



Penn Athletics/Activities Insurance and Transportation Fee

Dear Parent or Guardian:

Insurance

Athletic department policy requires that all students participating in interscholastic athletics must purchase insurance available through the school. Students will not be allowed to practice or participate until they have paid the insurance fee of \$50.00. This supplemental coverage is for medical bills from ACCIDENTS ONLY. "Accident" means a sudden, unforeseeable external event. All athletic related injuries occurring during a Penn High School activity must be reported to the supervising coach, sponsor, or athletic trainer at Penn High School as soon as possible. Claim forms should be submitted through the Athletic Office. The length of insurance coverage is 365 days.

Transportation

Students who participate in athletic and/or extracurricular activities will be assessed a fee of \$10.00 at the beginning of *each* season to offset the cost of bus transportation directly related to attending away athletic and/or extracurricular events. This action is necessary to help control the increasing cost of bus transportation at a time when very few additional revenues are available to meet ongoing operational costs. Those families facing a financial hardship where it would be impossible to cover the transportation fee should contact the coach, sponsor, or building principal to discuss what other options would be possible to cover the transportation fee.

(Explanation of insurance is attached)

Please detach and keep the top portion for your records.

Return this portion with the insurance/transportation fee attached.

Checks are preferred and should be made out to Penn High School.

(Circle One)

<u>\$60.00</u> Insurance and Transportation
<u>\$50.00</u> Insurance Only
<u>\$10.00</u> Transportation Only

Name _____

Sport/Activity _____ Grade _____

Season (please circle one) Fall Winter Spring

Cash _____ Check # _____ Date _____

Insurance/Transportation fee is **\$60.00** (single sport/activity)
 Additional Sports and Activities are assessed a transportation
 fee of \$10.00 per season. Thank you.

INSURANCE

All student participants in interscholastic athletic programs, cheerleading, pom poms, girls' lacrosse, and powder puff football at Penn High School must purchase student accident insurance before he/she can participate in any form of competition. Coverage is supplemental to a family's primary insurance.

Please keep in mind the following items with the coverage:

- All athletic related injuries occurring during a Penn High School activity must be reported to the supervising coach, sponsor, or athletic trainer at Penn High School as soon as possible.
- All claims must be submitted to NAHGA Claim Services, P.O. Box 189, Bridgton, Maine 04009-0189 *within one (1) year from the date of the original accident.*
- In order to file a claim you must stop by the athletic office to pick up a claim form, complete the claimant and parent information, and then submit it to the supervising coach, sponsor, or athletic trainer at Penn High School. If requested, the athletic office can fax your claim to NAHGA Claim Services. The family is *ultimately responsible* for submitting the claim form and all other requested materials such as copies of medical bills or primary insurance explanation of benefits.
- **IMPORTANT NOTICE** - Should the family coverage be with an HMO, the athlete must use the authorized medical vendor through that HMO.
- Treatment must begin within ninety (90) days from the date of the injury by a legally qualified, licensed physician, surgeon, or dentist (not a member of the insured's family).

2015-16 Athletic Accident Insurance Schedule of Benefits

This coverage is written on the excess basis, which means any family or employer group insurance or plan must contribute its maximum first before this coverage has any liability. Coverage is from a deductible of \$0.00 to a medical maximum of \$25,000 per accident per policy provision. This coverage also includes a \$5,000 Accidental Death Benefit and Dismemberment schedule. "Accident" means a sudden, unforeseeable external event.

Benefits are payable for one year from the date of injury, provided treatment begins within 90 days from the date of injury.

Hospital Room & Board Daily Maximum Benefit Amount.....	100% of Usual and Customary
Intensive Care Room & Board Daily Maximum Benefit.....	100% of Usual and Customary
Hospital Miscellaneous Maximum Benefit Amount.....	\$2,000 First Day/\$1,000 Each Subsequent Day Per Injury
Outpatient Pre-Admission Testing Benefit Amount.....	\$100 Maximum Per Injury
Outpatient Hospital Emergency Room Treatment Maximum Benefit Amount.....	\$300 Maximum Per Injury
Surgical Benefits:	
Primary Surgeons Maximum Benefit Amount – <i>Only one procedure will be allowed when multiple procedures are performed through the same incision:</i>	100% of Usual and Customary
Assistant Surgeon, Second Surgical Opinion, Consultation Maximum Benefit.....	\$1,000 Maximum Per Injury
Anesthesia Maximum Benefit.....	\$1,000 Maximum Per Injury
Surgical Facility Maximum Benefit per Operating Session.....	\$2,000 Maximum Per Injury
Doctor's Visits	
In-Hospital Maximum Benefit.....	\$45 Per Visit, 5 Visit Maximum Per Injury
Office Visits Maximum Benefit.....	\$45 Per Visit, 5 Visit Maximum Per Injury
Maximum for All In-Hospital and Office Doctor's Visits.....	10 Visits Per Injury
X-rays – <i>Including MRI's & CAT Scans</i>	\$800 Maximum Per Injury
Laboratory Maximum Benefit Amount.....	100% of Usual and Customary
Nursing Maximum Benefit Amount.....	Paid Under Hospital Miscellaneous
Physiotherapy Benefit	
Maximum Benefit Amount (Hospital Inpatient).....	\$50 Per Visit, \$250 Maximum Per Injury
Maximum Benefit Amount (Outpatient).....	\$50 Per Visit, \$250 Maximum Per Injury
Maximum for All Physiotherapy Combined (Inpatient & Outpatient).....	\$500 Maximum Per Injury
Ambulance Maximum Benefit Amount – <i>Including Ground & Air Transportation</i>	\$1,000 Maximum Per Injury
Medical Equipment Rental Charges Maximum Benefit Amount <i>Including Durable Medical Equipment</i>	\$200 Maximum Per Injury
Medical Services and Supplies Maximum Benefit Amount <i>Including Blood, Blood Transfusions, Oxygen, Casts/Splint/Strapping</i>	\$100 Maximum Per Injury
Dental Treatment For Injury Only Maximum Benefit Amount – <i>Including Braces, Caps & Bridges</i>	\$2,000 Maximum Per Injury
Heat Exhaustion, Heat Prostration, Fainting.....	\$500 Maximum Per Injury
Eye Glass Replacement, if medical treatment is received for a covered Injury.....	\$200 Maximum Per Injury
Pain Management – Paid Under Surgical Benefits.....	\$200 Maximum Per Injury
Out-Patient Prescription Drug Benefit Maximum Benefit Amount.....	100% of Usual and Customary
Orthopedic Appliances.....	\$200 Maximum Per Injury

Questions or concerns about coverage can be directed to:

Baker Insurance Company 1-800-223-1318