

MANATEE COUNTY SCHOOL DISTRICT IMPORTANT NOTICE

2021-2022

Regarding JROTC Drill and Color Guard Activity Fee and Insurance Enrollment

The Manatee County School District strives to provide a safe learning environment for all students. However, accidental injuries may occur during school classes, sports and activities. Florida schools are not required by law to pay for a student's medical expenses or purchase student accident insurance for students. **Students that participate in JROTC and Color Guard must pay a mandatory activity participation fee to participate in these special activities. The mandatory activity fee includes the cost of basic accident insurance.** The school policy is not intended to replace family insurance. Families that have primary insurance can use the school policy as a supplement to help pay some of the out-of-pocket costs for unpaid deductibles and co-pays. Students that do not participate in these activities are not required to pay a fee.

HOW TO ENROLL IN AND PAY THE MANDATORY PARTICIPATION FEE

The participation fee must be paid before a student will be allowed to participate in before and after school ROTC drill or color guard activities. Parents may enroll students by filling-out and mailing the application below. Or parents can enroll and pay the fee with a credit card online by going to the website www.schoolinsuranceonline.com. If you enroll by mail, you must include a self-addressed, stamped envelope to receive an ID Confirmation Card showing evidence of payment. Mail-in applications will take up to 5 days to be processed. If you enroll online, you will receive immediate verification of payment and a printable ID Confirmation Card.

SUMMARY OF STUDENT INSURANCE POLICY TERMS

The school policy does not guarantee 100% payment of all medical bills. Specific policy limits and provisions are summarized as follows: 1) A \$50.00 deductible applies to all claims; 2) students are required and must receive medical treatment by a licensed physician within *thirty (30) days* following the date of a covered school accident to be eligible for policy benefits; 3) If other coverage is available, parents must file a claim with other collectible sources of coverage before being eligible to collect supplemental benefits from the school policy; 4) The policy pays up to \$25,000 per covered accident for eligible medical treatment expenses rendered within one year (52 weeks) from the date of the original covered school accident subject to the following policy limitations:

Policy Deductible: A \$50.00 deductible will be subtracted from the total benefits payable from the student insurance policy. **Inpatient Hospital Benefits:** For daily Semi-Private Room & Board and all hospital miscellaneous charges, supplies, services, operating room, implantable devices, etc., the policy pays up to \$1,200.00 per day. In Intensive Care, the policy pays up to \$1,500.00 per day for all hospital charges. **Outpatient Hospital or Same-Day Surgi-Center Benefits:** If outpatient major surgery requiring general anesthesia is performed, the policy pays up to \$1,500.00 for all hospital or Surgi-Center billed charges including supplies, services and implantable devices.

Emergency Room Benefits: The policy will pay up to \$150.00 for all Emergency Room Charges if rendered within 72 hours from the time of a covered school accident.

Physician's Non-Surgical Office or Hospital Visits and Consultations: The initial non-surgical doctor visit is payable up to \$50.00; Up to \$35.00 is paid for necessary non-surgical follow-up visits; Physician Assistant's or Nurse's charges for outpatient visits are not covered. **Surgery Fees:** Primary Surgeon's benefits are paid based upon the fee amounts stated in the Florida Work Comp Fee 2008 Schedule up to a maximum surgeon's fee benefit of \$2,000.00 per accident. **Anesthesiology Benefit:** policy pays up to 20% of the surgeon's allowable benefit for anesthesiology services. **X-Rays, MRI, CAT, other Scans (including interpretation and reading fees):** All X-Rays: up to \$200.00; MRI, CAT and other SCANS: up to \$300.00 in the aggregate.

Outpatient Physical Therapy Treatment Visits: Limited to 8 visits per covered injury not to exceed \$35.00 per treatment visit.

Orthopedic Appliances: (When used for rehabilitation purposes): up to \$150.00.

Drug Store Prescriptions (when prescribed by an M.D. for a covered accident): Up to \$100.00.

Emergency Ambulance Service: Up to \$500.00 (Air or Ground).

Dental Services: pays up to \$300.00 in treatment for each sound natural injured tooth.

Heat Stroke or Cardiac Arrest: If a student suffers from heat related illness or cardiac arrest while participating in a covered school sport, the policy will pay policy benefits based on the policy schedule of limits outlined above; however, not to exceed a maximum benefit of \$1,000 in the aggregate for medical treatment occurring within 72 hours from the onset date of the heat illness or cardiac event.

POLICY COVERAGE EFFECTIVE AND TERMINATION DATES

School insurance coverage for students paying the required activity fee will become effective on the later of: 1) the first sanctioned practice date or 2) at 11:59 PM on the USA Post Office postmark date appearing on the envelope in which the enrollment application is mailed. If no postmark appears coverage is effective at 11:59 PM on the date received in the insurance agency office. Whichever is the later date will apply. Coverage for on-line enrollment transactions will be effective at 12:01 A.M. on the day following the credit card transaction date. This coverage only applies to Manatee school funded and exclusively sponsored activities. The coverage terminates on the last day of school. **Parents can also purchase the extended 24-HOUR PLAN and summer vacation accident insurance coverage by enrolling online at WWW.SCHOOLINSURANCEONLINE.COM. Please read the summary of exclusions and information on the back of this form.**

Para español, visite nuestra página de internet www.schoolinsuranceofflorida.com. o contacte la oficina del entrenador de su escuela.

MANATEE SCHOOLS ACTIVITY FEE ENROLLMENT FORM

TO INSTANTLY ENROLL ONLINE GO TO WWW.SCHOOLINSURANCEOFFLORIDA.COM.

Or, complete and mail this form with payment to: SCHOOL INSURANCE OF FLORIDA <PO Box 784268 > Winter Garden, FL 34778

If mailing this application, include payment by money order or check payable to: School Insurance of Florida

Please Check (✓) and Select all Plans you wish to purchase:

- \$15.00 - ROTC / JROTC** participants while practicing for or competing in drill or Color Guard activities that are exclusively scheduled, sponsored and funded by the Manatee school district while under the supervision of paid school employee.

Additional Add on Option:

- \$42.00 - 24 Hour Extended Protection Option** –Extends protection for other activities on weekends, holidays and the 2021 summer months. Additional exclusions apply.

PLEASE PRINT INFORMATION CLEARLY - No refunds permitted after a student's first day of participation in a school activity.

Student's First Name: _____ **Last Name:** _____
(Primer Nombre del estudiante) (Apellido)

Student's Home Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____

Full Name of School: _____ **Grade:** ____ **Email Address:** _____

Parent or legal Guardian Signature: _____ **Today's Date:** ____/____/____ **Telephone:** (____) _____ - _____

Payment Enclosed: \$ _____ **Check #:** _____

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IMPORTANT

Manatee students may not be allowed to participate in 'ROTC special activities' until the school has confirmation from School Insurance of Florida that the Special Activities Enrollment Form and payment has been received or the student has enrolled online.

Parents can easily and quickly enroll on-line and pay for the 'activities fee' by credit card by going to www.schoolinsuranceofflorida.com. When enrolling on-line, you will be able to print out an ID Confirmation of Payment Card immediately. If you are mailing in your payment and require an ID card mailed back to you, you must include a self-addressed and stamped envelope so we may mail the card back to you.

If parents elect to mail-in enrollments, send the completed Enrollment Form and payment to:

School Insurance of Florida

P.O. Box 784268

Winter Garden, Fl. 34778-4268

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EXCESS INSURANCE

POLICY DEFINITIONS: 'Covered Accident' means bodily injury of the insured that results directly and independently of all other causes from a covered accident occurring while the policy is in force. Self-inflicted injuries caused by prolonged over exertion, stress or strain, or disease process or aggravation of an existing condition is expressly excluded from coverage under the accident policy. "Covered Charges" means reasonable charges which are not in excess of usual and customary charges; not in excess of the maximum benefit amount payable for services specified below; services and supplies which are not excluded from coverage; and services and supplies which are a medical necessity for treatment of the covered accident. "Pre-Existing Condition" means any physical condition for which the existence of symptoms would cause a normally prudent person to seek medical care or advice. Physical condition includes any complication or residual of a prior illness, condition or disease the person was advised or treated for in the six (6) months before the effective date of the Insured's coverage under the policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one accident. "Hospital" means a licensed or properly accredited general hospital which is open at all times and operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients under the supervision of one (1) or more legally qualified physicians available at all times with continuous, twenty-four (24) hour nursing services by Registered Nurses on duty or call. "Hospital" does not mean a facility that is primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating mental or nervous disorders, alcoholics or drug addicts. "At-School Accident Coverage" applies while a covered person is in attendance at the school during the hours and on the days that school is in session; participating in activities, except as a spectator, which are exclusively school-funded, school-sponsored, school-supervised and scheduled by the school on or away from school premises, during or after school hours; traveling by school van or bus directly and without interruption to or from the covered person's residence and the school for regular school sessions for such travel time as is required, however, not to exceed one (1) hour before the regular school classes begin and not more than one (1) hour after school is dismissed. "Sports Participants" applies when a covered person is participating in a school-scheduled, school-sanctioned interscholastic sports practice or competition or middle school sports at or away from school premises. No benefits are payable for practicing for or participating in camps or sports leagues. Additional policy terms and provisions apply which are stated in the Master Blanket Accident Insurance Certificate issued to the school district and on file for your review. "Effects of Other Coverage" means the insurance coverage provided under the school policy shall be "EXCESS" to any other collectible insurance or plans, including but not limited to auto P.I.P. and auto medical payments, HMOs or PPOs, subject to limits stated in the policy when total charges for treatment of a covered accident. Third party subrogation rights are reserved. Total payments by all insurance plans, including HMOs or PPOs, shall never exceed the total medical expenses incurred.

POLICY EXCLUSIONS: The Manatee County Schools Student Accident Insurance Policy DOES NOT COVER the following:

1. Participation in any organized sports camps, practices, games or league practices or competitions. 2. 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. 3. 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. 4. 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. 5. Any form of fighting or brawling or criminal or felonious assault or the Insured being engaged in an illegal occupation. 6. Services or treatment rendered as a part of the Member school service by a hospital, physician, or person employed or retained by the Member, or by a person related to the Insured by blood or marriage. 7. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine driven vehicle, except that eligible medical expenses not collectible from other valid coverage will be payable up to \$2,000.00 in total. 8. Intentionally self-inflicted injury. 9. War or any act of war; (raids by air, land or sea shall be deemed an act of war), civil disobedience, riots or insurrection. 10. Injuries sustained by the Insured for which benefits are 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. 11. 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. 12. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snowmobile, all-terrain vehicle or two (2) or three (3) wheeled motor vehicle. 13. The use of or while under the influence of drugs unless administered as prescribed by a physician. 14. The existence or aggravation of physical or mental infirmity, condition or disease, whether infectious, congenital, secondary or acquired in origin. 15. Conditions or the aggravation of conditions that originated prior to the Insured's Effective Date. 16. Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association sponsored catastrophe sports accident policy or trust fund is expressly excluded from coverage. 17. Snow skiing, snow tubing, snowboarding, water skiing, wake boarding, surfboarding, hydro sliding, or jet skiing or using any "personal watercraft" as defined by Florida Statutes. 18. Injury as a result of skate boarding. 19. Miscellaneous supplies and medications, except those administered while hospital confined or when treated in the emergency room. 20. 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, funded, and scheduled by the Manatee school district Board of Education to which the Policy is issued, and directly supervised by a Manatee school employee. 21. Any expense for which a benefit is not listed. *This description of insurance is not a contract and summarizes the Policy # 09-0145-2022 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 issued to the School Board.*

HOW TO FILE A CLAIM

1) You must file your claim with any primary insurance first, (except Medicaid). Then, obtain a claim form from the Principal, Coach or Athletic Director's Office or www.Schoolinsuranceofflorida.com. Instructions are on the claim form. **It is the parent's responsibility to make sure that the completed claim form is submitted to School Insurance of Florida's office within 90 days after the date of the accident. Claims may not be paid if received after 90 days from the accident date. It is the parent/guardian's ultimate responsibility to pay for student's medical expenses not paid by the school policy.**
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 first and then provide *School Insurance of Florida* with evidence of what primary insurance has paid. School insurance policy benefits cannot be paid based upon 'balance due' statements. For more detailed information on How to File a Claim go to www.schoolinsuranceofflorida.com.

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 School Insurance of Florida no later than 90 days after the date of accident to be eligible for policy benefits.

IF YOU HAVE CLAIM OR COVERAGE QUESTIONS CONTACT: SCHOOL INSURANCE OF FLORIDA's office. Local: 407-798-0290

Address: P.O. BOX 784268 - WINTER GARDEN, FL 34778 Phone: 800-432-6915 FAX: 407-798-0296. Web: www.schoolinsuranceofflorida.com