

**IMPORTANT NOTICE**  
**REGARDING BRISTOL CITY PUBLIC SCHOOLS**  
**2023-2024 STUDENT ATHLETIC ACCIDENT INSURANCE POLICY SUMMARY**

The Bristol City Public Schools strives to provide a safe learning environment for all students. However, accidental injuries do occasionally occur during school activities and sports. As a service to the students, the school purchases a sports accident insurance policy to assist families with some of the medical expenses that may result from a high school sports related injury. **The school sports policy has limits and may not provide 100% coverage for all medical fees and charges. The following information summarizes the sports policy provisions. This policy is not intended to and will not replace your primary insurance. This policy will supplement your primary insurance plan.**

The policy provides coverage for Middle School and High School athletes while they are participating in school supervised interscholastic sports practice sessions and games during the regular school term, as sanctioned or recognized by the Tennessee Secondary School Athletic Association (TSSAA). Student athletes and cheerleaders are also protected during group team travel in a school district approved bus or van to and from the school and a covered TSSAA interscholastic athletic event site. Off-season practices, drills or scrimmages are not covered under this policy. The coverage is effective during TSSAA sanctioned seasons, as scheduled by TSSAA. Injuries during individual travel or travel in vehicles not owned or operated by the school are not covered by the school policy.

**The School Athletic Accident policy is EXCESS INSURANCE. The policy will not allow anyone to profit by collecting duplicate benefits from several insurance sources.** Any benefits that could be collected from any other insurance, PPO, HMO or other available source of coverage must pay first before parents are able to collect benefits from the school sports policy. If primary HMO or PPO coverage is available through your employer-sponsored plan, you should use the HMO or PPO approved doctors, hospitals and other providers for treatment of your child's injuries. **A parent must file a claim with any primary insurance coverage available.** If you do not follow the guidelines of your HMO or PPO primary insurance networks, you will be solely responsible for paying any unpaid medical bills, or additional costs you may incur, that are not covered by the school sports policy.

**INTERSCHOLASTIC SPORTS POLICY LIMITS**

The maximum medical benefits will not exceed \$25,000.00 per covered injury, subject to the policy limits. The sports policy may not pay for all sports accident-related medical expenses. Some bills may exceed the limits of the policy. The maximum policy benefits are listed below. **For a claim to be considered eligible for policy benefits, an injured student must receive medical treatment by a licensed physician within thirty (30) days after the date of the original covered accident. The policy will pay for necessary, eligible medical treatment expenses that are rendered and billed within 52 weeks after the date of a covered accident subject to the following policy limits:**

**Inpatient Hospital Benefits:** For daily Semi-Private Room & Board including all miscellaneous charges, supplies, services, operating room, implantable devices, etc., the policy pays up to \$1,000.00 maximum; While in Intensive Care, including all miscellaneous charges, supplies, services, operating room, implantable devices, etc., the policy pays up to \$1,000.00 maximum.

**Outpatient Hospital, Emergency Room or Same-Day Surgi-Center Benefits:** If outpatient major surgery is performed requiring general anesthesia, the policy pays up to \$750.00 for all hospital or Surgi-Center billed supplies, services and implantable devices; the policy will pay up to \$350.00 for non-surgical use of the hospital's Emergency Room.

**Physician's Non-Surgical Office or Hospital visits and Consultations:** Initial non-surgical visit payable up to \$20.00; up to \$20.00 paid for necessary non-surgical follow-up consultation visits; Physician Assistant Visits: \$20.00. Only one visit per day will be paid.

**Surgery Fees:** Benefits for the primary surgeon are paid at (80% of U & C up to \$1,500.00 maximum)

**Assistant Surgeon / Anesthesiology Administration Benefit:** is payable up to 25% of the primary surgeon's allowable benefit.

**Policy limits for X-Rays, MRI, CAT, other Scans and Lab (including interpretation and reading fees):** Diagnostic x-rays, MRI's, CAT Scans (\$500.00 per injury).

**Physiotherapy, Acupuncture, Manipulations or Adjustments in any form including office visit connected therewith:** Pays up to \$30.00 for the initial visit and each necessary follow up day's visit, not to exceed \$150.00 per covered injury.

**Orthopedic Appliances:** (When used for rehabilitation purposes): up to \$150.00.

**Emergency Ambulance Service:** Up to \$250.00 (Air or Ground Services).

**Dental Services: (Amount payable per injured tooth (including X-Rays):** up to \$100.00 for treatment of each injured tooth.

**Maximum Benefit for Motor Vehicle Related Injury:** Up to \$500.00 subject to the policy limits and provisions.

**POLICY DEFINITIONS AND COVERED ACCIDENTS:** The Sports policy provides benefits for covered claims due to sports accidents. A "**Covered Accident**" is defined as a sudden, unforeseen, unexpected identifiable single event which results in accidental bodily injury to a covered athlete or cheerleader, independent of all other causes, occurring while the school policy is in force. Prolonged over-exertion or repeated injury due to non-accidental overuse is not considered a "**Covered Accident**". Policy benefits for heat exhaustion or fainting is provided if either occurs during or within one hour after participation in a school sports practice session or game. **CONDITIONING** is defined as: 'Weight Training' meaning the use of free weights and stationary apparatus. 'Cardiovascular Conditioning' meaning distance and interval training. 'Plyometrics' meaning the use of pre-set conditioning programs. 'Conditioning' **IS NOT** teaching sport specific skills and drills; and does not involve the use of sport specific equipment (i.e. starting blocks, hurdles, rebounders, ball machines, bats, footballs, rackets, etc.). **SURGERY** as defined in the policy means (a) the repair of a laceration that requires sutures (b) any cutting operation, or (c) the reduction of a fracture or dislocation; (treatment of a non-displaced fracture not requiring reduction is not considered a surgical procedure).

**Please remember if you have primary insurance you should stay in your primary insurance network first. Scholastic Insurance is secondary coverage. It is the parent's responsibility to pay any charges that are not covered by the school insurance plan.**

**NO PROFIT CLAUSE: The policy is EXCESS INSURANCE.** This means that any benefit payments that could be collected from any other insurance or similar plan must pay first. (If a person fails to follow rules of a PPO or HMO type plan and loses benefits that could have been collected, these benefits will be classified as collectible and the school insurance policy benefits will be reduced by the amount that could have been collected from the HMO or PPO). Total payment by all collectible insurance or plans shall never exceed the total reasonable medical expense incurred.

#### **THE SPORTS ACCIDENT INSURANCE POLICY DOES NOT COVER:**

- 1) Any expense not due solely to an accident during participation in a covered TSSAA sanctioned interscholastic sport, scheduled and sponsored by a Bristol City Public School and under the direct supervision of a qualified Bristol City Public School Official.
- 2) Injury caused by or while under the influence of alcohol or drugs unless prescribed by a licensed physician.
- 3) Treatment performed by anyone retained by the schools or by any member of a covered person's immediate family.
- 4) Injury caused by participation in any type of non-school sponsored or non-school organized league, or sport.
- 5) The existence or aggravation of a physical or mental infirmity, condition or disease, whether infectious, congenital, secondary or acquired in origin. Conditions or the aggravation of conditions that originated prior to the school policy Effective Date are not covered.
- 6) Any form of illness, sickness or disease including but not limited to the following: Perthes' Disease, Osgood-Schlatter's Disease, Osteomyelitis, Osteochondritis, Osteogenesis Imperfecta, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Hysterical Reactions, Boils, Athlete's foot, impetigo or similar skin infection, rashes, poisonous vegetation reactions, warts, blisters, calluses, cramps, muscle spasms, pathological fractures (stress fractures), allergies or allergic reactions, ingrown nails, appendicitis, infections occurring other than as a result of such injury, detached retina, or treatment expense for similar conditions not due to accidental bodily injury. Hernia, in any form regardless of cause, Mental illness, Psychiatric evaluation or treatment expense.
- 7) Injury occurring during individual travel between the School and the home premises of a covered person.
- 8) Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association-sponsored catastrophe sports accident policy or trust fund is expressly excluded from coverage.
- 9) Motor Vehicle Injury expense is payable up to \$500.00 only after all other motor vehicle and other primary insurance sources have paid.
- 10) Injury as a result of non-traumatic, repetitive, overuse syndrome not to exceed \$0.00.
- 11) Any Expense for which a benefit is not listed in the policy schedule of benefits.

*This description of insurance is not a contract and summarizes the Policy #42-405-24 provisions, benefits and exclusions. Additional policy provisions and exclusions apply. Any difference between the policy and this description will be settled according to the provision of the Master Policy.*

#### **HOW TO FILE A CLAIM**

- 1) Obtain a claim form from the Coach or Athletic Director's Office. Instructions appear on the claim form. The Coach must completely fill in the school area, PART B, sign and date the form. **It is the parent's total responsibility to make sure that the completed claim form is submitted to Scholastic Insurance's office within 90 days after the date of the accident.** Claims will not be paid if received after 90 days from the accident date. You may seek treatment from any licensed Doctor or facility and should **stay in your primary insurance network.** It is the parents' responsibility to ask what out of pocket expenses you may be required to pay.
- 2) The school policy will not pay for any expense that can be obtained from any other valid form of primary insurance or other medical coverage plans. It is the parent's total responsibility to file the claim with any other available insurance or valid source of coverage and then provide *Scholastic Insurance* with evidence (EOB) of what your primary insurance has paid. School sports policy benefits cannot be paid based upon 'balance due' statements. When your claim has been processed by your primary insurance, mail a copy of:
  - A) Copies of the primary insurance explanation of benefits (EOB).
  - B) Copies of itemized bills that match the primary EOB.
  - C) The school insurance claim form that should be completed and signed by the School and Parent. Claim instructions are on the Claim Form.

**Important Note: Please do not leave the claim form with the Hospital or Doctor's Office.** It is the parent's responsibility to make certain that the student's accident is reported to *Scholastic Insurance* no later than 90 days after the date of accident to be eligible for policy benefits. **IF YOU HAVE CLAIM OR COVERAGE QUESTIONS CONTACT SCHOLASTIC INSURANCE. Do not call the schools. The schools do not keep claim records and will not be able to answer claim questions.** THE CLAIM FORM MUST BE SUBMITTED WITHIN 90 DAYS FROM THE DATE OF ACCIDENT TO: SCHOLASTIC INSURANCE, P.O. BOX 784268 WINTER GARDEN, FL 34778  
Local Phone: 407-798-0290 or 800-432-6915 FAX: 407-798-0296 WEB: [www.kidguardinsurance.com](http://www.kidguardinsurance.com)