Frequently Asked Questions

District Accident Insurance

Is the District required to have insurance on students participating in school-sponsored athletic and non athletic activities?

School districts are not required to purchase insurance for students.

Does the District insurance pay for everything?

No. The District policy has limited benefits and it may <u>not</u> cover all medical services. The District policy pays for Covered Charges incurred within 52 weeks from the date of an Injury and filed within 90 days from the date of service. Any charges not paid by insurance are the responsibility of the parent/guardian. It is imperative that parents understand this fact about the District policy.

What does Athletics & Activities insurance cover?

It provides coverage for all UIL sanctioned athletics and academic activities including school-sponsored and supervised vocational classes, ROTC, FFA, day-only educational field trips, FHA, physical education classes and intramurals for grades 7-12, day-only summer camps organized by and held on the premises of the district, and student managers, student trainers, cheerleaders, drill teams and pep squads for UIL sanctioned athletics and activities. For a list of all UIL activities, visit the following website: http://www.uil.utexas.edu/policy/constitution/index.html (Section 380).

What does All School Activities with Athletics cover?

It provides coverage for all school-sponsored and supervised activities (athletic and non athletic) in addition to Athletics & Activities coverage mentioned above.

What grades are covered by the District insurance?

Athletics & Activities insurance covers Grades 7 to 12.

All School Activities and Athletics insurance cover all students in the district from Grades PK to 12.

Is the District insurance primary or excess?

The District insurance is excess or pays after all other valid insurance plans including ERISA or self-funded policies except CHIP, CHAMPU, Medicaid, or other government insurance plan. If a student has personal insurance, then the District insurance will pay after the primary insurance of the student. If a student has no insurance or Medicaid or CHIP or other government insurance plan, then the District insurance will pay first.

Is there a deductible for the District Insurance?

A few districts have elected to purchase insurance with deductibles. If the District has a policy with a deductible (\$100, \$250, \$500), then the parent/guardian is responsible for paying the medical expenses to satisfy the deductible before the District policy pays its benefits.

Frequently Asked Questions (continued)

How soon must medical treatment occur after an accident?

Medical treatment by a licensed doctor must occur within 90 days of the date of the injury.

How long after an accident will medical treatments be covered?

Covered charges incurred for services within 52 weeks of the date of the injury will be covered if submitted to the claim administrator within 90 days of the date of each service.

Who is responsible for filing the student claim form for an injury?

The parent/guardian of the injured student is responsible for filing the claim form. However, it is the District's responsibility to start the claim filing process by completing and signing Section 1 of the claim form. The parent/guardian is responsible for completing and signing Section 2 of the claim form and submitting it to the claim administrator. We highly recommend that the District keep a copy of each claim form submitted for a student injury.

How long does the parent/guardian have to file the claim form?

The parent/guardian has 90 days from the date of injury to file a claim form with the claim administrator. Failure to file a claim form within the 90 days will result in the claim being denied.

What procedures does the District follow to file a claim when the student has insurance?

- 1. District completes and signs Section 1 of the district claim form.
- 2. District makes a copy of the claim form.
- 3. Parent/guardian completes and signs Section 2 of the district claim form.
- 4. Advise parents/guardians to file the claim form with the district claims administrator and to file a claim with the student's insurance carrier. Parent/guardian must follow provisions of the student's insurance (use personal insurance provider network, use Medicaid provider network, etc.).
- 5. Parent/guardian should leave a copy of the district claim form with each provider.
- 6. Parent/guardian should request each provider to submit copies of UB92 and HCFA 1500 forms to the District's claim administrator.
- 7. As parents/guardians receive Explanation of Benefits forms (EOBs) from the student's insurance plan for services, they should submit copies of the EOBs to the District's claim administrator.

What procedures does the District follow to file a claim when the student has <u>no</u> insurance?

- 1. District completes and signs Section 1 of the District claim form.
- 2. District makes a copy of the claim form.
- 3. Parent/guardian completes and signs Section 2 of the district claim form.
- 4. Advise parents/guardians to file the claim form with the District's claims administrator.
- 5. Direct parents/guardians of students without insurance (except Medicaid) to a provider on our Texas Kids First Network. Login to the Provider Directory on our website www.texaskidsfirst.com. Using your User ID and Password (provided with the District Policy), access the directory to find providers in your area that accept the limited benefit amounts payable for covered services as payment in full.
- 6. Parent/Guardian must notify provider or facility if child has Medicaid (Medicaid plans have a network).
- 7. Parent/guardian should leave a copy of the district claim form with each provider.
- 8. Parent/guardian should request each provider to submit copies of UB92 and HCFA 1500 forms to the District's claim administrator.
- 9. Parent/guardian must follow-up with each provider to make certain bills are submitted to the District's claim administrator within 90 days of the date of service.

Frequently Asked Questions (continued)

Individual Accident Insurance

What does the Individual Accident Insurance cover?

It is a limited benefit plan that covers accidents only, not sickness or illness. There are 5 plan options available for purchase on our website www.texaskidsfirst.com. There are 2 At-School options (with and without athletics), 2 24-Hour options (with and without athletics), and Varsity Football.

At-School options cover school-sponsored and supervised activities (except Varsity Football) during normal school hours. The 24-Hour options cover school-sponsored and supervised activities (except Varsity Football) as well as non school activities around the clock.

Do the Individual Accident plans have a deductible?

The At-School and 24-Hour plans do not have a deductible. The Varsity Football plan has a \$250 deductible.

Is there an enrollment period?

No, the individual plans are available for purchase anytime during the school year. Coverage is renewable annually. Coverage becomes effective on the day after receipt of premium by the insurance company.

The parent/guardian has a 30-day right to review the policy. If they are not satisfied with the Policy for any reason, they may return it to us within 30 days of receipt requesting a refund. Any premium paid will be refunded. The Policy will be void from the beginning as if no Policy was issued.



Texas Kids First

Providing affordable insurance to Texas Schools and school-age children

IMPORTANT STUDENT INSURANCE INFORMATION

Dear Parent/Guardian:

The insurance provided by the school district is supplemental and not intended to provide or replace individual, family, or group healthcare insurance coverage. The District insurance is <u>accident only</u>, not sickness and illness. All insurance policies have limits of how much they will and will not pay. This policy is no different.

The District has a limited accident only benefit policy and it may not cover all medical payments for your child. The District policy pays for Covered Charges incurred within 52 weeks from the date of an Injury and filed within 90 days from the date of service. Any bills not paid by insurance will be the parent and/or guardian's responsibility.

Regardless of whether your student has insurance or not, <u>treatment by a licensed doctor must occur within 90 days from the date of the injury</u>.

Regardless of whether your student has insurance or not, <u>filing of a fully completed and signed claim form by the district and parent/guardian must occur within 90 days from the date of the injury by the parent/guardian</u>.

Regardless of whether your student has insurance or not, filing of all bills for provider services must occur within 90 days from the date of service. It is the parent/guardian's responsibility to follow-up with each provider to make certain bills are submitted on time.

- If your student has insurance (personal or other medical coverage), then you must comply with the provisions of the insurance.
 - o File all bills with your student's insurance first.
 - Submit copies of all Explanation of Benefits (EOBs) to the district's claim administrator as you receive them.
 - o Leave a **copy** of a completed district claim form with each provider.
 - o Request each provider to submit paper copies of all UB92 or HCFA 1500 forms for their services to the district's claim administrator (address indicated on claim form).
- If your student has no insurance (personal or Medicaid or other medical coverage), then
 - o Parent/guardian must notify provider or facility if child has Medicaid.
 - o Leave a **copy** of a completed district claim form with each provider.
 - Request each provider to submit paper copies of all UB92 or HCFA 1500 forms for their services to the district's claim administrator (address indicated on claim form). Parent/guardian must follow-up with each provider to make certain bills are submitted on time.

Be sure to indicate on all information submitted to the claim administrator: 1) the name of school district, 2) the name of the school, 3) the name of the injured student, and 4) the date of the accident.

• A completed and signed district claim form (by the parent/guardian and District official) must be sent to:

Universal Fidelity Life Insurance Company P.O. Box 304 Duncan, OK 73534-0304

Or

Claim Form may be scanned and sent electronically to <u>SAclaims@uflic.com</u> to expedite payment of the claim as bills are submitted. <u>Keep in mind that failure to submit a completed and signed claim form is the most frequent reason why claim payments are delayed.</u>

We appreciate your business and if you have any questions or concerns, please call 1-800-366-8354.