

CLAY COUNTY SCHOOLS
IMPORTANT DOCUMENT
STUDENT ACCIDENT INSURANCE - - - 2019-20

Dear Parent/Guardian:

The Clay County Schools has purchased accident insurance for all students. The insurance plan provides benefits for accidental injury while attending assigned classes or during school sponsored and supervised activities.

The insurance plan provided by the Clay County Schools **does not** pay 100% of all medical and dental expenses (See Limitations). Please note that the insurance provided by the Clay County Schools is "secondary" to any other family insurance plans and will pay only the eligible medical expenses not payable by other insurance sources. Following is information outlining the benefits and limitations of the school purchased insurance plan.

BENEFITS

If accidental bodily injury occurs while participating in a school sponsored and supervised activity and requires treatment within 30 days from the original date of injury by a licensed Physician, or treatment in a legally constituted hospital, the insurance company will pay the reasonable and customary expenses for necessary medical, dental or hospital care provided within one year from the date of the injury up to the policy maximum amount for any one injury, which are **not paid by other collectible insurance plans**. The insured shall have free choice of a physician or hospital for treatment. If, however, an insured has other valid coverage through another insurance plan(s) and does not choose a physician or hospital through the other plan, we will pay benefits as if the other plan's guidelines had been followed. (SEE LIMITATIONS BELOW).

LIMITATIONS

- *Outpatient Hospital Non-Surgical Charges* (\$250 max)
- *Hospital Room and Board* (Semi-private room)
- *Physician's Surgery/Fracture care fees* (U&C max \$1,500)
- *Physical Therapy* (\$25/visit - \$125 maximum).
- *Ground Ambulance* (\$75/injury)
- *Orthopedic Appliance* (\$75 maximum)
- *Outpatient Prescription Drugs* (\$25/injury)
- Up to 25% of the surgeon's benefit paid for the *anesthetist* and *assistant surgeon*
- *Outpatient Hospital Surgical Charges* (\$1,000 maximum)
- *Inpatient Hospital Miscellaneous Charges* (\$1,500 maximum)
- *Physician's Non-Surgical Visits or Consultations* (\$25/visit).
- *Dental* (\$100 per tooth)
- *Motor Vehicle* (\$500 per injury).
- *Diagnostic x-rays, MRI's, CAT Scans* (\$300 per injury).
- *Eyeglasses* (\$25/injury)

*Note: "U&C" means usual and customary.

PLEASE READ CAREFULLY:

You must indicate on the claim form, when submitting a claim, the name of your personal insurance company before benefits can be paid by this insurance plan. Failure to provide complete claim information will prolong payment of allowable benefits. Thank you for your cooperation with this program.

If you desire additional insurance coverage for your child(ren), we suggest you consider purchasing supplemental individual accident insurance. The rates are as follows:

School Time Plan	\$ 8.00
24 Hour Plan	\$44.00
High School Football	\$40.00

Also, a **Double Benefit Plan** or **Triple Benefit Plan** is available. A brochure describing the individual student insurance program will be made available to students at the beginning of the school year.

If you have any questions about the insurance program, please contact the insurance administrator:

SCHOLASTIC INSURORS, INC.
P O BOX 3194
JOHNSON CITY TN 37602
1-800-872-1953

RETAIN THIS DESCRIPTION OF COVERAGE FOR YOUR RECORDS. This is a brief description of the plan benefits.