

2018-2019 PASCO COUNTY SCHOOL DISTRICT INTERSCHOLASTIC SPORTS ACCIDENT INSURANCE SUMMARY

IMPORTANT NOTICE TO PARENTS OF PASCO COUNTY SCHOOL DISTRICT STUDENT ATHLETES

Your school is very interested in providing a safe environment for all students. However, accidents do happen every day during school activities. Therefore, the School Board of Pasco County purchases an interscholastic sports accident policy for student athletes. We strongly urge all parents to read this description of coverage in case an accident occurs during a sports practice or game. This policy may not pay for 100% of all medical expenses due to the limits of the policy as described below. The school cannot accept financial responsibility for any expenses due to interscholastic sports related injuries or any expense not covered by the school insurance policy.

The policy insures Senior High and Middle School student athletes and cheerleaders while they are participating in school supervised interscholastic sports practice sessions and games during the regular school term. Student athletes and cheerleaders are also protected during group travel in a school bus or van to and from the school and a covered interscholastic athletic event site. Travel in vehicles not owned or operated by the school is not covered.

Pasco student athletes injured while practicing for or competing in interscholastic sports during the regular school, as sanctioned by the Florida High School Athletic Association, may file for policy benefits. Pasco athletes that may be injured during off-season, school sponsored 'conditioning programs' that are scheduled and directly supervised by the school coach are also entitled to file for policy benefits. 'Conditioning' is defined as cardiovascular exercise or weight training. Weight training is the use of free weights and stationary apparatus. Cardiovascular conditioning is distance and interval training. Plyometrics is 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, balls, rackets, etc.).

Injuries sustained during the summer or during any open gyms/facilities or camps are not covered by the Pasco sports policy. Off-season practices, drills or scrimmages are not covered under this plan. The coverage is effective during FHSAA sanctioned seasons as scheduled by FHSAA.

The School Sports 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. 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. If you do not use your available primary HMO or PPO networks, the school sports policy benefits will be reduced and you will be solely responsible for paying any unpaid medical bills not covered by the school sports policy.

SPORTS POLICY MAXIMUM BENEFIT LIMITS

The sports policy may not pay for all sports accident related medical expenses. **Some bills may exceed the limits of the policy. Visit www.schoolinsuranceofflorida.com for a listing of providers in your district.** 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 *sixty (60)* days after the date of the original covered accident. The policy will pay for necessary, eligible medical treatment expenses that are rendered within 52 weeks after the date of a covered accident based upon the following policy limits:

HOSPITAL ROOM & BOARD: Semi-Private room rates of Pasco County Florida area hospitals.

INTENSIVE CARE ROOM & BOARD: *UCR not to exceed 7 days total or the maximum benefit.

HOSPITAL IN-PATIENT MISCELLANEOUS EXPENSE: not to exceed \$7,000.00 for all in-patient charges including supplies, room charges, etc. **OUT-PATIENT EXPENSE AT A HOSPITAL OR A LICENSED AMBULATORY SURGERY CENTER:**

If minor surgery (repair of laceration, etc.) is performed or, if no surgery is performed: *UCR not to exceed \$1,000.00;

If Major Surgery requiring anesthesia is performed: *UCR not to exceed \$7,000.00.

SPECIAL DUTY NURSES: *UCR if hospital confined as an in-patient.

NON-SURGICAL VISIT, TREATMENT & CARE BY A PHYSICIAN: (a) 1st office visit or 1st visit at a hospital or ambulatory surgery center: \$60.00 (b) subsequent non-surgical visits at physician's office: \$40.00 (c) subsequent non-surgical visits at hospital: \$60.00.

SURGERY AND ANESTHESIA BENEFITS FOR PRIMARY PHYSICIANS: The benefit amount listed in PART A of the 1997 Florida Worker's Compensation reimbursement manual. times a factor of 1.5.

SURGERY BENEFIT FOR ASSISTANT SURGEON: not to exceed 40% of benefit for primary physician; (payable only in the event that an assistant surgeon is necessary and required to perform the surgical procedure; Observation or Teaching is not considered a covered benefit).

PHYSIOTHERAPY: (Manipulation, Massage, Adjustments, Heat, Water, Electrical, etc.) \$50.00 per day of out-patient treatment up to a maximum of \$500.00 in the aggregate per covered accident.

DENTAL: up to \$400.00 of treatment per sound, natural tooth that was injured in a covered accident.

X-RAY, RADIOLOGY (including reading fees): LABORATORY, EEG, EKG: \$500.00 MAXIMUM; **MRI:** \$700.00;

CAT OR OTHER SCANS: \$400.00

AMBULANCE (AIR OR GROUND): \$500.00

ORTHOPEDIC APPLIANCES (a cast or splint does not qualify): up to \$600.00 if prescribed by a physician for rehabilitation purposes

DRUG STORE RX: up to \$450.00

REPAIR OR REPLACEMENT OF EYEGLASSES, CONTACT LENS OR HEARING AIDS: up to \$450.00 if loss is due directly to a covered accident causing bodily injury to a covered athlete or cheerleader.

ACCIDENTAL DEATH (must occur in 180 days of the accident): \$5,000.00

ACCIDENTAL DISMEMBERMENT: (a) one member \$10,000.00 (b) more than one member \$20,000.00

MAXIMUM MEDICAL LIMIT PER COVERED ACCIDENT: up to \$25,000.00 payable in the aggregate for a covered accident.

COVERED ACCIDENTS: The Sports policy provides benefits for covered claims due to sports accidents. A 'covered accident' is defined as a sudden, unforeseen, unexpected identifiable single event which results in accidental bodily injury to a covered athlete or cheerleader, 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.

PREFERRED PROVIDER NETWORK is a listing of medical service providers, doctors and hospitals, who have agreed to accept the school sports policy benefits as payment in full for services rendered in most cases. It is the parent's responsibility to pay any charges that are not covered by the school insurance plan. Not all doctors and hospitals accept the school insurance policy benefits as payment in full for services rendered. A listing of current **PREFERRED PROVIDERS can be reviewed at our website www.schoolinsuranceofflorida.com**. **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.

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).

SCHOOL SPORTS POLICY EXCLUSIONS

THE SPORTS ACCIDENT INSURANCE POLICY DOES NOT COVER:

1. Any injury not caused solely by participation in an FHSAA or middle school interscholastic sport scheduled by a Pasco County Florida Middle or Senior high school and under the direct supervision of a qualified school authority.
2. Hernia in any form, regardless of cause.
3. Injury caused by or while under the influence of alcohol or drugs unless prescribed by a licensed physician.
4. Mental illness or psychiatric evaluation or treatment expense.
5. Treatment performed by anyone retained by the schools or by any member of a covered person's immediate family.
6. Injury caused by participation in any type of open gym or private leagues and sports camps.
7. Aggravation of or re-injury of a pre-existing condition.
8. Travel between the School and the home premises of a covered person.
9. Any form of fighting or brawling or criminal or felonious assault or the Insured being engaged in an illegal occupation.
10. Any form of illness, sickness or disease including but not limited to the following: Pathological stress fractures; Perthes' Disease, Osgood-Schlatter's Disease, Osteomyelitis, Osteochondritis, Osteogenesis Imperfecta, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Hysterical Reactions, 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, infections occurring other than as a result of such injury, detached retina, or treatment expense for similar conditions not due to accidental bodily injury.
11. 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.
12. Any expense for which no benefit listed.

This description of insurance is not a contract and summarizes the Policy # 09-0103-2019 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) Obtain a claim form from the Coach or Athletic Director's Office. Instructions appear on the claim form. The Coach must completely fill in the school area, sign and date the form. It is the parent's total 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 will not be paid if received after 90 days from the accident date.

2) The school policy will not pay for any expense that can be obtained from any other valid form or 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 School Insurance of Florida with evidence of what primary insurance has paid. School sports 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 *School Insurance of Florida*. Please visit our website for more information.

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*

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:

SCHOOL INSURANCE OF FLORIDA

P.O. BOX 784268

WINTER GARDEN, FL. 34778-4268

Telephone: Claims: 407-798-0290; 1-800-432-6915; Fax: 407-798-0296

www.schoolinsuranceofflorida.com

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