



P.O. Box 337 No. 1 Bearkat Drive Cushing, TX 75760
(P) 936-326-4890 (F) 936-326-4115 cushingisd.org

Superintendent: Michael Lee

STUDENT / PARENT / GUARDIAN
ATHLETIC INSURANCE NOTIFICATION

REPLY REQUESTED

Dear Parent/Guardian:

In preparation for the upcoming athletic season, we want to provide you with information about the accident medical insurance Cushing ISD carries for your son/daughter participating in our athletic program. Cushing ISD purchases an excess basic accident insurance policy through Mutual of Omaha. The policy covers medical expenses arising from athletic injuries up to a limit and excess of any other available accident/health insurance (such as through your personal insurer). The accident medical insurance we carry applies only to covered athletic injuries and is not a replacement for primary accident/health insurance.

This policy **will not** cover the full cost of your child's injury. It is a supplemental policy intended to **supplement** the parent/guardian insurance. *** If you need to purchase an individual primary policy, enrollment information is attached.

ENROLL ONLINE NOW at www.K12StudentInsurance.com
HSR K-12 STUDENT INSURANCE PLANS

HSR's Student insurance products help protect kids from the bumps & bruises of growing up.

How to Enroll

Enrolling online is easy & takes only a few minutes. Go to www.K12StudentInsurance.com

1. **Browse** the available Rates.
2. **Pick your State** -see if your School is available.
3. **Open New Account** - Once you have determined your school is covered, you'll need to open a new account for this school year (you must create a new account each school year).
You have created your account for this year. Please remember your **User ID and Password**.
4. **Add Student & Coverage** by clicking on the "Add Student" button on top of page.
Continue to add each student by clicking on the "Add Student" button until all your students are added.
5. Select "**Checkout**".
6. Select your **payment type** and click "Continue Checkout".
7. Enter **billing information** and click "Continue Checkout".
8. Click "Pay and View Receipt" to **complete your order**.
9. **Save your receipt** for future reference.

HSR
Health Special Risk, Inc.

K12 Accident Plans available through your school include:
At-School Accident Only, 24-Hour Accident Only, Extended Dental & Football.
If you have questions, please call us at **1-866-409-5733**.

Accident coverage underwritten by Mutual of Omaha Insurance Company, Omaha, Nebraska

TEXAS 2013-2014

K-12 Voluntary Student Accident Insurance Coverage

Coverage underwritten by: Mutual of Omaha Insurance Company; Mutual of Omaha Plaza; Omaha, NE 68175

ELIGIBILITY:

All registered students of a participating school/district in grades PreK-12.

COVERAGE OPTIONS

AT SCHOOL COVERAGE: Insurance coverage is provided during the hours and days when school is in session, while attending or participating in school sponsored and supervised activities on or off school premises (i.e. day field trips) and while participating in interscholastic athletics (except injuries incurred while participating in High School Football events/activities). Coverage is provided while traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from the Insured's home premises and school premises when school is in session. If the Policyholder provides mandatory coverage for students under an At School, Interscholastic Athletic/Activity or Football program, benefits will be payable under those programs before being considered under an At School Voluntary program.

24-HOUR COVERAGE: Provides coverage for injuries incurred 24-Hours a day, 365 days a year, at home, at school and while participating in interscholastic athletics (except injuries incurred while participating in High School Football events/activities). If the Policyholder provides mandatory coverage for students under an Interscholastic Athletic/Activity, Football or At School program, benefits will be payable under those programs before being considered under a 24-Hour Voluntary program.

FOOTBALL ONLY: Insurance coverage is provided for High School Football athletes during athletic tryouts, preseason play, practice, state interscholastic governing body approved conditioning, regular and post season play and for travel to, during or after covered athletic activities as a member of a group in transportation furnished and arranged by the school. If the Policyholder provides mandatory coverage for Football athletes under an Interscholastic Athletic/Activity or Football program, benefits will be payable under those programs before being considered under a Voluntary Football Only program.

EXTENDED DENTAL COVERAGE: This is supplemental coverage for expenses resulting from covered accidental dental injuries. The dental benefits provided are: (a) 100% of U&C Charges for examinations, X-Rays, endodontics and oral surgery to a maximum of \$10,000; or (b) dental expenses toward the cost of bridges, dentures or replacement of previous dental repairs to a maximum of \$250. No coverage is provided for orthodontics (braces) for any reason or damage or loss thereof. Extended Dental Coverage must be purchased in conjunction with a 24-Hour, At School or Football program; it cannot be purchased as stand alone coverage.

COVERAGE PERIOD – Coverage under the At School, 24-Hour and Football programs begins on the date of premium receipt but not before the start of the school year activities. At School Coverage ends at the close of the regular nine-month school term. 24-Hour Coverage ends when school reopens for the following fall term. Coverage is available under both plans throughout the school year at the premiums quoted (**no pro rata premiums available**).

BENEFITS

ACCIDENT MEDICAL EXPENSE: When a covered injury to an Insured results in treatment by a physician or surgeon beginning within 60 days of the date of the accident; we will pay benefits as shown in the **Schedule of Benefits**, in excess of the Medical Deductible, if any. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the accident are covered. Benefits for any one accident shall not exceed in the aggregate the maximum Medical Benefit of \$25,000.

Excess Coverage: Benefits are payable for covered expenses that are not recoverable from any other insurance policy, service contract or workers' compensation.

ACCIDENTAL DEATH AND SPECIFIC LOSS: Benefits are paid for losses incurred within 180 days from the date of Injury. The following benefits (the largest applicable amount) are paid in addition to the medical benefit:

Loss of Life.....	\$2,000.00
Loss of both hands, both feet, sight in both eyes, speech and hearing	\$10,000.00
Loss of one hand, one foot, sight in one eye, speech or hearing.....	\$5,000.00
Loss of Thumb and Index Finger of the Same Hand.....	\$500.00

"Loss" means, with regard to hands and feet, actual severance above the wrist or ankle joint, with regard to sight, speech or hearing the total and irrevocable loss thereof. Loss means, with regard to thumb and index finger of the same hand, severance of two or more entire phalanges of both the thumb and index finger.

DEFINITIONS

"Injury" means accidental bodily Injury: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes.

"Hospital" means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare. Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

"Usual and Customary Charges" are those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

EXCLUSIONS AND LIMITATIONS

This policy does not cover: (1) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only); (2) injuries caused by an act of declared or undeclared war; (3) injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded); (4) injuries received while acting as a pilot or crew member; (5) injuries resulting from air travel, except while as a passenger for transportation only; (6) injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation; (7) injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician; (8) injuries received while Intoxicated; (9) injuries sustained while traveling except as described in the covered activities section; (10) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth; (11) injuries covered by workers' compensation or employer's liability laws; (12) injury sustained as a result of operating, sitting or riding in or upon, alighting to or from, or working on or around any motorcycle or recreational motor vehicle including but not limited to: two or three wheeled motor vehicle; four wheeled all terrain vehicle (ATV); jet ski; ski cycle; snowmobile or off-road motorized vehicle not requiring licensing as a motor vehicle; (13) injuries sustained while operating a motor vehicle without possessing a current and valid motor vehicle operator's license (except in a Driver's Education Program); (14) injuries sustained while skiing, scuba diving, surfing, roller skating, riding in a rodeo; (15) injuries sustained while skydiving, parachuting, hang; gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding or ballooning; (16) fighting or brawling; except in self-defense; (17) re-injury or complications of a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 6 month period preceding the effective date of individual insurance; (18) injuries covered under a mandatory no-fault automobile insurance contract; or (19) expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.

STUDENT ACCIDENT INSURANCE SCHEDULE OF BENEFITS

INPATIENT:	ECONOMY SCHOOL	PREMIER OPTION
Room & Board/Hospital Miscellaneous	Semi-Private Room Rate	Semi-Private Room Rate
Hospital Miscellaneous	Up to \$250 per day, to a maximum of \$4,000	Up to \$250 per day, to a maximum of \$5,000
Registered Nurse	Up to \$400 per injury	Up to \$400 per injury
Physician's Nonsurgical Visits	Up to \$20 per visit	Up to \$40 per visit
(Benefits are limited to one visit per day and do not apply when related to surgery)		
OUTPATIENT:		
Hospital Outpatient Surgery – Facility Charge	Up to \$750 per injury	Up to \$1,250 per injury
Physician's Nonsurgical Visits	Up to \$20 per visit	Up to \$40 per visit
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)		
Physiotherapy	Up to \$20 per visit, to a \$40 maximum (Benefits are limited to one visit per day)	Up to \$20 per visit, to a \$100 maximum (Benefits are limited to one visit per day)
Emergency Room	Up to \$75 per injury	Up to \$150 per injury
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)		
X-Ray Services (Includes charges for reading)	Up to \$100 per injury	Up to \$200 per injury
Cat Scan/MRI	Up to \$250 per injury	Up to \$500 per injury
Laboratory	Up to \$25 per injury	Up to \$50 per injury
Injections	No Benefits	No Benefits
Prescription Drugs	100% of U&C	100% of U&C
Orthopedic Braces and Appliances	Up to \$300 per injury (When prescribed by a physician for healing)	Up to \$300 per injury (When prescribed by a physician for healing)
Durable Medical Equipment (Post Surgical Only)	Up to \$150 per injury	Up to \$150 per injury
INPATIENT AND/OR OUTPATIENT:		
Surgeon's Fees	75% of U&C up to a \$3,500 maximum (Limited to the primary procedure per surgery)	75% of U&C up to a \$3,750 maximum (Limited to the primary procedure per surgery)
Anesthetist	25% of surgeon's allowance	25% of surgeon's allowance
Ambulance	First trip to the hospital, up to a \$100 maximum	100% of U&C, first trip to the hospital
Consultant	No Benefits	No Benefits
Dental	Up to \$150 per tooth (Benefits are paid on sound natural teeth only)	Up to \$250 per tooth (Benefits are paid on sound natural teeth only)
Replacement of Eyeglasses, Contact Lenses & Hearing Aids	100% of U&C (When broken as a result of a covered injury)	100% of U&C (When broken as a result of a covered injury)

PLAN & RATE OPTIONS

(Make your selection on the enrollment form attached).

COVERAGE PLANS	ECONOMY OPTION RATES	PREMIER OPTION RATES
24-Hour	\$128.00	\$196.00
At School	\$ 64.00	\$ 94.00
High School Football	\$189.00	\$291.00
Spring High School Football	\$ 76.00	\$116.00
Extended Dental	\$ 9.00	\$ 9.00

RETAIN THIS DESCRIPTION FOR YOUR RECORDS. Retain this student accident insurance flyer, and your canceled check, money order receipt or credit card receipt as your record of coverage. This flyer has been designed to illustrate the highlights of this insurance. All student accident insurance information is subject to the provisions of Policy Form T5MP. Exclusions and Limitations will apply. Should there be any discrepancy between the policy and this student accident information, policy provisions will prevail.

Listed below are important instructions and comments about filing a claim.

YOUR CLAIM FORM

1. This claim form should be fully completed and submitted within 90 days from the date of injury. Be sure to answer and complete the section regarding “**OTHER INSURANCE STATEMENT**”, marking either yes or no, and signing the line for authorization, so that **HSR** and the doctors/hospital may communicate concerning your claim.
Incomplete claim forms are one of the most frequent reasons why claim payments are delayed.
2. Only one claim form for each accident needs to be submitted.
3. Once completed, make a photocopy for your records, and mail to the address shown below.
4. DO NOT assume that anyone else will mail this claim form to **HSR** for you.

YOUR BILLS

1. Please advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills.
2. If you have already been to the doctor/hospital and did not know about this coverage, then please send all of the itemized bills to **HSR** at the address shown below.
3. The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for (diagnosis) and the specific itemized charges (description of treatment and amount) incurred (including the CPT/procedure code).
4. If this information is not on the bill when you send this in we will have to contact the doctor/hospital which will delay the review of your claim. “Balance Due” or “Balance Forward” statements do not contain sufficient information to complete your claim.

EXCESS INSURANCE

1. This policy provides coverage on a secondary/excess basis. If you have any other primary insurance coverage you need to send the bills to your primary insurance first.
2. **HSR** will consider benefits after your other, primary insurance has processed the claim.
3. We will require a copy of your primary insurance Explanation of Benefits (EOB) which you should receive from your primary insurance letting you know what was paid or denied, and the reason(s) why.
4. **HSR** will not be able to consider your claim without this information.

If you have any questions, please contact Customer Service at (866) 409-5734. They are available from 7:00 a.m. thru 7:00 p.m. central time, Monday – Friday. You may also forward any documents by fax to (972) 512-5818.

Health Special Risk, Inc.
P.O. Box 117558
Carrollton, TX 75011-7558