



SISC II

SELF-INSURED SCHOOLS OF CALIFORNIA

STUDENT ACCIDENT COVERAGE

September 10, 2013

TO: District Superintendents and Business Managers
SISC II Member Districts

FROM: Duncan Low, Coordinator, Student Insurance

SUBJECT: Student Accident Coverage

Student Accident Coverage for grades K-12 continues to be a part of your insurance package in SISC II. Coverage for regular students who are in the Daycare/Extended Daycare/Preschool Programs operated by SISC II member districts is also contained in the policy. *Supplemental accident coverage up to \$25,000 beyond the Student Insurance benefits is available for purchase by parents/students. If you have parents that are interested, please contact our office at (661) 636-4710.*

As in the past, SISC continues to be self-insured and self-administered for student insurance. The plan provides coverage for all of your regularly enrolled students while:

1. Attending school on school premises during the regular school year and regular summer sessions for preschool through grade 12; or
2. Traveling to or from school or school sponsored activities in school-owned or operated transportation; or
3. Participating in required school sponsored and school supervised activities; or
4. Practicing for or participating in school time and interscholastic athletics except tackle football; or
5. Being regularly enrolled and attending extended daycare or preschool programs on the school premises and operated exclusively by the district for its students; or
6. Participating in Board approved, school sponsored clubs including travel to and from such activities if such travel is on school owned or operated transportation, or if such travel is under direct school supervision.

COVERAGE IS SECONDARY to any other insurance provided for students by their parents or guardians. SISC is primary to Medi-Cal and Tricare.

Also enclosed is an explanation of accident reporting and claim filing procedures. Additionally, please find a supply of claim forms for immediate distribution to schools in your district.

P. O. Box 1847 ♦ Bakersfield, CA 93303-1847 ♦ <http://www.kern.org/sisc/>
2000 K Street - Larry E. Reider Education Center ♦ Bakersfield, CA 93301 ♦ (661) 636-4710 ♦ FAX (661) 636-4418

BENEFITS PROVIDED

Medical and dental expense benefits will be paid for covered charges incurred by the insured student within 52 weeks of the date of the accident. ***Maximum payable per accident is \$2,500.00.***

- Miscellaneous inpatient hospital expenses are paid at 100% of reasonable and customary charges;
- Hospital outpatient expenses are paid at 100% of reasonable and customary charges;
- Surgical expenses are paid at 100% of reasonable and customary charges;
- Assistant surgeon is paid at 100% of reasonable and customary charges;
- Anesthesia expenses are paid at 100% of reasonable and customary charges;
- Physician visits are paid at 100% of reasonable and customary charges;
- X-ray expenses are paid at 100% of reasonable and customary charges;
- Chiropractic/physiotherapy expenses are paid in full to a maximum of 15 visits;
- Registered nursing services, when prescribed by attending physician, are paid in full;
- Orthopedic appliances, when prescribed by attending physician, are paid in full;
- Professional land ambulance services are paid in full to the nearest hospital;
- Outpatient drugs and medicines, when prescribed by attending physician, are paid in full;
- Dental expenses are paid at 100% of reasonable and customary charges.

EXCLUSIONS

Student Accident Coverage will not pay benefits for:

1. Disease or illness;
2. Participation in the practice or play of tackle football;
3. Self-inflicted injury or injuries;
4. Orthodontics (braces or retainers) for any reason or damage to or loss of orthodontics or retainers;
5. Artificial aids such as eyeglasses, contact lenses, hearing aids, or refraction examinations or prescriptions for the same;
6. Services or treatment rendered by a physician, nurse or any other person who is: (a) employed or retained by the covered party or (b) a member of the covered party's immediate family;
7. Injury sustained where the covered party is the operator of any motorized vehicle;
8. Injury sustained in the course of work while job shadowing or working for wages or profit;
9. Injury from any poison, gas, fumes voluntarily taken, administered, absorbed, or inhaled; or while being intoxicated, or from the use of controlled substance or drug unless the drug is prescribed by a physician;
10. Injury due to war, act of war, taking part in a riot or from fighting (except in self-defense);
11. Injury sustained from any act or forbearance to act by the student while he or she is committing or attempting to commit a felony;
12. Injury sustained while (or participating in) ballooning, bicycle riding, bob-sledding, boxing, bungee jumping, flight in an ultra-light aircraft, glider flying, hang gliding, martial arts, parachuting, parasailing, riding in a rodeo, roller blading, sail planing, scuba diving, shooting firearms, skydiving or surfing of any kind;
13. Injury where the student is attending, as a spectator, a non-required, after-regular-school-hours, school sponsored activity including but not limited to back to school nights, dances, open houses and sports activities.

SISC STUDENT ACCIDENT COVERAGE
2013-2014
ACCIDENT REPORTING AND CLAIM FILING PROCEDURE
FOR PARENTS/STUDENTS

Student Accident Coverage is SECONDARY to any other insurance which provides medical benefits to your child including Healthy Families. SISC is primary to Medi-Cal and Tricare. A claim must be filed with your primary insurance carrier (e.g., Blue Cross, Blue Shield) at the same time you file a Student Accident Coverage claim. *If you subscribe to an HMO (Health Maintenance Organization), you must use it first.*

If you have primary insurance, a copy of the "Explanation of Benefits" (how your insurance has processed the claim) from your insurance carrier is needed to process the Student Accident Claim.

Note: Student Accident Coverage has a maximum benefit of \$2,500.00 for services rendered as a result of bodily injury. Benefits are only payable for services rendered within one year of the date of the injury. Physical therapy and chiropractic services are subject to additional limitations. The completed SISC claim form must be submitted to SISC within one year (52 weeks) of the date of injury. This is a brief outline of the plan and is not to be accepted or construed as a substitute for the provisions of the contract.

ALL SECTIONS NEED TO BE COMPLETED OR YOUR CLAIM WILL BE RETURNED.

1. Report accidental injury to appropriate school official immediately.
2. Have designated school employee complete and sign the school's section of the claim form.
3. The claim form **must be filled out completely**—all areas need the specific information which is requested and the parents/guardians need to sign all the appropriate spaces.
4. Give a copy of the completed claim form to all providers to be billed directly to SISC.

OR

5. Send completed claim form, itemized bills and Explanations of Benefits (EOBs) if applicable to:

SISC - Student Accident Coverage
P.O. Box 1847
Bakersfield, CA 93303-1847

For your personal records, please keep a copy of all submitted paperwork.

Any questions concerning Student Accident Coverage should be directed to this office at (661) 636-4710.