



Nederland Independent School District

PERSONNEL AND AUXILIARY SERVICES

Michael G. Laird, Assistant Superintendent

July 30, 2018

Student Athletic Insurance Plan

Dear Parents:

The Nederland I.S.D. is providing your son/daughter with student accident insurance for the 2018-19 school year while he/she is participating in any school sponsored and supervised UIL athletic event in grades 7-12th, including football.

This policy **ONLY** provides coverage while your child is participating in UIL athletics or activities sponsored and supervised by Nederland I.S.D. Coverage is in force during practice, scheduled games, and travel in school appointed and school supervised vehicles to and from games. Treatment of a covered injury must begin and the claim forms must be submitted within **180 days of the injury**. A summary of the schedule of benefits is printed on the back of this letter.

This policy does not cover Physical Education classes or activities not sponsored by the Nederland I.S.D. If you desire to provide protection while your child is "at school" or the "24-hour coverage", this may be purchased by completing the insurance application that will be sent home with each student during the first weeks of school. Additional applications may be secured at District school offices.

All visits to a doctor must be approved by the immediate supervising coach/trainer. This is to enable us to keep records accurately, and it insures that the claim form is properly filled out. Claim forms are available from District Athletic Trainers.

All claims are paid on a non-duplication, or excess basis, which means the company pays toward those expenses not paid by any other valid and collectible insurance in force. The insurance policy will not pay any benefits until you submit your personal insurance explanation of benefit form (EOB) and copies of all bills or certify that you have no other insurance.

As a reminder, medical expenses resulting from an athletic injury/and or accidents are the responsibility of the parent. However, by utilizing *USA MCO Network facilities*, parents should have little or no out-of-pocket expenses with the no-balance billing feature. District Athletic Trainers are available to assist you with the claim forms and procedures to expedite your claim.

Questions you may have concerning this coverage may be directed to the District's Athletic Trainer: Matt Lewis at (409) 727-2741 ext. 2078. You may also contact The Brokerage Store office at 800-366-4810.

Respectfully,

Michael Laird
Assistant Superintendent for Personnel
and Auxiliary Services

Monte Barrow
Athletic Director

MEDICAL BENEFITS

When injury covered by this policy results in treatment by a Licensed Physician within 180 days from the date of injury, the Company will pay the Usual and Customary expenses incurred for necessary covered services and supplies as listed below, for expenses actually incurred within one year from the date of injury up to a **Maximum Medical Benefit of \$25,000 per injury**. This policy will pay benefits only after all other valid and collectible coverage has been paid.

All Amounts Listed Below are Per Injury

A. INPATIENT BENEFITS		TEXAS VALUE	TEXAS STAR
1. Hospital Room and Board		Semi-private Room Charges	Semi-private Room Charges
2. Intensive Care (in lieu of Hospital Room and Board)		1.5 X Semi-private Room Charges	1.5 X Semi-private Room Charges
3. Hospital Miscellaneous Services (all charges except Room & Board)		First day up to \$1,000, thereafter up to \$500 per day; max \$5,000	First day up to \$500, thereafter up to \$250 per day; max \$2,500
4. Physician's Non-Surgical Visits (other than Physical Therapy; not paid day of surgery)		First day of treatment up to \$50, subsequent visits up to \$40, maximum 10 visits	First day of treatment up to \$40, subsequent visits up to \$30, maximum 10 visits
5. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith)		Included in Hospital Misc. Benefit	Included in Hospital Misc. Benefit
6. X-ray and Radiology Services		Included in Hospital Misc. Benefit	Included in Hospital Misc. Benefit
7. Registered Nurse		U&C charges	U&C charges
B. OUTPATIENT SURGERY BENEFITS			
1. Day Surgery (facility charge)			
Room supplies and all other expenses for outpatient surgery		U&C, up to \$2,000	U&C, up to \$1,500
C. OTHER OUTPATIENT BENEFITS			
1. Hospital Emergency Room Charges		U&C, up to \$300	U&C, up to \$200
2. X-ray and Radiology Services		U&C, up to \$250; \$50 reading	U&C, up to \$175; \$25 reading
3. Diagnostic Imaging (includes CAT scans, MRI and bone scans)		U&C, up to \$750; \$50 reading	U&C, up to \$575; \$25 reading
4. Laboratory Services		U&C, up to \$100	U&C, up to \$50
5. Physician's Non-Surgical Visits (not paid day of surgery)		\$50 per visit, maximum 10 visits	\$40 per visit, maximum 10 visits
6. Physician's Non-Surgical Visits (treatment for concussion)		\$80 per visit, first 2 visits; then paid \$50 per visit, up to 10 additional visits	\$60 per visit, first 2 visits; then paid \$40 per visit, up to 10 additional visits
7. Emergency Room Physician's Non-Surgical Care (other than treatment for concussion)		U&C, up to \$150	U&C, up to \$120
8. Orthopedic Appliances (when prescribed by a physician for healing)		U&C up to \$500	U&C, up to \$500
9. Shots and Injections (within 24 hours of an injury)		U&C, up to \$50	U&C, up to \$25
10. Prescription Drugs		U&C, up to \$50	U&C, up to \$25
11. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith)		\$50 per visit, maximum 5 visits	\$30 per visit, maximum 5 visits
12. Ambulance Service (air or ground)		U&C, up to \$1,000	U&C, up to \$500
13. Eyeglass Replacement (if medical treatment is received for a covered injury)		U&C, up to \$200	U&C, up to \$100
14. Durable Medical Equipment (post-surgical only)		U&C, up to \$100	U&C, up to \$100
D. OTHER PHYSICIAN SERVICES			
1. Dental Treatment (in lieu of all other medical benefits, including x-rays of sound and natural teeth)		U&C, up to \$1,000	U&C, up to \$500
2. Physician's Surgical Care (inpatient or outpatient) Only one procedure will be allowed (the highest scheduled) when multiple procedures are performed through the same incision or in immediate succession.		U&C up to \$3,000	U&C, up to \$1,500
3. Assistant Surgeon Charges (inpatient or outpatient)		25% of Surgery Allowance	25% of Surgery Allowance
4. Anesthesia Charges (inpatient or outpatient)		25% of Surgery Allowance	25% of Surgery Allowance
E. MOTOR VEHICLE INJURY			
.....		U&C, up to \$1,000, as scheduled above	U&C, up to \$1,000, as scheduled above
F. OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other accident.			
G. FIELD TRIP COVERAGE - All students will be covered for one day field trips, with no overnight stay. Basic benefits apply for up to \$2,000 per injury.			
H. ACCIDENTAL DEATH AND DISMEMBERMENT - When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.			
Loss of Life	\$ 2,000	Double Dismemberment	\$10,000
Loss of an Eye	\$ 2,000	Single Dismemberment	\$ 2,000

For specific costs and further details of the coverage, including exclusions, reductions or limitations, and the terms under which the policy may be continued in force, see your agent or write the Company. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits.