



2021 / 2022

Accident Insurance Information for Parents

Dear Parents:

The school district has purchased an athletic accident insurance plan for the 2021-2022 school year. This insurance may provide benefits for middle school and high school students who participate in school sponsored athletics. This insurance plan is underwritten by an "A" rated company and is endorsed by the N.C. High School Athletic Association and the N.C. Athletic Directors Association.

This Plan is a Limited Benefit Secondary Policy!
This plan may not pay 100% of the medical bills for a school injury, or even the balance after your primary insurance pays.

This means two things:

1. The benefit categories have maximum amounts that are paid out; and
2. This plan pays after any Primary Insurance your child may have.

Please review the partial list of benefits on the back of this letter.

It is Important to Have and/or Purchase Additional Coverage: Accidents may cause an individual to need extensive medical treatment which can be very costly. Therefore, it's recommended that you **purchase additional insurance**. K&K offers additional insurance online at www.studentinsurance-kk.com. For as little as \$9, you can **double** the benefits!

How to File a Claim for a School Injury:

1. The student **MUST** see a doctor within **60 days** of the injury.
 - This visit should be filed under your Primary Insurance.
 - Request that the provider file to K&K as Secondary Insurer.
2. Obtain a claim form from the school or download at www.studentinsurance-kk.com.
 - Click "**File a Claim**" located under "Quick Services" on the left side of the screen.
 - Download and Print the "Participant Accident" claim form.

A claim cannot be processed without a claim form!
3. Follow the instructions on the claim form. Fill out the claim form **COMPLETELY** and **SIGN IT**. **A school official must also sign the claim form**. Send the completed claim form to the K&K Claims Department **within 90 days of the date of injury**.
 - **Email:** KK.PA.Claims@kandkinsurance.com
 - **Fax:** 312.381.9077
4. Request the Itemized Forms (Forms UB04, UB92, or CMS 1500) with CPT/Diagnostic Codes from each provider. CPT codes are required for processing. Submit the itemized forms to K&K.
5. When you receive the Explanation of Benefits (EOB's) from your Primary Insurance, forward the EOB(s) to K&K.
6. **Be sure to keep a copy of all paperwork for your records! Claims Dept. Phone: 800-237-2917**

Filing a claim after an injury is YOUR responsibility. Do not assume that the health care provider or a school official will do this for you. Under HIPAA privacy laws, the school nor insurance agent can obtain claim information from an insurance company or health care provider without your written permission.

We are happy to be selected as your insurance agent for the 2021-2022 school year and will do all that we can to be sure that you receive the best possible service. If, at any point, you have a question or need additional information, just call us tollfree 1.800.476.4339. We will be happy to assist you.

Sincerely,

Gail Gray Dan Nunnery Jessica Mishoe



Class 1 (Middle Option)

Covered Expenses

Benefit Percentage and Other Limits

Determination of the amount of each Covered Expense, and where applicable, each Usual and Customary Charge, will be made solely by the Company.

Inpatient Hospital Services

Room and Board Expenses

Semi-Private Room

\$200 per day

Miscellaneous Expenses

\$1,000 per day

Physician's Visits (limited to one visit per day)

\$50 first day/\$30 each subsequent day

Ambulatory Medical Center

\$1,000 maximum

Emergency Room Treatment (treatment must be rendered within 72 hours from the time of the injury)

\$250 maximum

Surgery

\$1,000 maximum

*Allowance is calculated: 100% of Usual and Customary Charges for the 1st procedure, 50% of Usual and Customary Charges for the 2nd procedure, and 25% of Usual and Customary Charges for each additional procedure when performed through different incisions/portals.

Assistant Surgeon

100% of Usual and Customary Charges

*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.

Anesthesia and its Administration

100% of Usual and Customary Charges

*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.

Outpatient Physician Visits (limited to one visit per day)

\$50 first day/\$30 each subsequent day

Outpatient X-ray

\$400 maximum

Outpatient Diagnostic Imaging Services

\$400 maximum

Outpatient Laboratory

\$150 maximum

Outpatient Physiotherapy (limited to one visit per day)

\$40 first day/\$30 each subsequent day, 5 day maximum

(includes acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment)

Ambulance Services (Air and Ground)

\$500 maximum

Medical Equipment Rental

\$100 maximum

(Includes Orthopedic devices)

Dental Services

\$300 per tooth

Prescription Drugs

\$100 maximum

Consultant

\$400 maximum

Replacement of Eye Glasses, Contact Lenses or Hearing Aids

100% of Usual and Customary Charges



COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section or Conditions of Coverage Section:

1. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy. The definition of war and acts of war do not include acts of terrorism;
5. flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;
6. travel in any Aircraft owned, leased operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
7. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
8. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
9. services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act;
10. operating any type of vehicle or Conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred;
11. the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
12. an Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
13. aggravation, during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity unless the Company receives a written medical release from the Insured Person's Physician;
14. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
15. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury; or
16. benefits will not be paid for services or treatment rendered by any person who is:
 - a. employed or retained by the Policyholder;
 - b. living in the Insured Person's household;



- c. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or
- d. the Insured Person.

This is a brief description of benefits and common exclusions. Please request the policy for details.