



SALISBURY TOWNSHIP SCHOOL DISTRICT

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**SALISBURY TOWNSHIP SCHOOL DISTRICT
INTERSCHOLASTIC SPORTS INSURANCE**

For the 2007-2008 school year, the Board of Directors of the Salisbury Township School District has purchased an excess policy in connection with insuring losses sustained by students playing in interscholastic football, interscholastic sports and intramurals, band, cheerleaders, and majorettes.

A brief explanation of the Excess Policy is as follows:

Benefits are payable for the first \$100.00 of covered expenses without regard to the other insurance. Thereafter any unpaid bills or bills with balances must be submitted to your other insurance carrier (such as Blue Cross and Blue Shield) for payment or denial. Any Insured whose primary carrier is an HMO, PPO, or similar arrangement, must utilize providers within that network. Any amounts if denied by your other carrier, evidence of denial for each unpaid bill is to be sent to Diversified Group Administrators as shown on the top of the claim form. Once the company receives this confirmation, the excess policy will cover open balances up to the policy limits.

If the Insured has no other coverage, the excess provision shall not apply and once non-coverage is confirmed, benefits will be payable to the limits described in the brochure filed in the Business Office.

All injuries, no matter how minor in nature, shall be reported promptly to the coach and/or school nurse. Claims will be paid when the first expense is incurred within 90 days following the date of injury. Other expenses must be incurred within 365 days after the accident to be payable. Claims filed when the first treatment is received after the 90 day period can be denied for payment by the insurance carrier. Questions concerning claims should be directed to Diversified Group Administrators 1-800-427-9308 or American Management Advisors, 1-888-533-7654.

This coverage for interscholastic senior high football and sports pertains only to participants injured while practicing, participating, or traveling under these school programs. The students should have either school time or full time accident insurance to protect them outside of their sports participation.

Since it is necessary to utilize other coverage with the school district's insurance, please complete the questionnaire below and have the participant return it to the coach or activity instructor immediately.

IN ORDER FOR YOUR CHILD TO PARTICIPATE IN SPORTS, THIS FORM "MUST" BE RETURNED
PLEASE RETURN THIS PORTION

I HAVE OTHER INSURANCE COVERAGE:___ I HAVE NO OTHER INSURANCE COVERAGE: _____

COMPANY'S NAME: _____

POLICY NUMBER: _____

NAME OF PLAYER: _____

SIGNATURE OF PARENT: _____

WE ARE AN EQUAL RIGHTS AND OPPORTUNITY SCHOOL DISTRICT

IN THE EVENT OF A SPORTS INJURY, THE FOLLOWING PROCEDURES SHOULD BE FOLLOWED

- A) REPORT THE INJURY IMMEDIATELY TO A SCHOOL OFFICIAL (FAILURE TO REPORT THE INJURY MAY RESULT IN NON-PAYMENT OF BENEFITS.)
- B) OBTAIN A CLAIM FORM FROM THE SCHOOL OFFICIAL AND COMPLETE WITH DETAILS OF THE INJURY AND SIGNATURE.
- C) THE PORTION OF THE CLAIM FORM WHICH INCLUDES: THE NAME OF THE STUDENT, BIRTH DATE, SCHOOL DISTRICT, SCHOOL ADDRESS, PARENT'S OR GUARDIAN'S NAME AND ADDRESS MUST BE COMPLETED.
- D) PARENTS MUST FILE A CLAIM WITH BOTH THEIR OWN INSURANCE COMPANY AND THE SCHOOL'S ACCIDENT INSURANCE COMPANY WITHIN 120 DAYS OF THE DATE OF THE INJURY AND IN NO EVENT LATER THAN ONE (1) YEAR.
- E) SCHOOL'S ACCIDENT INSURANCE IS A \$100 EXCESS POLICY FOR IN-PATIENT SERVICES, WHICH MEANS THE SCHOOL'S ACCIDENT WILL BE THE FIRST \$100 OF COVERED EXPENSES WITHOUT REGARD TO OTHER INSURANCE. ELIGIBLE EXPENSES ABOVE \$100 CAN BE RESUBMITTED TO THE SCHOOL'S ACCIDENT INSURANCE COMPANY. IN ORDER FOR THIS PROCESS TO BE COMPLETED, THE SCHOOL'S ACCIDENT COMPANY IS GOING TO REQUIRE A STATEMENT FROM THE PARENT'S INDIVIDUAL INSURANCE COMPANY ITEMIZING PAYMENTS AND BALANCES DUE. FORWARD THE STATEMENT TO THE SCHOOL'S ACCIDENT INSURANCE COMPANY. AT THIS TIME, THE UNPAID BALANCE WILL BE RECONSIDERED FOR PAYMENT WITHIN THE LIMITS OF THE POLICY.
- F) IF THE PARENT HAS HMO COVERAGE, THE PARENT MUST GO THROUGH THEIR HOME DOCTOR.
- G) THE PORTION OF THE SCHOOL CLAIM FORM RELATING TO OTHER INSURANCE MUST BE COMPLETED AND SIGNED BY THE PARENT OR GUARDIAN.
- H) AUTHORIZATION TO RELEASE MEDICAL INFORMATION MUST BE SIGNED AND DATED BY A PARENT OR GUARDIAN.
- I) AUTHORIZATION TO PAY BENEFITS DIRECTLY TO THE PROVIDER SHOULD BE SIGNED IF THE PARENT WISHES TO HAVE THE HOSPITAL, DOCTOR OR X-RAYS PAID DIRECTLY.
- J) ATTACH PROVIDER'S ITEMIZED BILLS TO THE CLAIM FORM (THE BILL MUST INCLUDE DATE OF SERVICE, DIAGNOSIS, PROCEDURE CODE.) FORWARD ORIGINALS TO: DIVERSIFIED GROUP ADMINISTRATORS INC. (DGA, INC.) PO BOX 6540, HARRISBURG, PA 17112. RETAIN A COPY OF THE CLAIM FORM AND BILLS FOR YOUR RECORDS.
- K) ONLY ONE CLAIM FOR IS NECESSARY PER INJURY. SUPPLEMENTAL BILLS CAN BE FORWARDED DIRECTLY TO THE SCHOOL'S ACCIDENT INSURANCE COMPANY. RETAIN A COPY FOR YOUR RECORDS.
- L) FOR INFORMATION REGARDING CLAIMS. PLEASE CALL 1-800-427-9308.

SPORTS COVERAGE 2007-2008 PRIMARY EXCESS OVER \$100 PLAN AAA SUMMARY OF BENEFITS

BENEFITS

HOSPITAL ROOM & BOARD (Semi-Private) – U & R

INTENSIVE CARE ROOM & BOARD – U & R

MISCELLANEOUS SERVICES – U & R

During hospital confinement or when surgery is performed

EMERGENCY ROOM OUT-PATIENT – U & R

When hospital confinement is not required

SURGERY – U & R

Including pre- and post-operative care

ANESTHESIA – U & R

(Including administration) and assistant surgeon: % of surgical allowance

DOCTOR'S VISITS – U & R

Other than for Physiotherapy or similar treatment, when no surgery benefit is paid

CONSULTANTS – U & R

(When required by attending physician for confirming or determining a diagnosis, but not for treatment) and second opinion

LABORATORY & X-RAY SERVICES – U & R

(Other than Dental and including fee for interpretation/reading of x-ray when not hospital confined)

PHYSIOTHERAPY – U & R

Or similar treatment

REGISTERED OR LICENSED NURSE – U & R

(In or out of hospital)

AMBULANCE – U & R

To initial treatment facility

ORTHOPEDIC APPLIANCES – U & R

OUT-PATIENT DRUGS/MEDICATION – U & R

(Administered in a Doctor's office or by prescription)

EYEGASSES, CONTACT LENSES AND HEARING AIDS – U & R

(Replacement of broken eyeglasses and/or frames, contact lenses, hearing aids, resulting from a covered injury)

DENTAL SERVICES – U & R

For treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of covered injury

*** ADDITIONAL EXTENDED DENTAL SERVICES – U & R**

Replacement of caps, crown, dentures, and orthodontic appliances, when damaged in covered accident

* When Dentist certifies treatment will continue beyond the expense-incurred period an ADDITIONAL amount will be paid--\$1,500.00

This is a brief description of the policy, for more detailed policy benefits please contact American Management Advisors at 1-888-533-7654