

MARION COUNTY SCHOOL BOARD
CURRICULUM & INSTRUCTION
P. O. BOX 670
OCALA, FL 34478
Phone: 352-236-0586

School Year 2009-2010

IMPORTANT NOTICE TO Parent/Guardians.....

The Marion County School Board is proud to have your child participate in a school athletic program or club activity. While we hope your child will not receive any injuries while participating in this activity, there is always that possibility. In the event that an injury does occur we would like to make sure that everyone is aware of their responsibilities.

The Marion County School Board has developed a "Participating Provider Network." These doctors/facilities have agreed, in most instances, not to send the parent/guardian a bill for services rendered for a covered injury. However, if you choose to use a doctor outside the network all amounts over and above the policy maximums or the usual, customary and reasonable charges (UCR) are the responsibility of the parent/guardian. Although, your student may be injured while participating in a school sponsored athletic or club event it does not guarantee that the School Board insurance will pay 100% of the medical expenses. Our policy is meant to be a secondary policy and not a primary policy. However, if your child has no other insurance coverage the policy will pay the limits of our policy.

If the guidelines listed below are followed, the insurance company will be able to expedite payment to the medical providers. Our policy **does have limited payment provisions in many areas such as physical therapy and braces.** Our policy only pays up to the policy maximums on those services. **In an effort to better manage our cost we may ask for a "second surgical opinion." "Pre-certification" for hospitalization is a requirement. It is imperative that you follow these procedures if payment is to be made on your claim.**

- To have coverage under this policy, your child must be in a high school sports program or a supervised school sponsored club activity and have paid the appropriate participation fees.
- If your child is injured he/she must report the injury immediately to the coach, sponsor and/or trainer. If medical attention is required by a physician, it is the parent/guardian's responsibility to advise the coach, sponsor and/or trainer immediately.
- Immediately following a student accident, the Coach/Trainer, Sponsor, or Activity Director will complete brief information regarding how, when, and where the accident occurred and include the student's home address. **The school will mail or fax the school accident report directly to the School Insurance of Florida claims office.**
- Upon receipt of the reporting form from the school, ***School Insurance of Florida*** will mail claim-filing instructions directly to the student's home to enable parents to complete the claim filing process. The mailing will include a complete description of the accident insurance policy terms and limits and advise all parents to call ***School Insurance of Florida*** regarding claim issues School Insurance of Florida P.O. Box 784268, Winter Garden, FL. 34778-4268. Telephone: 1-800-432-6915.
- If your child is covered under another policy, **benefits must be paid from that primary policy first before The Company can process any benefits.** The explanation of benefits (EOB) from your own insurance company, showing what they paid, must be sent to our insurance company along with copies of the bills. **Please understand that our insurance company cannot pay any expenses on your bills until your primary company processes the bills first.**

If you have any questions in regards to your child's injury we encourage you to contact the School Insurance of Florida claims office at 1-800-432-6915.

~ AN EQUAL OPPORTUNITY SCHOOL DISTRICT ~
Drug Free Workplace
Save-A-Friend (1-877-7Friend)

2009-2010 SCHOOL TERM
MARION COUNTY SCHOOLS SPORTS AND SPECIAL ACTIVITIES INSURANCE SUMMARY

The school insurance policy benefits are based on the Florida Worker's Compensation Insurance Fee Schedule. Physicians and other medical providers from our "Participating Provider Network" have agreed, in most instances, to accept the school policy benefits as full payment. However, if the parent/guardian does not process the claim form as required, the doctors/medical facilities have the right to bill the parent/guardian in full for the medical services received. It is the parent/guardian's responsibility to complete and send in the required claim information to the school insurance company within 90 days from the date of an accident to be eligible for policy benefits. It is the parent's responsibility to discuss with your doctor and other medical providers whether or not they will accept the school policy benefits as full payment.

****To be eligible to receive maximum school policy benefits... Out-Patient, elective, non-emergency surgeries should be scheduled in a 'Out-Patient Surgery Center' rather than a hospital, (except in the event of a medical emergency or medical necessity).****

SCHOOL POLICY BENEFITS

For Hospital Room & Board: Avg. Semi-Private Rate *	Cosmetic Surgery: \$1,000 Maximum per injury*
Out-Patient Therapy: \$500 Maximum per injury*	Orthopedic Braces: \$500 Maximum (Rehab Only)*
X-Ray Services: \$500 per Injury*	Motor Vehicle Accidents: \$1,000 Maximum*
Dental Injury: \$250 per injured sound, natural tooth, not to exceed \$1,000 for all dental services*	
Out-Patient 'Take Home' Drugs: Pharmacy prescriptions are not covered. Drugs are only covered when dispensed by a hospital, clinic or physician's office.	

Maximum Medical Benefit: \$25,000 per covered injury subject to the specified limits of the policy.

MARION SCHOOL POLICY LIMITATIONS AND EXCLUSIONS

No benefits will be paid under the Marion School Policy for any expense or loss not caused exclusively by *accidental bodily injury during a covered school sport or club activity*. The term 'accident' means a sudden, identifiable, unexpected and unforeseen event. Injury due to overuse or repeated strain due to overuse may not be covered by the policy. The policy will not cover any expense or any loss resulting from, or for:

1. Participating in sports leagues, martial arts or boxing clubs or schools that are not exclusively sponsored by Marion County Public Schools.
2. Damage to other than whole, sound, vital and natural teeth or to existing dental bridges, crowns, restorations or braces; orthodontic procedures and services. Treatment for injury or fracture of teeth caused either by decay, infection or the breakdown of a dental restoration.
3. Boils, athlete's foot, impetigo or similar skin infection, 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 a covered accidental injury; detached retina; or psychiatric care.
4. 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.
5. Any form of fighting or brawling or criminal or felonious assault or the Insured student being engaged in an illegal occupation.
6. Services or treatment rendered as a part of the Member school service by a hospital, physician, or person employed or retained by the school, or by a person related to the Insured student by blood or marriage.
7. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine driven vehicle, except that eligible medical expenses not collectible from other valid coverage will be payable up to \$1,000.00 in total.
8. Intentionally self-inflicted injury.
9. War or any act of war; (raids by air, land or sea shall be deemed an act of war), civil disobedience, riots or insurrection.
10. Injuries sustained by the Insured student for which benefits are paid or received under any Workmen's Compensation or Employer Liability Laws, or while engaging in any activity for monetary gain from sources other than the Marion School Board.
11. Aviation in any form except while the Insured is riding as a passenger in a licensed airplane provided by an incorporated passenger carrier on a regularly scheduled passenger flight and route.
12. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snowmobile, all terrain vehicle or two (2) or three (3) wheeled motor vehicle. Snow skiing, water skiing, surfboarding, hydro sliding, or jet skiing.
13. The use of or while under the influence of illegal substances or drugs unless administered as prescribed by a physician.
14. The existence or aggravation of a 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 school group policy Effective Date.
15. Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association sponsored catastrophe sports accident policy or trust fund is expressly excluded from coverage.
17. Any expense for which a benefit is not listed.
18. Miscellaneous supplies and medications, except those administered while hospital confined or when treated in the emergency room.