‘How to File a Claim’.**

The policy provides coverage for all students, grades Pre-K through 12, while they are participating in exclusively school sponsored, school scheduled and school supervised activities and while attending school scheduled classes during the regular school term. Interscholastic sports practices and competitions that are sanctioned by and subject to the rules established by the State High School Athletic / Activities Association are covered under this policy. Student athletes and cheerleaders are protected during group team travel in a school bus or van to and from the school and a covered sanctioned interscholastic athletic event site. Injuries during individual travel or travel in vehicles not owned or operated by the school are not covered by the school policy.

The School Policy is EXCESS INSURANCE. The policy will not allow anyone to profit by collecting duplicate benefits from several insurance sources. Any benefits that could be collected from any other insurance, PPO, HMO or other available source of coverage must pay first before parents are able to collect benefits from the school sports policy. If primary HMO or PPO coverage is available through your employer-sponsored plan, you should use the HMO or PPO approved doctors, hospitals and other providers for treatment of your child’s injuries. **A parent must file a claim with any primary insurance coverage available. If you do not follow the guidelines of your HMO or PPO primary insurance networks, you will be solely responsible for paying any unpaid medical bills, or additional costs you may incur, that are not covered by the school sports policy.**

POLICY PROVISIONS AND BENEFIT LIMITATIONS

The maximum medical benefits will not exceed **\$25,000.00** per covered injury. The policy may not pay for all accident related medical expenses. Some bills may exceed the limits of the policy. The maximum policy benefits are listed below. For a claim to be considered eligible for policy benefits, an injured student must receive medical treatment by a licensed physician within **thirty (30) days** after the date of the original covered accident. The policy will pay for necessary, eligible medical treatment expenses that are rendered and billed within 52 weeks after the date of a covered accident subject to the following policy limits:

Hospital Room & Board: Semi-Private Room & Board rate per day of hospital confinement.

Inpatient Miscellaneous charges: including all miscellaneous charges, supplies, services, operating room, implantable devices, etc., the policy pays up to \$1,500.00 maximum.

Outpatient Hospital, Emergency Room or Same-Day Surgi-Center Benefits: If outpatient major surgery is performed requiring general anesthesia, the policy pays up to \$1,000.00 for all hospital or Surgi-Center billed supplies, services and implantable devices; the policy will pay up to \$250.00 for non-surgical use of the hospital’s Emergency Room, *(Emergency Room benefit applies to injuries requiring emergency treatment within 72 hours of an accident).*

Physician’s Non-Surgical Office or Hospital visits and Consultations: Only one visit per day will be paid. Initial non-surgical visit payable up to \$25.00; up to \$25.00 paid for necessary non-surgical follow-up consultation visits; Physician Assistant Visits: \$25.00.

Surgery Fees: (Usual & Customary up to \$1,500.00 maximum).

Assistant Surgeon (MD) Benefit: Up to 25% of the allowable primary Surgeons benefit, when medically necessary.

Anesthesiology/CRNA Administration: Up to 25% of the allowable primary Surgeons benefit.

Policy limits for X-Rays, MRI, CAT, other Scans (including interpretation and reading fees): Up to \$300.00.

Physiotherapy, Acupuncture, Manipulations or Adjustments in any form including office visit connected therewith: the policy pays up to \$25.00 per day for the initial visit and each necessary follow up day’s visit, not to exceed a \$125.00 maximum per covered accident.

Orthopedic Appliances: (When used for rehabilitation purposes): up to \$75.00.

Emergency Ambulance Service: Up to \$75.00 (Air or Ground Services).

Dental Services: (Amount payable per injured tooth (including X-Rays): up to \$100.00 for treatment of each injured tooth;

Drug Store Prescriptions (when prescribed by an M.D. for a covered accident): Up to \$25.00.

Replacement Eye Glasses: up to \$25.00

Maximum Benefit for Motor Vehicle Related Injury: Up to \$500.00 subject to the policy limits and provisions.

<Please refer to additional terms, provisions, definitions, and important information on the back page>

POLICY DEFINITIONS AND COVERED ACCIDENTS: The policy provides benefits for covered claims due to accidental injuries. A "**Covered Accident**" is defined as a sudden, unforeseen, unexpected identifiable single event which results in accidental bodily injury to a covered student, independent of all other causes, occurring while the school policy is in force. Prolonged over-exertion or repeated injury due to non-accidental overuse is not considered a "**Covered Accident**". Policy benefits for heat exhaustion or fainting is provided if either occurs during or within one hour after participation in a school sports practice session or game and the coverage is included in the school policy. '**CONDITIONING**' is defined as: 'Weight Training' meaning the use of free weights and stationary apparatus. 'Cardiovascular Conditioning' meaning distance and interval training. Plyometrics meaning the use of pre-set conditioning programs. 'Conditioning' IS NOT teaching sport specific skills and drills and does not involve the use of sport specific equipment (i.e. starting blocks, hurdles, rebounders, ball machines, bats, footballs, rackets, etc.). **SURGERY** as defined in the policy means (a) the repair of a laceration that requires sutures (b) any cutting operation, or (c) the reduction of a fracture or dislocation; (treatment of a non-displaced fracture not requiring reduction is not considered a surgical procedure). It is the parent's responsibility to pay any charges that are not covered by the school insurance plan or any other insurance plan. Not all doctors and hospitals accept the school insurance policy benefits as payment in full for services rendered. Check with your primary insurance company for a preferred provider and stay in your primary insurance network. **NO PROFIT CLAUSE: The policy is EXCESS INSURANCE.** This means that any benefit payments that could be collected from any other insurance or similar plan must pay first. **(If a person fails to follow rules of a PPO or HMO type plan and loses benefits that could have been collected, these benefits will be classified as collectible and the school insurance policy benefits will be reduced by the amount that could have been collected from the HMO or PPO).** Total payment by all collectible insurance or plans shall never exceed the total reasonable medical expense incurred.

POLICY EXCLUSIONS - THE ACCIDENT INSURANCE POLICY DOES NOT COVER:

This description of insurance is not a contract and only summarizes the Policy provisions, benefits, and exclusions. Additional policy provisions and exclusions apply. Any difference between the policy and this description will be settled according to the provision of the Master Policy.

- 1). Damage to other than whole, sound, vital and natural teeth or to existing dental bridges, crowns, restorations, or braces; orthodontic procedures and services. Treatment for injury or function of tooth caused either by decay, infection or the breakdown of a dental restoration.
- 2). Pathological fractures, stress fractures, boils, athlete's foot, impetigo or similar skin infection, rashes, poisonous vegetation reactions, warts, blisters, calluses, cramps, muscle spasms, allergies or allergic reactions, ingrown nails, appendicitis, hernia of any kind, however caused; infections occurring other than as a result of such injury; detached retina; or psychiatric care.
- 3). Any form of illness, sickness or disease including but not limited to the following: Perthes' Disease, Osgood-Schlatter's Disease, Osteomyelitis, Osteochondritis, Osteogenesis Imperfecta, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Hysterical Reactions, or similar conditions.
- 4). Any form of fighting or brawling or criminal or felonious assault or the Insured being engaged in an illegal occupation.
- 5). Services or treatment rendered as a part of the Member School retained physician, nurse or other person employed or retained by the Member School, or by a person related to the Insured by blood or marriage.
- 6). Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine driven vehicle is excluded; Except that while traveling as a school sponsored group in a member school assigned vehicle driven by a licensed adult driver, over the age of 21, to and from a Member School's premises and a covered Member School sponsored activity. Eligible medical expenses not collectible from other valid coverage will be payable based on the Certificate of Insurance schedule of benefits up to a maximum benefit of \$500.00 in the aggregate.
- 7). Intentionally self-inflicted injury.
- 8). War or any act of war; (raids by air, land or sea shall be deemed an act of war), civil disobedience, riots or insurrection, fighting or brawling.
- 9). Injuries sustained by the Insured for which benefits are payable, paid or received under any Workmen's Compensation or Employer Liability Laws, or while engaging in activity for monetary gain from sources other than the Member School.
- 10). Aviation in any form except while the Insured is riding as a passenger in a licensed airplane provided by an incorporated passenger carrier on a regularly scheduled passenger flight and route.
- 11). Riding in or on, being struck by, being towed by, boarding, or alighting from, or operating any snowmobile, all-terrain vehicle or any two (2) or three (3) wheeled motor vehicle.
- 12). The use of or while under the influence of drugs unless administered as prescribed by a physician.
- 13). The existence or aggravation of a physical or mental infirmity, condition or disease, whether infectious, congenital, secondary or acquired in origin. Conditions or the aggravation of conditions that originated prior to the Insured's Certificate of Insurance Effective Date.
- 14). Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance policy, under any high school or association sponsored catastrophe sports accident policy or trust fund is expressly excluded from coverage.
- 15). Snow skiing, snowboarding, water skiing, white water rafting, surfboarding, hydro sliding, skateboarding or jet skiing.
- 16). Participation in organized classes, practices or competitions in boxing, wrestling, self-defense, or Martial arts, including but not limited to Karate, Aikido, Tae Kwon Do, Jujitsu, Kung Fu, kickboxing or weapons training unless the organized program is exclusively sponsored, organized, funded and scheduled by the Member School Board of Education to which the Certificate of Insurance is issued and is directly supervised by a Member School paid employee.
- 17). Participation in any organized sports camps, league practices or competitions that are not exclusively funded, sponsored, organized, scheduled, and supervised by the Member School Board of Education to which the Certificate of Insurance is issued.
- 18). Any expense for which a benefit is not listed in this Certificate of Insurance.

HOW TO FILE A CLAIM

1) Obtain a claim form from the SCHOOL Office. Instructions appear on the claim form. A school official must completely fill in the school area, PART B and then sign and date the claim form. **It is the parent's total responsibility to make sure that the completed claim form is submitted to Scholastic Insurance office within 90 days after the date of the accident.** Claims will not be paid if received after 90 days from the accident date. It is the parent/guardian's responsibility to ask Doctors and Providers what remaining balances you may be required to pay regarding this claim, if any. **Visit www.Kidguardinsurance.com for more information or a claim form.**

2) The school policy will not pay for any expense that can be obtained from any other valid form of primary insurance or coverage. It is the parent's total responsibility to file the claim with any other available insurance or valid source of coverage and then provide *Scholastic Insurance* with evidence of what the primary insurance has paid. School policy benefits cannot be paid based upon 'balance due' statements. When your claim has been processed by your primary insurance, mail a copy of the explanation of benefits (EOB) received and all originals or copies of itemized bills and the claim form to *Scholastic Insurance*.

Important Note: Please do not leave the claim form with the Hospital or Doctor's Office. It is the parent's responsibility to make certain that the student's accident is reported to *Scholastic Insurance* no later than 90 days after the date of accident to be eligible for policy benefits. **IF YOU HAVE CLAIM OR COVERAGE QUESTIONS CONTACT: Scholastic Insurance** Do not call the schools. The schools do not keep claim records and will not be able to answer claim questions. **CLAIMS MUST BE SUBMITTED WITHIN 90 DAYS FROM THE DATE OF ACCIDENT TO: Scholastic Insurance, P.O. BOX 784268, WINTER GARDEN, FL 34778,**

800-432-6915 FAX: 407-798-0296: Direct Claims line 407-798-0290. www.KidGuardinsurance.com