

Dear Parents,

Owensboro Catholic High School is providing this coverage for each student at OCHS and OCMS. This is at no charge to you for this coverage. Please keep this information for your records.

Harold Staples and Jim Duffy, Principals

**OWENSBORO CATHOLIC HIGH SCHOOL
ALL SCHOOL ACCIDENT INSURANCE
2007-08**

Dear Parent/Guardian:

Following is information outlining the benefits, limitations, and exclusions of the accident insurance program. Please note that the insurance is "secondary" to any other insurance coverage the family may have and will pay only on medical expenses not payable by other sources of coverage.

BENEFITS

If accidental bodily injury occurs while participating in a school sponsored and supervised activity and requires treatment within 30 days from the original date of injury by a licensed physician, or treatment in a legally constituted hospital, the insurance company will pay the reasonable and customary expenses (see LIMITATIONS below) for necessary medical, dental, or hospital care provided within one year from the date of the injury up to the policy maximum amount for any one injury, which are not paid by other collectible insurance plans. You will have free choice of a physician and/or hospital for treatment. However, if your child is insured by any insurance plan and that plan requires treatment by a particular network of physicians and/or hospitals and if you choose not to use your assigned network, the school plan will pay benefits as if your other plan's network guidelines had been followed.

CLAIM PROCEDURE

1. **Present a claim to your own insurance company FIRST.** After a settlement has been made with your insurance company, make certain all questions on the claim form are complete.
2. a. A school official must complete Part A on claim form b. the parent/guardian must complete Part B on claim form
3. Attach all medical bills (doctors, hospitals, etc.) to the claim form.
4. **Attach either proof of benefits paid by your insurance company or their letter of denial.**
5. Mail completed claim form to: Scholastic Insurers, Inc., PO Box 3194, Johnson City, TN 37602

Treatment must commence within 30 days.

***NOTE* Submit a claim to company within 90 days from date of accident. *NOTE*
Benefits available for one year from date of injury.**

LIMITATIONS

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| * Hospital room and board (semi-private room rate) | * Inpatient hospital miscellaneous charges (\$1,000 max) |
| * Outpatient hospital charges – Non-surgical (\$150 max) | * Outpatient hospital surgical (\$500 max) |
| * Physician's surgery/fracture care fees (80% of U&C \$1500 max) | * Physician's non-surgical visits/consultations (\$20 per visit) |
| * Physical therapy (\$20 per visit - \$100 max) | * Dental (\$100 per tooth) |
| * Ground Ambulance (\$50 per injury) | * Motor vehicle (\$500 per injury) |
| * Orthopedic Appliance (\$50 per injury) | * Diagnostic x-rays, MRI's, CAT Scans (\$250 per injury) |

~ Note: "U&C" means usual and customary

EXCLUSIONS . . THE POLICY DOES NOT COVER

1. Contact lenses or hearing aids; damage to other than whole, sound, natural teeth or to existing dental bridge, crowns, restorations, or braces; orthodontic procedures and services; drugs, injections, miscellaneous supplies and medications except while hospital confined.
2. Boils, athlete's foot, Impetigo, or similar skin infections, 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 such injury; detached retina; or psychiatric care.
3. Any form of illness, sickness or disease including but not limited to the following: Parthes Disease, Osgood-Schlatter's Disease, Osteomyelitis, Osteochondritis, Osteogenesis, Imperfecta, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Hysterical Reactions, or similar conditions.
4. Any form of criminal or felonious assault or the insured's being engaged in an illegal occupation.
5. Services or treatment rendered as a part of the school service by a hospital, physician, or person employed or retained by the Sponsor, or by a person related to the Covered Person by blood or marriage.
6. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine driven vehicle; provided, however, that eligible medical expenses not collected from other valid coverage will be payable up to \$500 in the aggregate.
7. Intentionally self-inflicted injury. War or act of war.
8. Injuries sustained by a Covered Person hereunder for which benefits are payable under any Workmen's Compensation or Employer Liability Laws, or while engaging in activity for monetary gain from sources other than the school.
9. Aviation in any form except while the Covered Person is riding as a passenger in a licensed airplane provided by an incorporated passenger carrier on a regularly scheduled passenger flight and route.
10. Riding in or on, being struck by, being told by, boarding or alighting from, or operating any snowmobile or two/three wheeled motor vehicle.
11. The use of or while under the influence of drugs or intoxicants unless administered as prescribed by a physician.
12. The existence or aggravation of 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 insured persons coverage under the policy.
13. Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association catastrophe sports accident policy is expressly excluded under the policy.

PLEASE READ CAREFULLY:

You must indicate on the claim form the name of your personal insurance company and your policy number before benefits can be paid by the insurance plan. Failure to provide complete claim information will prolong payment of allowable benefits. **RETAIN THIS DESCRIPTION OF COVERAGE FOR YOUR RECORDS.**