

# STUDENT ATHLETE ACCIDENT COVERAGE FOR KSHSAA ACTIVITIES

## COVERAGE PROVISIONS

### **COVERAGE BETWEEN \$3,500 AND \$25,000**

**MAXIMUM BENEFIT PAYABLE PER INJURY - \$21,500**

**DEDUCTIBLE PER INJURY- \$3,500**

A. The Wichita School District provides insurance benefits for medical expenses incurred as a result of accidental bodily injuries received by students participating in KSHSAA activities. This insurance plan provides coverage for all students and athletes enrolled in the school while:

1. Practicing for or competing in all KSHSAA interscholastic activities, which are scheduled by the school, and while the student is under the direct supervision of a school employee.
2. Traveling to and from such practices or competition in school-provided transportation

**Benefits will be paid under this plan after:**

1. Covered charges have been paid by your primary coverage; or
2. The \$3,500 deductible is paid by the student, who is not covered under the voluntary basic student accident insurance plan or any other primary coverage.

\*If the student is covered by other coverage, benefits paid by the other coverage will be applied toward the deductible of this plan

## MEDICAL BENEFITS

B. When the injury covered by this policy results in treatment by a licensed physician within 60 days from the date of accident, the District will pay the usual and customary (U&C) charges incurred for necessary services and supplies as listed below, for expenses actually incurred within one year from the date of injury per Section A above. The policy maximum is \$25,000 per injury. All benefits are subject to a \$3,500 deductible per injury. The maximum benefit payable is \$21,500 per injury. **Benefits do not extend to any expenses incurred past one year from the date of injury, or beyond the maximum benefit payable.**

The District's liability for benefits payable on account of expense incurred, for any hospitalization, medical, surgical, and other services resulting from covered injury of the covered person, shall be limited to that part of the expense, if any, which is in excess of the total benefits payable for the same loss, on a provision of service basis or on an expense incurred basis under any medical or service contract, self-funded plan, automobile medical payment coverage, or any plan under federal, state or local law (except Medicaid). If one or more of the other policies, plans, or service contracts provides benefits in an excess insurance or an excess coverage basis, benefits should be paid first by the company or service plan whose policy or service contract has been in effect for the longer period of time at the date of such loss.

## LIMITS

**PHYSIOTHERAPY** (for any form of therapeutic or manual treatment provided by a physician, including but not limited to: physical or mechanical therapy, diathermy, ultrasonic, whirlpool or heat treatments, EMS, or manipulation, includes office visit:- U&C charges incurred to \$50 for each treatment, maximum 10 visits.

**DENTAL TREATMENT-** U&C charges incurred for the repair and/or replacement of each sound tooth

**PRESCRIPTION DRUGS-** Take at home prescription medications- up to \$200.

**EYEGASSES AND HEARING AIDS-** Replacement when broken as the result of a covered injury when medical treatment is required- up to \$200.

**ORTHOPEdic APPLIANCES-** Only when prescribed by a physician for healing- U&C charges incurred.

The Policy contains a provision limiting coverage to the (U&C) usual and customary charges. This limitation may result in additional out-of-pocket expenses to student.

## EXCLUSIONS

The following items are excluded from coverage:

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, head-aches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
2. Replacement of contact lenses or prescriptions or examinations thereof.

**It is not the intent of this policy to provide benefits for an existing medical problem.**

**A re-injury will be covered in the insured has been treatment free for a period of 180 days prior to the date of re-injury.**

# CLAIM FILING PROCEDURE

Filing of the claim is the parent's responsibility

1. Parents notify the school and Employee Benefits & Insurance Management of the student athlete injury.
2. Parents submit copies of your itemized bills to your own family insurance or other coverage first, even if you have a large deductible. You will be sent a report from your insurance company called an Explanation of Benefits (EOB).
3. Dental Accidents are often covered by health insurance or other coverage; please submit charges for all dental accidents to your family health insurance first.
4. Parents send copies of itemized bills, invoices with receipts of payment, and the EOBs to:  
**EMPLOYEE BENEFITS & INSURANCE MANAGEMENT**  
**903 S. EDGEMOOR • WICHITA KS 67218**
5. The claim will be completed when all of the above documents have been provided

Should you have questions about the status of your claim, you can contact Employee Benefits & Insurance Management at (316) 973- 4566

NOTE: Student **must have been treated** by a licensed physician **within 60 days** of the date of injury. Employee Benefits & Insurance Management must be contacted by the parent to report the injury within 90 days from the date of the accident.

The district is responsible only for expenses **incurred within one year from date of injury.**

Please contact Employee Benefits at (316) 973- 4566 for more information.