

HOUSTON INDEPENDENT SCHOOL DISTRICT
ATHLETIC DEPARTMENT
MEDICAL, HOSPITAL, AND FIRST AID CARE FOR ATHLETES AND
PAYMENT FOR SUCH SERVICES

All athletes are required to purchase an Athletic Accident Insurance policy provided by the Board of Education, or have a notarized Athletic Insurance Waiver on file at the school and in the Athletic Department. The Policy will cover the cost of injuries up to \$5,000,000 as provided in the plan.

Parents are also required to apply their family health insurance to physician and hospital charges in addition to the school insurance. ALL MEDICAL EXPENSES WILL BE HANDLED BY PARENTS THROUGH THE APPROPRIATE INSURANCE COMPANIES. The HISD Athletic Department will not be responsible for medical expenses.

Only athletes who have properly completed a Parent Approval Form, a Physical Examination Form (by a qualified physician), and paid the school Athletic injury Insurance Policy premium are eligible to participate in this program. Premiums paid by students are not refundable.

When, in the judgment of school staff, there appears to be a change in the physical status of an athlete after the physician's report is completed, the school may require another physical examination, and a release by a qualified physician must then be obtained before an athlete will be allowed to continue in a activity.

Physicians on duty during games and employees of HISD may admit injured athletes to an emergency room (or hospital) when deemed necessary.

The school Athletic Injury Insurance Company will not be responsible for medical bills incurred without the coach's knowledge or without an HISD Athletic Injury Report properly completed.

The above rules and procedures regarding the steps to be taken and the people responsible for the care and medical treatment of student athletes may, at any time, be modified, changed, or another procedure followed by HISD or its employees.

CURRENT FEATURES OF ATHLETIC INSURANCE: SEE OTHER SIDE.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor HISD assumes any responsibility in case an accident occurs.

Name of School \_\_\_\_\_

Our son/daughter (full name) \_\_\_\_\_

brought this information on Athletic Injury Insurance to us and we have read the above information. I agree to abide by these rules and regulations. I understand that payment of medical expenses will only be made as provided under the rules and regulations of the insurance company carrying the HISD School Athletic Injury Insurance and the rules and regulations of HISD. Such payments are not a waiver of immunity from suit by HISD and create no liability by HISD for injuries or damages that might arise.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury. As of this date, I know of no reason, medical or physical, that may limit this student's participation.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Student

Medical Maximum--\$10,000.00 Benefits provided up to the following maximums: Senior High Football and other Interscholastic Athletics Coverage—Excess from first dollar.

**Covered Items**

Hospital Expenses

Inpatient

- Room and Board—Usual and Customary Charges for Semi-Private Room.
- Miscellaneous—Usual and Customary Charges. **(\$5,000.00 Maximum)**
- Private-Duty Registered Nurse Care—Usual and Customary Charges.

Outpatient—Usual and Customary Charges.

Doctor's Fee

- Surgical—Usual and Customary Charges.
- Nonsurgical—Usual and Customary Charges.
- Anesthesiologist—Usual and Customary Charges.

X-rays—Usual and Customary Charges.

Diagnostic Scanning and Imaging-- Usual and Customary Charges.

Physiotherapy—Usual and Customary Charges.

Ambulance—Usual and Customary Charges. **(\$1,000.00 Maximum)**

Braces and Appliances—Usual and Customary Charges.

Dental (including x-rays)—Usual and Customary Charges.

**PLAN REQUIREMENTS**

1. Medical treatment must begin within 90 days after the date of the accident.
2. Claims must be filed within 90 days of loss.
3. All care and treatment must be necessary and ordered by a physician or dentist.
4. All expenses must be incurred within 52 weeks after the date of the accident.
5. Only x-rays of the part of the body injured are covered. For the purposes of this policy, x-rays include all diagnostic imaging and scanning and associated reading fees.
6. These plans do not duplicate coverages of any catastrophe plan. When athletes are covered under a catastrophe plan of a state athletic association, benefits for all athletic injuries are reduced to provide that the maximum amount payable under such claims shall be equal to the deductible of the catastrophe plan in effect, but in no event to exceed the maximum provided by this policy. Death and dismemberment benefits pay in addition to medical benefits for loss occurring within 365 days, one such benefit, by schedule, the largest amount applicable.
7. Athletes covered by HMO or PPO insurance plans must utilize such services.
15. Repair, replacement, or the expense of any equipment other than that specifically designated as medically necessary for rehabilitation.
16. Accident occurring while the insured is under the influence of drugs or narcotics which are not lawfully available unless

**EXCLUSIONS**

- This policy does not cover losses caused by or resulting from any one or more of the following:
8. Intentionally self-inflicted injuries, suicide or attempted threat, while sane or insane (in Missouri, while sane);
  9. Declared or undeclared war or any act thereof.
  10. Accident occurring while the insured is serving on full-time active duty in the armed forces of any country or international authority (any premium paid to be returned by the company pro-rata for any such period of full-time active duty);
  11. Illness, disease, pregnancy, childbirth, miscarriage, or any bacterial infection other than bacterial infection occurring in consequence of any accidental cut or wound;
  12. Riding as passenger or otherwise in any flying device;
    13. Owned by you;
    14. Operated by you;

Note: The term "operated by you" shall mean any non-owned aircraft borrowed, leased or rented for a period of either 10 straight days or 20 days per year.
  - Prescribed by a licensed physician for a medical condition other than drug addiction; or
  17. Accident occurring while the insured is intoxicated. Intoxicated means the insured had surpassed the legal level of alcohol in the blood as used in the locale where the accident occurred.

**CATASTROPHIC STUDENT ACCIDENT ATHLETIC COVERAGE**

18. Maximum Benefit: \$5,000,000.00.
19. Deductible: \$25,000. Deductible must be accumulated within a 24-month period.
20. Benefit Period: 10 years
21. Who May Be Covered: Blanket coverage is provided for all high school and middle school participants in school-sponsored UIL-approved activities.
22. Benefit Provisions: Benefits will be paid for covered usual and reasonable expenses that are in excess of amounts payable by other valid and collectible Group Insurance for injury resulting directly and independently of all other causes from an accident occurring while the insured student is covered under the Catastrophe Policy. The first expense must be incurred within 26 weeks after the date of the accident. Coverage is subject to the provisions, limitations, and exclusions of the Policy.

**NOTE:**This information provides you with an easy to understand summary of the insurance plans. If any conflict should arise between the contents of this brochure and the Master Policy, or if any point is not covered herein, the terms of the Master Policy will govern in all cases.

**Catastrophic Cash Benefits:**

Maximum Benefit Amount	\$500,000
Lump Sum Payment after 8 Months	\$100,000
Annual Cash Payment	\$40,000/Year Thereafter
Maximum Benefit Period	10 Years
Maximum Accidental Death	\$10,000

**Outpatient**

Day Surgery Misc:	Usual & Customary Charges
<i>(Usual &amp; Customary Charges are based on the Outpatient Surgical Facility Charge Index.)</i>	
Physician's Visits:	Usual & Customary Charges
Physiotherapy:	Usual & Customary Charges/\$250.00 maximum
Medical Emergency:	Usual & Customary Charges
X-Rays:	Usual & Customary Charges
CAT Scan/MRI:	Usual & Customary Charges/\$750.00 maximum
Laboratory:	Usual & Customary Charges
Prescription Drugs:	Usual & Customary Charges
Orthopedic Braces & Appliances:	Usual & Customary Charges/\$500.00 maximum