

GREENWOOD SCHOOL DISTRICT STUDENT ACCIDENT COVERAGE

At the July 2015 regular school board meeting the Greenwood Board of Education approved the STUDENT ACCIDENT INSURANCE POLICY for the upcoming school year. Highlighted below are some areas of importance that should be reviewed and understood by all parties with respect to the coverage guidelines.

Only ACCIDENTS which occur in school sponsored and supervised activities, including participants in interscholastic sports, are covered.

DEFINITION OF AN ACCIDENT: An unexpected, sudden and definable event which is the direct cause of a bodily injury, independent of any illness, prior injury or congenital predisposition.

Conditions resulting from participating in an activity do not necessarily constitute accidents. For example, an illness, diseases, degeneration, conditions caused by continued stress to a particular are of the body, and existing conditions aggravated by an accident are NOT covered.

- A. This plan of insurance is in EXCESS ONLY. It will not duplicate benefits paid or payable by any other insurance or plan including HMO's or PPO's.
- B. A \$250 corridor deductible will be applied to each claim regardless of other valid collectible insurance or plan payments.
- C. The policy will not cover expenses under the insured's HMO (Health Maintenance Organization), or PPO (Preferred Provider Organization). If the insured chooses not to use an authorized medical vendor (under HMO or PPO), the policy will cover expenses incurred that it would have honored had the insured used the proper medical vendor.
- D. Medical treatment for a covered accident must begin within 60 days of that accident. Only expenses incurred within 52 weeks are considered. Benefits are determined on the basis of REASONABLE AND NECESSARY for the geographic location where services are performed.
- E. Specific exclusions include, but are not limited to: sickness, disease or hernia in any form, non-prescription drugs; fighting; the use of electric bio-mechanical devices; and orthotics not prescribed exclusively for rehabilitation (e.g. playing brace, mouth guard).
- F. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Accidents must be reported to the school within 20 days. Proof of loss must be submitted to AIG within 90 days after medical treatment ends. Questions regarding claim procedures may be directed to AIG, Personal Accident Claims Department, P.O. Box 25987, Shawnee Mission, KS 66225. If you need further assistance, feel free to contact Customer Service at 1-800-551-0824 (phone) / 1-866-893-8574 (fax) / AHClaims@aig.com (email).