

## 2016-2017 STUDENT ACCIDENT INSURANCE SUMMARY INDEPENDENCE SCHOOL DISTRICT

Missouri schools are not required to buy insurance or pay for medical expenses due to school related injuries. However, the School District purchases a basic accident insurance policy as a public service to assist parents that may be without insurance or need to supplement family insurance plan deductibles or copays. The school policy will not provide 100% reimbursement for all medical expenses incurred. The school policy benefits are outlined below. The school cannot assume responsibility for payment of medical expenses that are not covered by the school insurance policy.

The school policy covers students, grades Pre-Kindergarten through 12<sup>th</sup> grade, while they are participating in school scheduled, school supervised and school funded classes and MSHSAA sanctioned sports and activities during the regular school term. Club sports and leagues are excluded from coverage under this Policy. Students are also covered while they are traveling as a school sponsored group in a school bus or van operated by a licensed adult driver to and from school premises and a school sponsored event site. Injuries sustained during individual travel or travel in privately owned vehicles are not covered by the school policy.

### DESCRIPTION OF BENEFITS AND LIMITATIONS (the school policy will not pay for 100% of all medical charges)

If you have other insurance, you must first file a claim with your other insurance carrier and obtain benefits from your other insurance source before being eligible to collect benefits from the school policy. This policy is designed to consider payment of some of the eligible expenses that are not paid by your other insurance source. To be eligible for school policy benefits, the injured student must receive treatment within 30 days after the date of injury from a licensed physician. The school policy provides benefits for the usual and reasonable expenses for necessary hospital, medical, physician or dental care incurred within one year from the date of a covered accident subject to the following maximum policy limits:

Physician Visits/Consultations	Pays up to \$60 for the initial visit; up to \$45 for each follow-up days visit
Surgery or Fracture Care Doctor Fees	Pays 90% of UCR, up to a maximum of \$5,000
Anesthesiology/Assistant Surgeon Fees	Pays up to \$1,000
In-Patient Hospital Expenses	Pays up to \$1,000 per day for room & board, and all other inpatient charges
Out-Patient Hospital or Surgi-Center Facility Charges when major surgery requiring general anesthesia is required	Pays up to \$2,000 for all charges
Emergency Room	Pays up to \$300
Out-patient Radiology	Pays up to \$300
MRI, CT Scan, or Similar Scans	Pays up to \$500
Physical therapy/manipulations/adjustments or similar outpatient treatment visits	Pays up to \$30 @ \$10/visit
Orthopedic Appliances/Casting/Braces/Crutches/	Pays up to \$100 for all services combined
Prescription Drugs	Pays up to \$100
Dental Treatment (including X-Rays)	Pays up to \$500 per injured "whole, sound and natural" tooth (orthodontic procedures & treatment of previously damaged teeth not covered)
Ground or Air Ambulance Service	Pays up to \$500 for initial trip to the closest medical treatment facility
Motor Vehicle Related Injury Benefit	Maximum benefit is \$500 (based on above-described policy limitations)

**POLICY LIMITATIONS AND EXCLUSIONS:** The policy will not pay for medical treatment due to the following: illness or any disease process; aggravation of or reoccurrence of conditions that didn't originally happen during a covered school activity; mental conditions; orthodontic treatment; any condition not due solely to an identifiable accident occurring while this policy was in force. Medical treatment by a licensed doctor must be provided within 30 days from the covered accident date to be eligible for policy benefits. The maximum benefit payable for all covered charges, subject to the above described limits, is \$25,000 per covered accident. This notice is only a summary description of coverage. Other policy terms and provisions may apply. The school policy provisions will determine all payments. The policy benefits are limited and may not pay for all medical services or billed charges.

**HOW TO FILE A CLAIM:** The school insurance policy is not intended to replace family or group health insurance policies. If other insurance or an HMO, PPO or similar pre-paid medical plan covers you, you are encouraged to utilize your HMO or PPO participating physicians to receive full benefits payable by the school policy. Parents must assume financial responsibility for paying expenses not covered by the limited accident policy purchased by the school. If a student is injured in an accident during a school activity, report the accident to the principal's office immediately to obtain claim-filing instructions. **If you have questions concerning the school policy, do not call the school. Contact the agency that handles payment of claims: L. E. Smith & Associates, Inc., P.O. Box 411216, St. Louis, MO 63141. Phone toll free 1-800-325-1350.**