

2023-2024 STUDENT ACCIDENT INSURANCE DESCRIPTION

Geneva Area Schools

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. 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 OHSAA 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.

Ohio 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, 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 \$60 for the initial visit; up to \$40 for each follow-up day's visit
Surgery/fracture care	Pays up to \$5,000 @ UCR
Anesthesiologist	Pays up to \$1,000
In-patient hospital	Pays up to \$1,000 per day for semi-private room and all other hospital charges (except personal convenience items, T.V., phone, etc.)
Out-patient x-ray/radiology	Pays up to \$400
MRI/CAT Scan benefit	Pays up to \$500
Emergency room or out-patient hospital	Pays up to \$500
Out-patient Hospital/Surgicenter facility charges for same day surgery	Pays up to \$5,000
Out-patient therapy/manipulation/adjustment or similar treatment visits	Pays up to \$400 @ \$40/visit
Prescribed drugs & orthopedic appliances/casting/braces/crutches	Pays up to \$150
Dental	Pays up to \$400 per injured "whole, sound and natural" tooth (orthodontic procedures & treatment of previously damaged teeth not covered)
Ground ambulance service	Pays up to \$500 for initial trip to the closest medical facility
Any covered motor vehicle related injury	Maximum benefit is \$500 (based on above-described policy limitations)

The policy will not pay for medical treatment due to the following: participation in leagues, clinics or classes that are operated by private entities or associations; 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

HOW TO FILE A CLAIM: To obtain a claim form or if you have questions regarding your claim, do not call the school. Contact the agency that administers payment of claims: Scholastic Insurance of Florida, TPA at 1-800-432-6915 or e-mail contact@kidguardinsurance.com. Please submit the completed and signed claim form within 90 days from the date of accident to KidGuard Insurance, P. O. Box 784268, Winter Garden, FL 34778; or e-mail to contact@kidguardinsurance.com; or fax to 1-407-798-0296. If you have any other insurance or sources of coverage such as an HMO, PPO, Blue Cross/Blue Shield, etc., you must first file a claim with your other insurance carrier and then attach proof of benefits paid (Explanation of Benefits) by your insurance company. 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 HMO/PPO plan, you are encouraged to utilize the participating physicians to receive full benefits payable by this policy. Parents must assume financial responsibility for paying expenses not covered by the limited accident insurance policy purchased by the school.