

2018-2019 STUDENT ACCIDENT INSURANCE DESCRIPTION
Althoff Catholic High School

Dear Parents:

The high school has purchased a group accident insurance program covering all students in grades 9-12. Students are covered by the accident policy while they are participating in school scheduled, school supervised and school funded functions during the regular school term, including IHSA sanctioned sports practices and competitions. Club sports and sports leagues are excluded from coverage under this policy. Students are also covered while being transported in a school assigned bus, operated by a licensed driver over age 21, directly to or from the Insured person's residence and school for regular classroom sessions and while traveling as a sponsored group in a school assigned car, bus or van operated by a licensed driver over the age of 21 to and from the school and a covered event site. Individual travel or travel in a vehicle that is not owned or operated by the school is not covered by the policy.

Illinois schools are not required to buy insurance or pay student medical expenses associated with school injuries. The school purchases the accident insurance policy as a public service to assist parents that may be without insurance or need to supplement their own personal insurance program.

The school policy will not provide 100% reimbursement for all medical expenses incurred. The plan has limitations and benefits as outlined below. The school cannot assume responsibility for payment of medical expenses that are not covered by the accident insurance policy.

If you have other insurance, you must first file a claim with your other insurance carrier and obtain benefits from your other insurance source. This policy is designed to consider payment of the eligible expenses that are not paid by your other insurance source.

DESCRIPTION OF BENEFITS AND LIMITATIONS

If a student is injured during a school sponsored activity and the injury requires treatment within 30 days after the date of injury by a licensed physician, the insurance company will pay the usual and customary expenses for necessary hospital, medical, physician, or dental care incurred within one year from the date of injury up to a maximum medical benefit of \$25,000 per covered accident, subject to the following limits:

Physician non-surgical visits/consultations	Pays up to \$15 for the initial attending physician's visit; pays up to \$15 per day for each follow-up visit
Surgery/fracture care	Treatment/visits based on policy schedule (will not pay 100%)
In-patient hospital	Pays up to \$250 per day of confinement
Out-patient x-ray	Pays up to \$50 for all x-rays, CT scans, MRI, or other necessary diagnostic tests and interpretations in the aggregate
Emergency room	Pays up to \$30
Out-patient therapy/manipulation/adjustment or similar treatment visits	Pays up to \$15 per visit; not to exceed a total of \$50 per accident
Orthopedic appliances/casting/braces/crutches	Pays up to \$25 if needed for rehabilitation <i>(not covered if used to continue in sports)</i>
Dental	Pays up to \$150 per injured "whole, sound and natural" tooth (orthodontic procedures & treatment of previously damaged teeth not covered)
Ground ambulance service	Pays up to \$100 for initial emergency trip to the closest medical facility
Any covered motor vehicle related injury	Maximum benefit is \$500 (based on above-described policy limitations)

The policy will not pay for medical treatment due to the following: illness or any disease process; aggravation of or reoccurrence of conditions that didn't originally happen during a covered school activity; mental conditions; orthodontic treatment; any condition not due solely to an identifiable accident occurring while this policy was in force. The maximum benefit for any covered motor vehicle related injury is \$500.00. Medical treatment by a licensed doctor must be provided within 30 days from the covered accident date to be eligible for policy benefits. This is only a summary description of coverage. Other policy provisions may apply. All payments will be determined by the actual policy language.

IMPORTANT: If you have any other insurance or sources of coverage such as HMO, PPO, Blue Cross or Tricare, you must first file a claim with your other insurance source. If you have questions concerning this policy, do not call the school. Contact the agency that handles payment of claims: **L. E. Smith & Associates, Inc., P.O. Box 411216, St. Louis, MO 63141.** Phone toll free 1-800-325-1350. The school insurance policy is not intended to replace family or group health insurance policies. Parents must assume financial responsibility for paying expenses not covered by the limited accident policy purchased by the school. If a student is injured in an accident during a school activity, report the accident to the principal's office immediately to obtain claim filing instructions.