2024-2025 Hillsborough County School District
Important Information for Parents of Student Athletes

Dear Parents:

The Hillsborough County School Board is very interested in providing a safe environment for all students. However, accidents do happen during athletic practices and games, and JROTC events. The Florida High School Athletic Association (FHSAA.com) requires all student athletes to have basic accident insurance prior to participation in school sports. To assure that all athletes and JROTC students have access to basic accident insurance, the Hillsborough County School Board requires all parents to pay a sports participation/activity fee. This activity fee includes access to basic supplemental accident insurance. The activity fees are collected online by School Insurance of Florida. The basic accident insurance plan, that is included in the activity fee, is not intended to replace family insurance policies and is not primary insurance coverage. **The basic insurance will not pay for 100% of all medical expenses. If you have other primary insurance, the school policy will help pay some of the expenses such as deductibles, co-insurance and dental expenses that are not covered by your family insurance policy.** The basic accident insurance is in effect during FHSAA approved sports practices and games that are directly supervised by a Hillsborough County School District employee. The school policy coverage will begin on May 30, 2024, and terminates on the last official FHSAA game of the sports season or May 29, 2025, whichever is first. This policy includes 2024 summer conditioning, as defined on this form and by the Florida High School Athletic Association.

This activity fee is non-refundable. No refunds are permitted after the first day of conditioning, tryouts, or practices. This activity fee does not provide insurance coverage for any charter schools, club sports, open gyms, private leagues, camps, summer sports camps, summer leagues, summer games, summer practices or drills; or any sports activity that is not sanctioned by the Florida High School Athletic Association or is not listed on this form.

Please visit **WWW.HCPSAthleticProtection.com** for more information regarding the availability of basic insurance and to pay the activity fee.

SUMMARY OF THE ACCIDENT INSURANCE PLAN BENEFITS AND LIMITATIONS

If an eligible student is injured accidentally during a covered activity, the injury requires treatment **within *thirty (30)*** days after the date of injury by a licensed physician. The policy will pay up to $25,000.00 in the aggregate for specified medical benefits incurred within one year from the date of a covered injury subject to the following policy limits:

Non-Surgical Doctor & PA Visits / Consultations: Pays up to $60 for the first day of care and up to $50 for each day of follow-up.
Outpatient Hospital Emergency Room & Services: Pays up to $500, (applies to injuries requiring emergency treatment within 72 hours of an accident). **Surgery Fees:** Pays benefits as listed in the Florida Workers Compensation Fee Schedule (Part A 2008 edition).
Assistant Surgeon (when medically necessary): Up to 25% of the Primary Surgeon's allowable benefit.
Out-Patient Hospital Room & Services or 'Same-Day Surgery' Hospital: Pays up to $5,000 for the hospital/ facility charge in the aggregate when major surgery requiring general anesthesia is performed. **In-Patient Hospital Care & Services**: Pays up to $750 per day for semi-private room and all other in-hospital charges (except personal convenience items, T.V., phone, etc.). **Intensive Care:** Pays up to $1,000 per day of confinement in Intensive Care.
Anesthesiology Physician's & CRNA: Pays up to 20% of the surgeon's allowable benefit in the aggregate.
Out-Patient X-rays, CAT Scans, MRI's Maximums (including reading fees): X-Rays; $150 aggregate; **CAT Scans**: $300 aggregate; **EEG/EKG's:** $200 aggregate; **MRI's:** up to $600 in the aggregate; Injections: Not Covered. **Accidental Injury Dental Benefit:** Up to $300 per injured tooth. (Orthodontic procedures & treatment of previously damaged or decayed teeth not covered). **Out-Patient Therapy or Adjustments including any office visits** Pays $50 per day for up to 10 days of treatment not to exceed $500.00. **Ambulance (air or ground):** Pays up to $500.00.
Motor Vehicle Related Injuries: Maximum Benefit for motor-vehicle related injuries is $2,000 in the aggregate.
Maximum Dismemberment Benefit: $10,000.00. **Orthopedic Appliances:** $150.00

IMPORTANT NOTE: The Hillsborough County School Board policy is NOT 'Primary Insurance' and is not intended to replace family insurance. The district policy is designed to provide 'secondary or excess coverage'. This means the student accident policy will NOT pay any expenses that could be covered by other family insurance or an HMO or PPO. **The accident insurance policy does not guarantee 100% reimbursement for all medical expenses incurred.** The plan has limitations and exclusions. The Hillsborough County School Board does not assume responsibility for payment of medical expenses that are not covered by the Hillsborough County School Board policy or for benefits that could be received from other sources of coverage or insurance. You must file with any other insurance first, before filing for benefits under the school policy.

2024 SUMMER & OFF-SEASON CONDITIONING This insurance will provide coverage during the 2024 summer conditioning and off-season conditioning as defined by the Florida High School Athletic Association, (FHSAA). Conditioning is defined as: **'Weight Training'** meaning the use of free weights and stationary apparatus. **'Cardiovascular Conditioning'** meaning distance and interval training. **'Plyometrics'** meaning the use of pre-set conditioning programs. **'Conditioning'** is not teaching sport specific skills and drills and does not involve the use of sport specific equipment (i.e. starting blocks, hurdles, rebounders, balls or ball machines, bats, footballs, rackets, etc.) and is not covered under this policy. **No coverage is provided during the summer for sports camps, summer leagues, summer practices, summer games, summer drills, club sports or private leagues. No coverage is provided for off-season practices, drills, open gym or scrimmages. Only summer conditioning as defined is an eligible activity during the summer months.**

HOW TO ENROLL: ENROLL ONLINE and Pay your fee by visiting WWW.HCPSAthleticProtection.com.
There are no discounts for late enrollments. Keep a copy of this form for your records. Once the activity fee is paid the student should print an ID card as proof the fee has been paid. This is a non-refundable fee.

Summary of Activity Fees

Group A - 2024 FHSAA High School Tackle Football and/or 2025 FHSAA Lacrosse: $60.00 - Hillsborough County School District Sponsored 2024 Tackle Football Players and FHSAA Lacrosse Season players. The tackle football insurance coverage begins and terminates as scheduled by the FHSAA. The option also provides coverage for the FHSAA sanctioned 2025 spring football season and for the FHSAA lacrosse team players during the 2025 sanctioned season. The FHSAA sports teams listed in Group B and Group C are included in this option.

Group B - High School Interscholastic Activity Fee: $40.00 - Hillsborough County School District Sponsored Soccer, Volleyball, Baseball, Softball, Wrestling, Basketball while on school premises, as sanctioned by the FHSAA. Coverage is also provided for the sports listed below in Group C.

Group C - High School Interscholastic Activity Fee: $30.00 - Hillsborough School District Sponsored Cheerleading, Golf, Cross Country, Track, Tennis Swimming, Girls Flag Football, Team Trainers/Managers, while on school premises and for sanctioned FHSAA events.

MIDDLE School Activity Fee: $25.00 - Hillsborough County School District sponsored, scheduled, and supervised Middle School Track/Field, Soccer, Volleyball, Basketball, Boys/Girls Flag Football and Middle School Team Trainers / Managers. Coverage ends after the last game for the sports season.

JROTC Drill Participant Fee: $30.00 - Provides coverage for JROTC activities that are exclusively scheduled, organized, and sponsored by the SDHC and supervised by a JROTC designated instructor during the regular school term and summer months. Coverage is also provided for the sports listed above in Group C, while on school premises, as sanctioned by the FHSAA (See back of this form for more specific information).

2024-2025 HILLSBOROUGH COUNTY SCHOOLS
SUMMARY OF INSURANCE PROVISIONS, TERMS AND EXCLUSIONS
The Basic Insurance Plan is Underwritten by Reliance Standard Life Insurance,
1100 East Woodfield Road, Two Woodfield Lake, Schaumburg, IL.

EXCESS INSURANCE

The Certificate of Insurance summarizes the policy provisions and benefits. This policy will not pay 100% of all incurred medical expenses. Policy limits and exclusions apply. Policy benefits are payable, subject to the limits specified below, for accidental bodily injury resulting from a covered school sports related accident. The company will pay the reasonable cost of covered eligible medical charges not to exceed the maximum benefits listed in the policy (summarized in this form). The maximum benefit payable for any one covered accident is $25,000.00. **First medical treatment by a licensed physician or dentist for a covered accident must be obtained within *thirty (30)* days from the original date of the covered accident to be eligible for policy benefits.** The company will pay for covered medical charges for treatment and care rendered within **52 weeks** after the date of a covered accident.

POLICY DEFINITIONS*:* **"Covered Accident"** means bodily injury of the insured that results directly and independently of all other causes from a covered accident occurring while the policy is in force. Self-inflicted injuries caused by prolonged over exertion, stress or strain, or disease process or aggravation of an existing condition is expressly excluded from coverage under the accident policy. **"Covered Charges"** means reasonable charges which are not in excess of usual and customary charges; not in excess of the maximum benefit amount payable for services specified herein; services and supplies which are not excluded from coverage; and services and supplies which are a medical necessity for treatment of the covered accident**. "Pre-Existing Condition"** means any physical condition for which the existence of symptoms would cause a normally prudent person to seek medical care or advice. Physical condition includes any complication or residual of a prior illness, condition or disease the person was advised or treated for in the six (6) months before the effective date of the Insured's coverage under the policy. **"Hospital"** means a licensed or properly accredited general hospital which is open at all times and operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients under the supervision of one (1) or more legally qualified physicians available at all times with continuous, twenty-four (24) hour nursing services by Registered Nurses on duty or call. **"Hospital"** does not mean a facility that is primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating mental or nervous disorders, alcoholics, or drug addicts. **"Accident Coverage"** applies while a covered person is in attendance at a school-scheduled, school-sanctioned interscholastic sports practice or competition at or away from school premises, during the hours and on the days that school is in session; participating in activities, except as a spectator, which are exclusively school-funded, school-sponsored, school-supervised and scheduled by the school on or away from school premises, during or after school hours; Traveling directly to and from the school and a covered interscholastic sports competition site in a school designated bus or van driven by a licensed adult driver. Additional policy terms and provisions apply which are stated in the Master Blanket Accident Insurance Policy issued to the school district and on file for your review. **"Effects of Other Coverage"** means the insurance coverage provided under the policy shall be **"EXCESS"** to any other collectible insurance or plans, including but not limited to auto P.I.P. and auto medical payments, HMOs or PPOs, subject to limits stated in the policy. Third party subrogation rights are reserved. Total payments by all insurance plans, including HMOs or PPOs, shall never exceed the total medical expenses incurred. **"JROTC Coverage"** The policy provides basic insurance for SDHC JROTC activities that are exclusively scheduled, organized, and sponsored by the SDHC and supervised by a District designated instructor during the regular school term and summer months. If a JROTC registered student is injured during an activity that is fully or partially organized, scheduled and/or controlled by a third party other than the School District Hillsborough County, policy coverage is not in effect for that student during that activity. Injuries that occur during the regular school day classes or activities such as, but not limited to, physical education class, shop class, lunch time or walking to or from classes are not covered by the policy.

EXCLUSIONS - WHAT THE POLICY DOES NOT COVER

1. Any organized sports leagues or camps, club sports, martial arts or boxing schools that are not sanctioned by the FHSAA.
2. Damage to other than whole, sound, vital and natural teeth or to existing dental bridges, crowns, restorations, or braces; orthodontic procedure and services. Treatment for injury or fracture of tooth 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, 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.
4. Any form of illness, sickness or disease including but not limited to the following: Perthes' Disease, Pathological Stress Fractures, 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 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 member, or by a person related to the Insured 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 $2,000.00.
8. War or any act of war (raids by air, land or sea shall be deemed act of war), civil disobedience, plots, or insurrection.
9. The use of or while under the influence of drugs unless administered as prescribed by a physician.
10. 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's Effective Date. Any expense for which a benefit is not listed. Intentionally self-inflicted injury.
11. 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.
12. Prescription drugs, injections, miscellaneous supplies, medications, except those administered while hospital-confined or when treated in the ER.
13. Any Injury that is not a direct result of a Hillsborough school and FHSAA approved interscholastic sports practice or game during the regular school term.

COVERAGE EFFECTIVE AND TERMINATION DATES: Coverage becomes effective on the first day of summer conditioning as designated by the Hillsborough County School Board or on the first day of practice for the 2024-2025 FHSAA season, as defined/scheduled by the Florida High School Athletic Association (FHSAA). Coverage terminates after the last official FHSAA sanctioned game (as scheduled by the FHSAA), or May 29th, 2025, whichever is first. Teams that are qualified by the FHSAA, to continue to play in the post season are eligible for coverage.

HOW TO FILE A CLAIM: Immediately report any interscholastic sport related accident to the school Coach or Principal's office. Obtain the school student accident report from your school and a claim form. (Para reportar un reclamo, Comuníquese con la oficina de la escuela). Additional information and claim information can be found at WWW.HCPSAthleticProtection.com**.** Complete the claim form and mail with the accident report to: **School Insurance of Florida, P.O. Box 784268, Winter Garden, FL. 34778-4268.** For claim status and eligibility call 1-800-432-6915. Please remember, if you have any other sources of coverage such as an employer's policy, HMO, PPO, Blue Cross, Health Savings Plan, retired military plan, you must first file a claim with your other insurance source. **IF YOU HAVE QUESTIONS ABOUT THIS INSURANCE POLICY DO NOT CALL THE SCHOOL. Contact the agency that handles payments of claims: SCHOOL INSURANCE OF FLORIDA toll free 1-800-432-6915.** A certificate of insurance summarizes the provisions and benefits of the Policy # 09-0132-2025 (filed form # LRS-8985-0100-FL). Any difference between the policy and the certificate will be settled according to the provisions of the policy. Only full-time students enrolled in the Hillsborough County School District are eligible to receive benefits under this policy.

FLORIDA LAW STATES: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an enrollment form containing any false or incomplete, or misleading information is guilty of a felony of the third degree.

SCHOOL INSURANCE OF FLORIDA - CLAIM FORM

PLEASE MAIL THIS CLAIM FORM/ NOTICE OF INJURY TO:
SCHOOL INSURANCE OF FLORIDA, P.O. BOX 784268, WINTER GARDEN, FLA. 34778-4268.

PARENTS: POLICY LIMITATIONS AND EXCLUSIONS ARE ON THE TAKE HOME BROCHURE. THE POLICY DOES NOT PAY 100% OF EXPENSE. THIS IS EXCESS INSURANCE. **YOU MUST FILE WITH YOUR PRIMARY INSURANCE FIRST**. THIS FORM MAY NOT BE PROCESSED UNLESS ALL QUESTIONS ARE ANSWERED AND ALL SIGNATURES ARE IN PLACE. **THIS CLAIM FORM AND THE STUDENT ACCIDENT REPORT MUST BE FILED WITHIN 90 DAYS AFTER DATE OF ACCIDENT. IT IS THE DUTY OF THE CLAIMANT (PARENT/GUARDIAN) TO FURNISH THE COMPANY WITH BILLS, EXPLANATION OF BENEFITS FROM PRIMARY INSURANCE WITHING 365 DAYS OF AN ACCIDENT.** *THE UNDERWRITING COMPANY: RELIANCE STANDARD LIFE INSURANCE CO. PHILADELPHIA, PA.*

PARENT/GUARDIAN MUST COMPLETE AND SIGN THIS FORM Please print your answers.

1. Name of School: County: Grade:

2. Last Name of Student: First Name: Middle Initial:

3. Mailing Address of Parent: City: State: Zip:

4. Home Phone # ( ) - Date of Birth / /

5) WE CANNOT PROCESS THIS CLAIM UNLESS YOU GIVE US A DETAILED DESCRIPTION OF HOW THE ACCIDENT OCCURRED THAT CAUSED THE INJURY. (Use back of this form if more space is needed).

_____

_____

_____

6. Injury Date: Month_____Day_____Year_____Time_____AM or PM Location of the accident:_____

7. Nature of Injury (indicate part of body injured-such as broken arm, sprained ankle etc…) _____

8. Name of your Primary Insurance Company covering this injury: _____
How much is your deductible? _____ *
9. Address of claims office of insurance company on line 8._____

Mother's Name _____Fathers Name: _____

Mother's
Employer:_____Occupation:_____

Mother's Employer Address: _____ Telephone #_____

Father's
Employer:_____Occupation:_____

It is the parent/legal guardian responsibility to ask Doctors and Providers what balances you may be required to pay regarding this claim.

Father's Employer Address:_____Telephone #_____

The above answers are true and correct. I hereby authorize any person or institution to release any information requested by the insurance company or its agent to them, including history and physical, diagnosis or other medical or insurance information. A photo static copy of this authorization shall be considered as effective and valid as the original.

PARENT/GUARDIAN SIGN HERE:_____DATE:___/ ___/____Print Name Here_____

FLORIDA LAW: "Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of third degree."

IMPORTANT INFORMATION: DO NOT LEAVE THIS FORM WITH THE HOSPITAL OR DOCTOR'S OFFICE

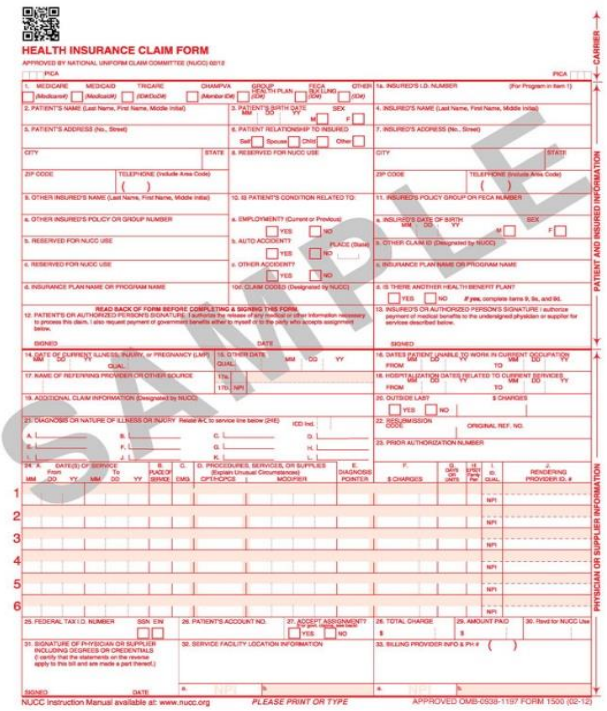
1) Mail this Claim Form, and a copy of the School Injury Report Form directly to: ***School Insurance of Florida, P.O Box 784268 Winter Garden, FL. 34778-4268***

2) If you have primary coverage file your claim with the primary insurance first. After the primary insurance processes your claim, submit the primary insurance explanation of benefits and itemized bills to School Insurance of Florida. QUESTIONS? Please do not call the school. They do not have or keep claim information. Contact ***School Insurance of Florida*** direct 800-432-6915.

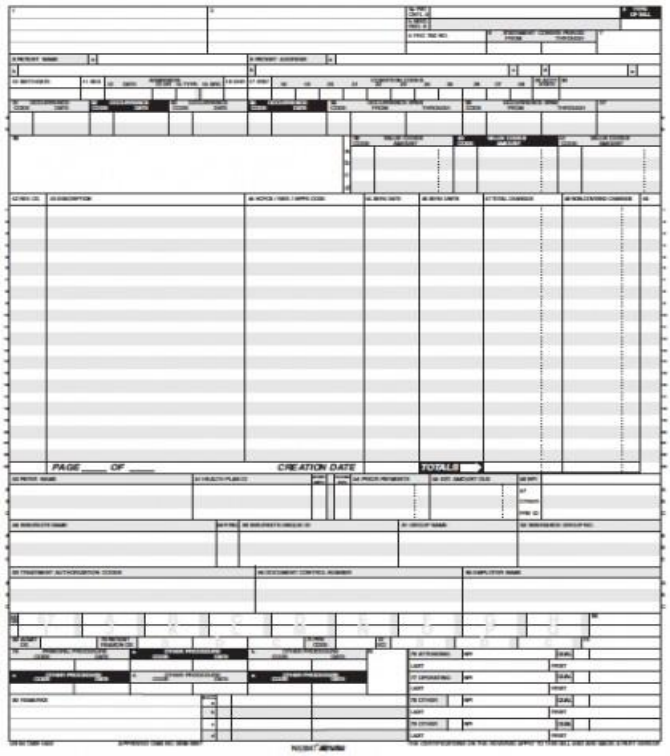
CF 11-12 Hill

This is a sample of an itemized bill. **Balance due statements or summary of accounts are not itemized bills**. Please submit itemized bills, showing procedure and diagnosis codes, so we may promptly review claims.

SAMPLE HCFA 1500 (PROVIDERS OF SERVICE)



SAMPLE UB04 (HOSPITTAL/SURGERY CENTER)



SAMPLE EXPLANATION OF BENEFIT/EOB (PRIMARY INSURANCE)