## **Huron Valley Schools – District Athletic Department**



## **MHSAA Athletic Participation Insurance Policy**

Michigan High School Athletic Association (Student Athletes) Catastrophic Accident & Concussion Medical Insurance -

All eligible students who participate in interscholastic athletic activities at an MHSAA member school in sports which end with an MHSAA tournament are covered provided their school principal attests in writing and the MHSAA agrees that they were eligible under all MHSAA regulations at the time of the injury. Eligible student athletes are covered while traveling directly to and from a scheduled event as a representative of the school while traveling in transportation sponsored by the school, and while participating in season in an allowed activity under the direct supervision of a full-time school employee or coach designated by the school acting within the scope of his/her coaching duties in those sports for which the MHSAA provides a tournament series. Sideline cheerleaders are covered while traveling directly to and from interscholastic athletic events as a representative of the school while traveling in transportation sponsored by the school, and while cheering at interscholastic athletic events under the direct supervision of a school employee designated by the school

MHSAA Catastrophic Accident Medical Insurance does NOT cover ANY out-of-season activities or any activities occurring beyond the mileage limits of Regulation II, Section 6, Interpretation 193, even if those activities are not expressly prohibited by the MHSAA.

This coverage is provided at no cost to the eligible athletes of MHSAA member schools and to registered officials. The MHSAA is the policyholder and pays the premium for this layer of catastrophic accident medical coverage. It will pay up to \$500,000 in medical expenses after a deductible of \$25,000 in paid medical expenses per claim has been met. The MHSAA arranged program will then pay medical expenses above the \$25,000 deductible left unpaid by the parents' or official's insurance or any other sources such as school purchased insurance.

A payment of a catastrophic cash benefit payment of up to \$50,000 will be made if a covered person is paralyzed or in a coma within 180 days after the accident. Payment will not be made until a physician certifies that, after a 16-month waiting period, the injury is permanent and irreversible. This payment is in addition to those payments

already covered for medical expenses and must result in disability. This payment is in addition to those payments already covered for medical expenses.

The first medical expense must be incurred within 90 days after the date of the accident. An accidental death or dismemberment benefit of \$10,000 is paid if either event occurs within 365 days of the date.

The Claims Administrators' name, telephone number and e-mail address is: Mr. Bryan Cronen, FIRST AGENCY, INC., 5071 West H Avenue

Kalamazoo, MI 49009-8501

Phone: 269.381.6630 Fax: 269.381.3055

Email: bcronen@1stagency.com

## CONCUSSION CARE INSURANCE

Beginning with the 2015–16 school year, the Michigan High School Athletic Association is providing athletic participants at each MHSAA member junior high/middle school and high school with insurance that is intended to pay accident medical expense benefits resulting from concussion. The suspected concussion must be sustained while the athlete is participating in an MHSAA in-season covered activity (practice or competition). Policy limit is \$25,000 for each accident.

Covered students, sports and situations follow to the catastrophic accident medical insurance (see above).

This program intends to assure that all eligible student-athletes in MHSAA member schools in grades 7 through 12, male and female, in all levels of all sports under the jurisdiction of the MHSAA, receive prompt and professional attention for head injury events even if the child is uninsured or under-insured. Accident medical deductibles and co-pays left unpaid by other policies are reimbursed under this program.

The Claims Administrator's name, telephone and email address are:

Ms. Terri Bruner K & K Insurance Group 1712 Magnavox Way Fort Wayne, IN 46801

Phone: 800-237-2917 Fax: 312-381-9077 Email: Terri.Bruner@kandkinsurance.com