

July 1, 2017

To Whom It May Concern:

We are sorry that your child was recently injured during a school activity. The purpose of this packet is to educate you about the Student Accident Insurance coverage that Campbell County Schools maintains on all of their students during the school year. It is our intent to make sure you have as much information regarding this insurance as possible and insure that you have all the necessary forms required to initiate a claim and submit the items for payment. The Student Accident Insurance maintained by Campbell County Schools is supplemental insurance. This insurance can be primary insurance if the student is not covered by any other insurance policy. Please read the attached information carefully.

Included in this packet is the following information:

- 1) Instructions for filing a claim
- 2) Claim Form
- 3) Policy benefit information & limitations

Our local representative for this policy is Crawford Insurance. If at any point in this process you have questions regarding your claim or the process please contact Traci Lutes at Crawford Insurance for assistance. Traci can be reached at 859-581-2088 or via email at traci@crawfordins.com.

Sincerely,

Joe Buerkley

IMPORTANT INFORMATION PLEASE READ

It is not necessary to notify Scholastic Insurors, Inc. at the time of injury. No claim will be processed until the below information is submitted for payment. When a student is first injured, a school staff member will provide the family with a copy of this information packet. It is the responsibility of the family to complete Part B of the claim form and return to the school office within five days of the injury. The school will complete Part A of the claim form, sign where appropriate and return to the family for processing. Upon receipt, the PARENT is responsible for submitting the claim form and any additional required documentation.

COMPLETING THE CLAIM FORM:

Important!!!!

- **Treatment Must Begin Within 30 Days from Date of Accident**
- **Completed Claim Form Must be Submitted Within One (1) Year From Date of Accident**
- **All Treatment Must be Received Within One (1) Year of Accident**
- **Since this policy is secondary to any primary insurance, all claims must be submitted to the primary insurance first.**

*****Make copies of all paperwork submitted.*****

- Part A & B must be completed in full.
- Attach to your claim any Itemized statements from the provider. This is NOT a bill from the provider but a UB-04 form for hospital charges and CMA-1500 form for physician charges. You will need to request this from your provider.
- Attach a copy of the Explanation of Benefits (EOB) that you received from your primary insurance carrier. The EOB indicates the payment the primary insurance has made to the provider and any patient responsibility. You will receive this from your insurance carrier after the claim has been processed.
- If there is no primary insurance, a written statement from the insured's parent's employer verifying there is no coverage will need to be attached.
- If you prefer payments be mailed directly to you and not the provider it is important to indicate this on the claim form by checking questions #2 directly above the signature section of the claim form.

Once this above documentation is complete, it is the PARENT'S responsibility to file the claim with Scholastic Insurors, Inc. via fax, email or mail. Failure to submit all of the above information will result in a denial or delay in payment. Please note, in the event your child has multiple claims for an injury, it is very important that you make copies of the claim form for any future claim submissions on the claim.

Scholastic Insurors, Inc.
P. O. Box 3194
Johnson City, TN 37602-3194
Fax: 423-928-2761
Email: johnj@scholasticinsurors.com

If at any time you have questions during this process or need assistance please contact our local representative, Crawford Insurance at 859-581-2088 and ask for Traci Lutes or via email at traci@crawfordins.com.

*The insured shall have free choice of a physician or hospital for treatment. HOWEVER, if an insured has other valid coverage through another insurance plan(s) and does not choose a physician or hospital that participates with the other plan, we will pay benefits as if the other plan's guidelines have been followed.

CAMPBELL COUNTY SCHOOLS

IMPORTANT DOCUMENT STUDENT/ACCIDENT INSURANCE - - - 2017-2018

Dear Parent/Guardian:

The Campbell County Schools has purchased accident insurance for all students. The insurance plan provides benefits for accidental injury while attending assigned classes or during school sponsored and supervised activities.

The insurance plan provided by the Campbell County Schools does not pay 100% of all medical and dental expenses (See Limitations). Please note that the insurance provided by the Campbell County Schools is "secondary" to any other family insurance plans and will pay only the eligible medical expenses not payable by other insurance sources. Following is information outlining the benefits and limitations of the school purchased insurance plan.

BENEFITS

If accidental bodily injury occurs while participating in a school sponsored and supervised activity and requires treatment within 30 days from the original date of injury by a licensed Physician, or treatment in a legally constituted hospital, the insurance company will pay the reasonable and customary expenses for necessary medical, dental or hospital care provided within one year from the date of the injury up to the policy maximum amount for any one injury, which are not paid by other collectible insurance plans. The insured shall have free choice of a physician or hospital for treatment. If, however, an insured has other valid coverage through another insurance plan(s) and does not choose a physician or hospital through the other plan, we will pay benefits as if the other plan's guidelines had been followed. (SEE LIMITATIONS BELOW).

LIMITATIONS

<i>Maximum Medical Benefit</i> (\$25,000 per injury)	<i>Diagnostic x-rays, MRI's, CAT Scans</i> (\$400 per injury)
<i>Inpatient</i> (Semi-private room)	<i>Hospital Inpatient miscellaneous charges</i> (\$3,000 maximum)
<i>hospital charges - Non-surgical</i> (\$500 maximum)	<i>Outpatient Hospital Surgical</i> (\$2,000 maximum).
<i>Physician's surgery/fracture care fees</i> (*R & C \$3,000 maximum)	<i>Physician's non-surgical visits or consultations</i> (\$35 per visit)
<i>Physical Therapy</i> (\$35/visit - \$280 maximum)	<i>Orthopedic Appliance</i> (\$300 maximum)
<i>Dental</i> (\$200 per tooth).	<i>Motor Vehicle</i> (\$500 per injury).
<i>Ground Ambulance</i> (\$100 per injury)	<i>Eyeglasses</i> (\$100 per injury)
<i>Outpatient Prescription Drugs</i> (\$100 per injury)	

* R & C means Reasonable and Customary

EXCLUSIONS...THE POLICY DOES NOT COVER

1. Contact lenses or hearing aids; damage to other than whole, sound, natural teeth or to existing dental bridge, crowns, restorations, or braces; orthodontic procedures and services; drugs, injections, miscellaneous supplies and medications except while hospital confined.
2. Boils, athlete's foot, impetigo or similar skin infections, rashes, poisonous vegetation reactions, warts, blisters, calluses, cramps, muscle spasms, allergies or allergic reactions, ingrown nails, appendicitis, hernia of any kind, however caused; infections occurring other than as a result of such injury; detached retina; or psychiatric care.
3. 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, or similar conditions.
4. Any form of criminal or felonious assault or the insured's being engaged in an illegal occupation.
5. Services or treatment rendered as a part of the school service by a hospital, physician, or person employed or retained by the Sponsor, or by a person related to the Covered Person by blood or marriage.
6. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine driven vehicle; provided, however, that eligible medical expenses not collected from other valid coverage will be payable up to \$500.00 in the aggregate.
7. Intentionally self-inflicted injury. War or act of war.
8. Injuries sustained by a Covered Person hereunder for which benefits are payable under any Workmen's Compensation or Employer Liability Laws. or while engaging in activity for monetary gain from sources other than the school.
9. Aviation in any form except while the Covered Person is riding as a passenger in a licensed airplane provided by an incorporated passenger carrier on a regularly scheduled passenger flight and route.
10. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snowmobile or two or three wheeled motor vehicle.
11. The use of or while under the influence of drugs or intoxicants unless administered as prescribed by a physician.
12. The existence or aggravation of 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 insured persons coverage under the policy.
13. Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association catastrophe sports accident policy is expressly excluded under the policy.

If you have any questions about the insurance program, please contact the insurance administrator:

SCHOLASTIC INSURORS, INC.
P O BOX 3194
JOHNSON CITY TN 37602
1-800-872-1953

RETAIN THIS DESCRIPTION OF COVERAGE FOR YOUR RECORDS. This is a brief description of the plan benefits

