

## Mishawaka High School Athletic Insurance

Dear Parents/Guardians:

Mishawaka High School has a continuing concern about the increasing cost of medical care as it relates to the high-risk area of interscholastic sports. As a result of this concern, **all students participating in interscholastic sports are required to contribute to a plan of supplemental athletic accident coverage. This program is intended to supplement your family or employer group coverage or plan. It is NOT designed to replace your present coverage.**

The coverage is for medical bills resulting from ACCIDENTS only that take place during the official play and practice of interscholastic sports. An accident is defined as an unexpected, sudden and definable event, which is the direct cause of a bodily injury, independent of any illness or congenital predisposition. Conditions that result from participation in interscholastic sports do not necessarily constitute an accident. Illnesses, disease, degeneration and conditions caused by continued stress to a particular area of the body, and existing conditions aggravated or exacerbated by an accident, are NOT covered.

The plan provides coverage on a secondary/excess basis and payment is made only after the primary carrier has made payment. Payment is made on the **80-20 co-insurance basis**. The maximum benefit is 80% of the reasonable and necessary charges. Payment by your family coverage may satisfy the 20% co-insurance factor. **If you are a member of an HMO/PPO, the proper procedures outlined by that plan must be followed before this coverage has any liability.**

Treatment by a licensed practitioner of medicine must begin within **60 days** of the accident. Only expenses incurred within **52 weeks** of the date of the original accident are considered. Benefits are determined by the REASONABLE AND NECESSARY charges for the geographic region.

If your son or daughter should be injured in our interscholastic sports program, **report the accident to Mishawaka High School's Trainer, Mrs. Cullen, or Mr. Shriner, immediately** and obtain an insurance claim form. Follow the instructions on the back of the claim form. **Health Special Risk, Inc. (HSR) – 1-866-409-5734** processes the claims.

### THE FOLLOWING ITEMS ARE NOT COVERED:

1. Suicide or a suicide attempt while sane: or self-destruction or an attempt to self-destroy while sane.
2. Riding in a vehicle or device for aerial navigation, except as a passenger in a scheduled aircraft used for transportation of passengers.
3. Loss covered by other valid and collectible insurance or plan.
4. Hernia, in any form.
5. Sickness or disease in any form.
6. Fighting, unless as an innocent victim.
7. Expense incurred for the use of orthotics unless used exclusively to promote healing.
8. Use of electric, biomechanical devices.
9. Non-prescription drugs.
10. Off-season physical conditioning for interscholastic sports, unless noted on the Application. The "official season" for each specific covered sport is the period within the dates determined by the State High School Athletic Association for the practice and play of that sport.

To help defer the cost of this program, each athlete is required to contribute the following:

**\$40** for football, basketball, wrestling and soccer

**\$35** for all other first sports

**\$15** for all second and third sports in the school year

Your check should be made payable to Mishawaka High School.

## 2009 Schedule of Benefits High Option

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that treatment begins within 60 days from the date of the Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of the Injury up to the maximum benefit per service as scheduled below.

**Maximum Benefit: \$25,000 (For Each Injury)**

### INPATIENT

Room & Board:	80% of Usual and Customary Charges/Semi-private room rate
Hospital Miscellaneous:	80% of Usual and Customary Charges
Registered Nurse:	80% of Usual and Customary Charges
Physician's Visits:	80% of Usual and Customary Charges

*(Benefits are limited to one visit per day and do not apply when related to surgery)*

### OUTPATIENT

Day Surgery Miscellaneous:	80% of Usual and Customary Charges/\$5,000 maximum <i>(Usual &amp; Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index)</i>
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Physician's Visits:	80% of Usual and Customary Charges/\$50 per day <i>(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)</i>
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Physiotherapy:	80% of Usual and Customary Charges/\$50 per day/15 days maximum <i>(Benefits are limited to one visit per day)</i>
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Emergency Room:	80% of Usual and Customary Charges <i>(Use of room and supplies, treatment must be rendered within 72 hours from time of Injury)</i>
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X-Rays:	80% of Usual and Customary Charges
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CAT Scan/MRI:	80% of Usual and Customary Charges/\$1,200 maximum
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Laboratory:	80% of Usual and Customary Charges/\$600 maximum
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Injections:	No Benefits
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Prescription Drugs:	80% of Usual and Customary Charges
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Orthopedic Braces & Appliances:	80% of Usual and Customary Charges
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### INPATIENT AND/OR OUTPATIENT

Surgeon's Fees:	80% of Usual and Customary Charges/\$5,000 maximum <i>(Specified surgery based on data provided by Ingenix, Inc) (No more than one procedure through the same incision will be paid)</i>
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Anesthetist/Assistant Surgeon:	30% of surgery allowance
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Ambulance:	80% of Usual and Customary Charges
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Consultant:	80% of Usual and Customary Charges
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Dental:	80% of Usual and Customary Charges <i>(Benefits paid on Injury to Sound, Natural Teeth Only)</i>
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Replacement of Eyeglasses, Contact Lenses and Hearing Aids:	\$600 maximum <i>(When broken as a result of a covered Injury)</i>
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Usual and Customary Charges are based on data provided by Ingenix, Inc. using the 75<sup>th</sup> percentile.

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. Benefits may vary by state.

The policy contains an Excess Provision for mandatory coverage. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance.

This plan is available in the following states: Alaska, California, Connecticut, Delaware, Florida, Idaho, Illinois, Indiana, Iowa, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Wisconsin.

Underwritten by:  
United HealthCare Insurance Company

