

2011-2012 Sumter County School District

Important Information for Parents

Dear Parents:

The Sumter County School Board is very interested in providing a safe environment for all students. However, accidents do happen during athletic practices, games and activities. To assure that athletes and extra curricular activity participants have access to basic accident insurance, the Sumter County School Board requires all parents to pay an athletic and special activity participation fee for basic supplemental accident insurance. The school accident insurance plan is not intended to replace family insurance policies. If you have other primary insurance, the school policy may help pay some of the expenses such as deductibles, co-insurance and dental expenses that are not covered by your family insurance policy. **The policy will not pay for 100% of all medical expenses.** The policy is in effect during school-approved interscholastic sports and school-approved extra-curricular activities directly supervised by a Sumter County School District employee. The school policy coverage ends on the last official day of school. This policy does not cover regular school day classroom activities, P.E. Classes, or school activities that are not pre-approved by the Sumter School District. Regular school time coverage and 24 Hour coverage are available for an additional premium. Visit www.schoolinsuranceofflorida.com for more information.

This Insurance summary provides a brief overview of the policy provisions and benefits. Policy limits and exclusions apply. Policy benefits are payable, subject to the limits specified below, for accidental bodily injury resulting from a covered accident. The company will pay the reasonable cost of covered eligible medical charges not to exceed the maximum benefits listed in the policy (summarized in this form). The maximum benefit payable for any one covered accident is \$25,000.00. **First medical treatment by a licensed physician or dentist for a covered condition must be obtained within sixty (60) days from the original date of the covered injury or condition to be eligible for policy benefits.** The company will pay for covered medical charges for treatment and care rendered within 52 weeks after the date of a covered accident or condition. **Do not call the schools if you have insurance questions.**

Contact: School Insurance of Florida, P.O. Box 784268, Winter Garden, FL 34778 Telephones: 800-432-6915, or 407-798-0290.

MAXIMUM POLICY BENEFIT LIMITS

Doctor Visits / Consultations: Pays up to \$50 for the first day of care and up to \$35 for each day of follow-up

Surgery Fees: based on the Florida Work Comp Fee Schedule (Part A 2008 edition)

Anesthesiologist Fees:
Pays up to \$750 maximum in the aggregate

In-Patient Hospital Expenses:
Pays up to \$1,000 per day for semi-private room and all other in-hospital charges (except personal convenience items.)

Out-Patient 'Same-Day Surgery' Hospital Expenses:
Pays up to \$1500 for the hospital or facility charges in the aggregate when major surgery requiring general anesthesia is performed on an out-patient basis

Out-Patient-Therapy/Manipulation/Adjustments: Pays up to \$35 per day for up to 7 days of treatment and similar treatment visits

Prescribed Drugs/ Orthopedic Appliances: Pays up to \$150 for each in the aggregate

Licensed Ambulance Service: Pays up to \$500 for initial trip to the closest medical facility, (air or ground)

Radiology Benefits per accident - Up to \$200.00 for X-Rays/EKG in the aggregate, including interpretation fees, when not hospital confined. **MRI or Other SCANS** including interpretation fees- Up to \$500.00 in the aggregate

Emergency Room Charges: Pays up to \$300, (applies to injuries requiring emergency treatment within 72 hours of an accident)

Motor Vehicle Related Injuries: Maximum Benefit for motor vehicle related injuries is \$2,000 in the aggregate

Dental Benefit for Accidental Injury: Pays up to \$500 per injured tooth (Orthodontic procedures & treatment of previously damaged teeth not covered)

IMPORTANT NOTE: The Sumter County School Board policy is NOT 'Primary Insurance' and is not intended to replace family insurance. The district policy is designed to provide 'secondary or excess coverage'. This means the student accident policy will NOT pay any expenses that could be covered by other family insurance or an HMO or PPO. **The accident insurance policy does not guarantee 100% reimbursement for all medical expenses incurred.** The plan has limitations and exclusions. **The Sumter County School Board does not assume responsibility for payment of medical expenses that are not covered by the Sumter County School Board policy or for benefits that could be received from other sources of coverage or insurance. You must file with any other insurance first, before filing for benefits under the school policy.**

CLAIM FILING INSTRUCTIONS: Immediately report any interscholastic sport related accident to the school coach or principal's office. Obtain a copy of the claim filing instructions and a claim form from the coach or your school. Please remember...If you have any other sources of coverage such as an employer's policy, HMO, PPO, Blue Cross, Health Savings Plan, retired military plan, you must first file a claim with your other insurance source. **IF YOU HAVE QUESTIONS ABOUT THIS INSURANCE POLICY DO NOT CALL THE SCHOOL.** Contact the agency that handles payments of claims: **SCHOOL INSURANCE OF FLORIDA, P.O. Box 784268 Winter Garden, FL 34778. Direct 407-798-0290; Phone toll free 1-800-432-6915.**

HOW TO ENROLL

Please review the coverage groups below. Select your coverage group and fill out the enrollment application below. **Return your money order, made out to your student's school, and the completed application into your school Coach or School Secretary before the first day of practice.** Retain the top part of this form for your records. We can only accept cash or a money order please.

Group A Sumter School District High School Tackle Football and Soccer Players: **\$25.00 per player.** Provides basic accident protection for Sumter County Tackle Football and Soccer practices and games during the regular school term, as sanctioned by the Florida High School Athletic Association and the 2012 summer weight training and cardiovascular exercise, as defined by the FHSAA. Coverage terminates on the last day of school. *No coverage is provided for summer camps, summer practices or drills, leagues or club sports.*

Group B Sumter County Middle and High School interscholastic sports and pre-approved extra-curricular activities: **\$10.00 per player.** Provides basic accident protection for Sumter County interscholastic practices and games during the regular school term, as sanctioned by the Florida High School Athletic Association. Activities include Sideline Cheerleading, Golf, Baseball, Softball, Volleyball, Wrestling, Girls Flag Football, Marching Band, Swimming, Tennis, Track and Field, Cross Country, and Weightlifting and pre-approved extra-curricular school activities that are under the direct supervision during the regular school term. Coverage terminates on the last day of school. Coverage extends for summer weightlifting and cardio-exercises as defined by the FHSAA. *No coverage is provided for summer camps, summer practices or drills, leagues or club sports.*

SELECT PLAN

Print Full Name of Student's High School or Middle School _____

[illegible]

Print Student's First Name _____

[illegible]

Print Student Last Name

[illegible]

Group A – High School Tackle Football and Soccer Players	\$25	
Group B – All other High School and Middle School Sports and approved activities	\$10	

Amount Paid: \$_____ Money Order Number:_____

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

SUMTER COUNTY SCHOOLS SUMMARY OF INSURANCE
Underwritten by Reliance Standard Life Insurance, 2001 Market Street, Philadelphia, PA

EXCESS INSURANCE

The Certificate of Insurance summarizes the policy provisions and benefits. This policy will not pay 100% of all incurred medical expenses. Policy limits and exclusions apply. Policy benefits are payable, subject to the limits specified below, for accidental bodily injury resulting from a covered school sports related accident. The company will pay the reasonable cost of covered eligible medical charges not to exceed the maximum benefits listed in the policy (summarized in this form). The maximum benefit payable for any one covered accident is \$25,000.00. First medical treatment by a licensed physician or dentist for a covered accident must be obtained within sixty (60) days from the original date of the covered accident to be eligible for policy benefits. The company will pay for covered medical charges for treatment and care rendered within 52 weeks after the date of a covered accident.

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. "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. "Accident Coverage" applies while a covered person is in attendance at a school-scheduled, school-sanctioned interscholastic sports practice or competition at or away from school premises, 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 directly to and from the school and a covered interscholastic sports competition site in a school designated bus or van driven by a licensed adult driver. Additional policy terms and provisions apply which are stated in the Master Blanket Accident Insurance Policy issued to the school district and on file for your review. "Effects of Other Coverage" means the insurance coverage provided under the 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. Third party subrogation rights are reserved. Total payments by all insurance plans, including HMOs or PPOs, shall never exceed the total medical expenses incurred.

EXCLUSIONS - WHAT THE POLICY DOES NOT COVER

1. Any organized sports leagues, club sports, martial arts or boxing schools that are not exclusively sponsored by the Sumter County School Board.
2. Damage to other than whole, sound, vital and natural teeth or to existing dental bridges, crowns, restorations or braces; orthodontic procedure and services. Treatment for injury or fracture of tooth caused either by decay, infection or the breakdown of a dental restoration.
3. Pathological 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.
8. Intentionally self-inflicted injury.
9. War or any act of war (raids by air, land or sea shall be deemed act of war), civil disobedience, plots or insurrection.
10. The use of or while under the influence of drugs unless administered as prescribed by a physician.
11. The existence or aggravation of 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 Effective Date.
12. 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.
13. Prescription drugs, injections, miscellaneous supplies, medications, except those administered while hospital-confined or when treated in the emergency room.
14. Any expense for which a benefit is not listed.
15. Any Injury that is not a direct result of a Sumter County school approved interscholastic sports practice or game during the regular school term.

A certificate of insurance summarizes the provisions and benefits of the policy number 09-0133-2012 (filed form # LRS-8985-0100-FL). Any difference between the policy and the certificate will be settled according to the provisions of the policy. Only full time students enrolled in the Sumter County School District are eligible to receive benefits under this policy.

COVERAGE EFFECTIVE AND TERMINATION DATES: Coverage becomes effective on the first day of practice as designated by the Sumter County School Board and the Florida High School Athletic Association (FHSAA). Coverage terminates on the last day of school. For late enrollments received after the first day of practice, coverage becomes effective on the date the premium is paid to the coach. No refunds are permitted.

HOW TO FILE A CLAIM: (Para reportar un reclamo, Comuniquese con la oficina de la escuela). Obtain a claim reporting form from your school. Complete the form and mail to School Insurance of Florida, P. O. Box 784268, Winter Garden, FL. 34778-4268. Direct telephone: 407-798-0290 or 800-432-6915 for claim status and eligibility. Or visit www.schoolinsuranceofflorida.com.

FLORIDA LAW STATES: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an enrollment form containing any false or incomplete, or misleading information is guilty of a felony of the third degree.