



**2011/2012**

# **Student Accident benefits from your school**

Details Inside



# How You're Protected

This School Time protection is provided, at no cost to you, as a benefit of your local school district's membership in the Workers' Compensation Self-Insurance Trust (WCSIT). This protects your K-12 child against excess medical expenses for an accidental injury that may occur while attending academic classes during the regular school session. This School Time protection includes your child's travel time directly to and from your residence to attend regular academic school sessions, up to one hour before and one hour after regular classes.



This valuable coverage can also help protect your K-12 child against the high cost of medical expenses resulting from an accidental injury that may occur while your K-12 child participates in a school activity (except for certain sports, such as ice hockey and grade 9-12 football). This coverage includes travel directly and uninterrupted to and from such school activity. Both the school activity and travel must be solely organized and scheduled by your school, and supervised by authorized school employees while on or off school premises.

Additional optional coverages are also available to your child at a small cost. See “**How to GET MORE Protection**” for details.

# What You Get

## Excess Medical Benefits

Since most families have insurance or other health plan protection, School Time protection can help fill the gaps in coverage left by deductibles or coinsurance payments.

School Time protection will pay covered usual and customary expenses on an excess basis, up to \$100 and 80% thereafter, per Plan of Coverage year, subject to the following limitations, and other terms and conditions contained in the Plan of Coverage, including the annual maximum limit shown on the Certificate issued to your school:

- Anesthesiologist charges.....up to 20% of the surgery allowance
- Assistant surgeon charges .....up to 20% of the surgery allowance
- Multiple surgical procedures within the same operative field ..... 150% of amount payable for primary procedure
- Inpatient Hospital Stay.....up to 45 days
- Confinement in extended care facility (related to accidental injury).....up to \$365,000
- Combined home health and custodial care (related to accidental injury) .....up to \$100,000
- Physician fees for mental or nervous disorder (related to accidental injury).....up to \$50/1/50 per visit/per day/per year
- Physiotherapy .....up to \$50 per visit, \$1,000 per accidental injury
- Ambulance .....up to \$125 per accidental injury

### Excess Dental Benefits

If dental work is necessary on a tooth as a result of a covered accidental injury, School Time protection will pay, on an excess basis, up to \$100 for treatment of a sound natural tooth, and up to \$150 for replacement of a sound natural tooth.

### Accidental Death & Dismemberment Benefits

Loss of life (due to accidental injury; other than heart/circulatory malfunction) .....	\$12,000**
Loss of life (due to accidental injury resulting in heart/circulatory malfunction) .....	\$10,000**
Permanent loss of a hand, foot, or an eye, .....	\$ 1,000**
or any combination thereof .....	\$11,000**
Permanent and complete loss of sight, speech or hearing .....	\$10,000**

\*\* Only one of the death and dismemberment benefits, the greatest of which, will be paid for any one covered accidental injury.

All dismemberment losses must occur no later than 100 days after the date of the accidental injury, and loss of life no later than 730 days after the date of the accidental injury.

## How to GET MORE Protection

The Illinois School District Agency (ISDA) has designed two optional coverages to further increase protection to your child. No medical exam is necessary.

### 24-Hour Optional Coverage..... Only \$70 per School Year

At a small cost, obtain some of the same benefits provided by School Time protection for an accidental injury during periods outside of School Time protection, at a limit up to \$25,000.

This 24-hour optional coverage begins the later of: (1) the date your payment is received by ISDA, or (2) the first day of academic classes attended by your child during the school's regular school session. This optional coverage terminates on the last day of academic classes attended by your child during the regular school session.

### Grade 9-12 Interscholastic Tackle Football Optional Coverage ..... Only \$150 per Season

ISDA specifically designed this optional coverage to provide you with coverage up to \$25,000 in excess benefits resulting from an accidental injury which your grade 9-12 student may suffer while playing interscholastic tackle football sanctioned by IHSA. This coverage also applies to travel directly and uninterrupted to and from such IHSA sanctioned practices and games, provided the travel is solely organized and scheduled by the school, and supervised by authorized employees of the school.

This valuable protection begins the later of: (1) the date your payment is received by ISDA, or (2) the first day of IHSA sanctioned grade 9-12 interscholastic tackle football practice or game. This optional coverage terminates no later than the season's last IHSA sanctioned grade 9-12 interscholastic tackle football game sponsored by your school.

# How to File a Claim

## PLEASE READ CAREFULLY

In case of an accidental injury to your child, please carefully follow the steps outlined below:

The first expense must be incurred no later than 30 days after the date of the accidental injury, and the last expense must be incurred no later than 52 weeks after the date of the accidental injury. Dismemberment losses must occur no later than 100 days after the date of the accidental injury, and loss of life no later than 730 days after the date of the accidental injury. Claim forms are available on request from your child's school.

### STEP 1:

Request a **Claim Form** from your child's school. Complete and submit the Claim Form to Hinz Claim Management, Inc. **no later than 90 days** after the date of the accidental injury.

### STEP 2:

Submit **itemized bills** to Hinz Claim Management, Inc. immediately as you receive them, but **no later than 90 days** after the date of treatment. All bills must include the provider's Tax ID number, along with the diagnosis and procedure codes.

### STEP 3:

Submit **Explanation of Benefits (EOBs)** from your primary insurance or other plan carrier to Hinz Claim Management, Inc. immediately as you receive them, but **no later than 180 days** after the date of treatment. The EOBs will show how each bill was paid by your other coverage provider.

#### Send all claim information to:

Student Accident Claims  
Hinz Claim Management, Inc.  
525 West Monroe, Suite 2400  
Chicago, IL 60661

**Benefits will be determined in accordance with the terms and conditions of the Plan and Certificate of Coverage.**

#### Questions? Please contact us:

Toll Free: (800) 419-3206  
Fax: (312) 930-7232

**Coverage will be invalidated unless Hinz Claim Management, Inc. receives acceptable and complete claim documentation within the time frames outlined above.**

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#### Student Accident Excess Coverage Card

Student's Name: \_\_\_\_\_

The student whose name appears above may have excess accident coverage under a Plan of Coverage issued to:

School District: \_\_\_\_\_

This card is not a guarantee of coverage or eligibility.

Hinz Claim Management, Inc.

525 West Monroe Street, Suite 2400, Chicago, IL 60661-3685

Fax: (312) 930-7232

To speak with a customer service representative call: (800) 419-3206

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# How to Apply for Optional Coverages

Choose the option that is best for you.



## Pay by Check or Money Order

- 1** Complete and sign the attached Optional Coverage Enrollment Form (located on the back of this page).
- 2** Enclose check or money order payable to:  
**Illinois School District Agency (ISDA)**  
**(DO NOT SEND CASH)**
- 3** Mail the completed Optional Coverage Enrollment Form with your payment to:  
**Illinois School District Agency**  
**6400 Eagle Way**  
**Chicago, IL 60678-1640**



## Pay Online with a Credit Card or PayPal

- 1** Go to: [www.wcsit-isda.com/sac](http://www.wcsit-isda.com/sac) and follow the 2 steps to apply and pay for the Optional Coverage.

**Coverage becomes effective when payment is received in full by ISDA.**

**A Certificate of Coverage will be sent to you to confirm that the coverage has taken effect and its effective dates.**



Illinois School District Agency  
School Time protection provided by the  
Illinois School District Agency (ISDA)

LLOYD'S

24 Hour Optional Coverage provided by LLOYD'S



# Optional Coverage Enrollment Form

- 24-Hour Optional Coverage.....\$70
- Grade 9-12 Interscholastic Tackle  
Football Optional Coverage .....\$150

Please check the type of optional coverage desired.

Mail this completed form and your check or money order payable to "Illinois School District Agency" to:

**Illinois School District Agency  
6400 Eagle Way  
Chicago, IL 60678-1640**

To enroll more than one student, please contact your school for an additional form  
or go to [www.wcsit-isda.com/sac](http://www.wcsit-isda.com/sac)

PLEASE PRINT (Complete the following information FULLY to ensure prompt processing):

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

School District: \_\_\_\_\_

Student's School: \_\_\_\_\_

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PAYMENT IS NON-REFUNDABLE. PLEASE DO NOT SEND CASH**

Optional coverages may be purchased at any time during the school year. Coverage is non-cancelable and payment will not be pro-rated or refunded for late or discontinued school enrollment.

**Coverage becomes effective when payment is received in full by ISDA.**

**A Certificate of Coverage will be sent to you to confirm that the coverage has taken effect and its effective dates.**

<b>ISDA USE ONLY</b>			
Date Received: _____	Deposited: _____	Amount: \$ _____	Initials: _____

# EXCLUSIONS - PLEASE READ CAREFULLY

As with any accidental injury coverage, Student Accident benefits will not cover, and we will not be responsible for any payment, nor is any contribution or premium charged for any claim based upon, arising out of, directly or indirectly resulting from or in consequence of the following:

- a. illness, sickness or disease in any form, viral or bacterial or other infection, except an infection which will directly result from or be in direct consequence of an accidental injury.
- b. ingestion of a contaminant, pollutant, poison, toxin, or any such material.
- c. treatment for hernia, all types, regardless of cause; Osgood Schlatter disease or Osteochondritis Desiccans.
- d. injury sustained by fighting, brawling, during the commission of a crime, vandalism, or other illegal activity, unless the student was an innocent bystander.
- e. suicide or any self-inflicted injury.
- f. injury sustained as a result of a student's participation in a summer camp (including but not limited to, a sports camp or music camp); skiing, snow-boarding, snow-mobiling, motorcycling, skydiving, hang gliding, or travel in any motorized or engine vehicle, except for travel in a four-wheeled passenger vehicle, owned or leased, operated and directly supervised by qualified and authorized school employees.
- g. injury while under the influence of any drug, alcohol, narcotic or intoxicant of any sort or resulting from or in consequence from such use unless used as prescribed by the student's physician for the student's use.
- h. re-injury or complication of a pre-existing condition.
- i. care, treatment or medication received by any person employed by or retained by the school, or any of his or her family members.
- j. care, treatment or medication for which a student is entitled to receive reimbursement under any workers' compensation law, or for which the student is entitled to benefits from any municipal, state or federal program.
- k. injury to a pre-K or college student.
- l. the practice or play of ice hockey, whether during gym class, an intramural activity, interscholastic competition, or otherwise.
- m. the practice or play of football in Grade 9-12, whether during an intramural activity, interscholastic competition, or otherwise; except that, subject to the Plan of Coverage's terms, conditions, limitations and exclusions, coverage will be provided for IHSA sanctioned Grade 9-12 interscholastic tackle football above \$25,000 per Eligible Person up to the maximum limit stated on the Certificate attached to the Plan of Coverage. Coverage may be provided for IHSA sanctioned Grade 9-12 interscholastic tackle football up to a \$25,000 maximum limit for an Eligible Person, subject to the Plan of Coverage's terms, conditions, limitations and exclusions, but only if payment for this optional coverage has been received by ISDA.
- n. eye glasses, contact lenses, or hearing aids.
- o. accident occurring outside of the United States.
- p. prescription or over the counter medication, drug or ointment.
- q. travel or flight in, ascent or descent to or from any aircraft, unless the student is a passenger, as a result of a School Activity, on a regularly scheduled flight with a commercial airline, or an aircraft chartered solely for the purpose of travel to or from the School Activity. The aircraft must have a valid airworthiness certificate from the jurisdiction in which it is operated, and be operated by a duly licensed pilot.
- r. charge which exceeds an Usual and Customary Expense, as defined in the Plan of Coverage.
- s. additional cost for failure to use preferred providers required by an entity, which issued primary coverage to a student.
- t. charge incurred for services or supplies not specifically provided for in the Plan of Coverage, or is not for a Medically Necessary Service, as defined in the Plan of Coverage.
- u. cosmetic surgery.
- v. declared or undeclared war, any riot or civil commotion.
- w. nuclear risk or terrorism.

# Additional Limitations

- School Time protection is available only to students while enrolled in Illinois public school districts which are members of WCSIT and received from the Illinois School District Agency (ISDA) a Plan and Certificate of Coverage.
- Covered benefits and expenses are subject to an annual maximum stated on the Certificate of Coverage issued to your school, and subject to other terms and conditions, some of which are outlined in this brochure.
- Any optional coverage described in this brochure will be effective only on the condition that ISDA has received the additional payment due for the optional coverage.
- Keep this brochure as a summary of benefits. A Certificate of Coverage will only be issued and sent to you if you purchase an optional coverage. The Plan and Certificate of Coverage, which contain detailed provisions of the terms and conditions summarized in this brochure, are on file at your school. You may request from your school a copy of these documents at any time.

## OTHER COVERAGE

No payment will be made for any benefit or expense when the benefit or expense is payable under any other plan of coverage, including but not limited to: any individual or group hospital, medical, dental or surgical plan, certificate, policy, or coverage agreement, whether on an indemnity or on a provision of service basis; any workers' compensation or employer's liability coverage; or coverage provided by an HMO, PPO, a self-insured plan, self-insured pool, Medicaid, or any public assistance program, any coverage provided by the Illinois High School Association (IHSA) or any other association; any automobile insurance or plan, accident policy or plan, or any catastrophe or umbrella coverage program.

**ANY COVERAGE DESCRIBED IN THIS BROCHURE WILL BE  
AT ALL TIMES EXCESS OF ANY OTHER INSURANCE,  
COVERAGE OR BENEFIT, IN WHATEVER FORM OR DESIGNATION,  
EXCEPT FOR ANY ACCIDENTAL DEATH OR  
DISMEMBERMENT INSURANCE OR COVERAGE.**