

2018-2019 Student Accident Insurance Description



Appoquinimink School District
THE WORLD IS OUR CAMPUS

INTERESTED FAMILIES should contact the plan administrator, Lawrence E. Smith & Associates, Inc. at 1-800-325-1350, or visit their website at www.kidguardinsurance.com to enroll.

Dear Parents: The school district has purchased a group accident insurance program covering students while practicing for and competing in interscholastic sports, grades 7-12 and 7th and 8th grade intramurals. Students are covered by the accident policy while they are participating in interscholastic sports that are school scheduled, school supervised and school funded during that specific Delaware Interscholastic Athletic Association designated sports season during the regular school term. Club sports and sports leagues are excluded from coverage under this policy. Students are also covered while they are traveling as a sponsored group in a school assigned car, bus or van operated by a licensed driver over the age of 21 to and from the school and a covered event site. Individual travel is not covered by the policy.

Delaware schools are not required to buy insurance or pay student medical expenses associated with school injuries. The school purchases the accident insurance policy as a public service to assist parents that may be without insurance or need to supplement their own personal insurance program. The school policy will not provide 100% reimbursement for all medical expenses incurred. The plan has limitations and benefits as outlined below. The school cannot assume responsibility for payment of medical expenses that are not covered by the accident insurance policy.

If you have other insurance, you must first file a claim with your other insurance carrier and obtain benefits from your other insurance source. This policy is designed to consider payment of the eligible expenses that are not paid by your other insurance source.

DESCRIPTION OF BENEFITS AND LIMITATIONS

If a student is injured during a school sponsored activity and the injury requires treatment within 30 days after the date of injury by a licensed physician, the insurance company will pay the usual and customary expenses for necessary hospital, medical, physician's, or dental care incurred within one year from the date of injury up to a maximum medical benefit of \$25,000 per covered accident subject to the following limits:

Physician visits/consultations	Pays up to \$15 per visit
Surgery/fracture care	Policy based on fee schedule (will not pay 100%)
Anesthesiologist	Pays up to 25% of allowable surgery benefit
In-patient hospital	Pays up to \$350 for semi-private room and all other hospital charges (except personal convenience items, T.V., phone, etc.).
Out-patient x-ray	Pays up to \$100 for all CT scans, M.R.I. or other necessary diagnostic and interpretations in the aggregate.
Emergency room or out-patient hospital	Pays up to \$100
Out-patient operating room	Pays up to \$350
Out-patient therapy/manipulation/adjustment or similar treatment visits	Pays up to \$50@ \$15/visit
Orthopedic appliances/casting/braces/crutches	Pays up to \$25
Dental	Pays up to \$100 per injured "whole, sound and natural" tooth (orthodontic procedures & treatment of previously damaged teeth not covered)
Ground ambulance service	Pays up to UCR for initial trip to the closest medical facility
Any covered motor vehicle injury	Maximum benefit is \$500 (based on above-described policy limitations)

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. This is only a summary description of coverage. Other policy provisions may apply. All payments will be determined by the actual policy language.

IMPORTANT: If you have any other insurance or sources of coverage such as HMO, PPO, Blue Cross, Champus, you must first file a claim with your other insurance source. If you have questions concerning this 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.

The school insurance policy is not intended to replace family or group health insurance policies. If you are covered by an HMO, PPO or similar pre-paid medical plan, you are encouraged to utilize your HMO, PPO participating physicians to receive full benefits payable by this 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.