



STUDENT ACCIDENT INSURANCE 2021-22

NOTE: PLEASE READ BEFORE SUBMITTING A CLAIM

Important Items:

- Treatment must begin within 90 days from the date of the accident.
- Completed claim form must be submitted within one (1) year from the date of accident.
- All supporting documentation (i.e. relating medical bills, Explanation of Benefits (EOB) from primary insurance) must be submitted within one (1) year from the date of the accident.
- Direct medical providers to list Health Special Risk, Inc. (HSR) as secondary school insurance and send bills directly to them at the address listed on the claim form.

HOW TO FILE A CLAIM:

1. Parts I, II, and III must be completed in full.
2. Since the insurance plan provided by Hardin County is SECONDARY insurance, you must first file all medical charges through your primary insurance. You must send copies of the primary insurance Explanation of Benefits (EOB's).
3. Send all related, itemized medical bills, which are called the following: For Hospital charges – Form UB04, and for Physicians/Ancillary Charges – Form CMS1500. These can be obtained by calling the providers and requesting they be sent to HSR.

WHERE TO FILE A CLAIM:

Send completed claim form, itemized medical bills, EOB's, etc. to:

**Health Special Risk, Inc.
Claims Department
PO Box 117558
Carrollton, TX 75011-7558
Telephone: 866-243-7885
Fax: 972-512-5818**



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Dear Parents/Guardians,

All Hardin County students are covered by Berkley Accident & Health, for bodily injury at school, while participating in any school sponsored activity, athletic or otherwise, or while traveling to or from school or such activity. The premium for this insurance is incorporated into general school cost. The insurance plan provided by Hardin County **DOES NOT** pay 100% of all medical and dental expenses (**SEE BENEFIT MAXIMUMS**). Please note that the insurance provided by Hardin County is “secondary” to other family or “primary” insurance. This plan will only pay eligible medical expenses not payable by other insurance sources. Please note the coverage outlined below is only valid during the 2021-22 policy year (July 1, 2021 – June 30, 2022). The following is a brief summary outlining the benefits and limitations of the school provided insurance plan:

BENEFITS

If accidental bodily injury occurs while participating in a school sponsored and supervised activity, and the student receives medical treatment by a licensed Physician or treatment in a legally constituted hospital within 90 days of date of the injury, the insurance company will pay for the services and supplies as listed below (**SEE BENEFIT MAXIMUMS BELOW**). Benefits will be payable for covered Medical Expenses for **two years from the date of injury** up to the policy maximum of \$25,000. Benefits will be payable for covered *dental* injuries up until the student is age 28, up to the policy maximum of \$25,000 per sound, natural tooth that is injured. Please note that any covered benefit not specifically listed below is covered at 100% of Usual & Customary charges. You will have free choice of a physician and/or hospital for treatment. However, if your child is insured by any insurance plan, and that plan requires treatment by a particular network of physicians and/or hospitals, and if you choose not to use your assigned network, the school plan will pay benefits as if your other plans network guidelines had been followed.

BENEFIT MAXIMUMS - \$25,000 per injury

- Hospital Room & Board - \$1,000 per day per Covered Accident
- Ancillary Hospital Expenses - \$2,500 per Covered Accident
- Registered Nurse Services – 75% of Usual & Customary
- Ambulance - \$1,000 per air and ground ambulance per Covered Accident
- Emergency Room - \$300 if rendered within 72 hours of the Covered Accident
- Physician Non-Surgical Visits - \$100 for the first visit, \$75 for each subsequent visit up to a maximum of 10 visits per Covered Accident
- Physician Second Opinion (Surgical) - \$500 per Covered Accident
- Physician Surgical Expenses - \$2,500 per Covered Accident
- Assistant Surgeon – 30% of the surgeon’s expense per Covered Accident
- Anesthesia and its Administration – 30% of the surgeon’s expense per Covered Accident
- Outpatient Laboratory Tests - \$100 including costs for the reading per Covered Accident
- Physiotherapy - \$50 per visit up to a maximum of 10 visits per Covered Accident
- X-Ray Expenses - \$500 including costs for reading per Covered Accident
- Diagnostic Imaging (MRI/CT/CAT) - \$500 including costs for reading per Covered Accident
- Durable Medical Equipment - \$250 per Covered Accident
- Prescription Drugs - \$100 per Covered Accident



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CLAIM PROCEDURE

Pick up a Claim Form from the school. The Claim Form must be completed in its entirety. Part I- Policyholder's Report, Part II-Other Insurance Statement, and Part III-Authorization to Pay Benefits to Provider must be completed by a parent or guardian. Part I of the claim form must also be signed by a school official with knowledge of the accident. The date of the accident and detailed description are required to verify that the incident was school related. Failure to provide complete claim information will prolong payment of allowable benefits. The claim form must be returned directly to the company and from this point on, all transactions involve the student/parent and the company, not the school.

ATTN PARENT/GUARDIANS:

If you would like to purchase additional insurance coverage for your child(ren), a Voluntary Insurance plan is also offered to all students. There are different levels and combinations of coverage available including: 24-Hour Accident (Full Year -\$112 or \$165 & Summer Only - \$39 or \$51), At-School Accident (\$30 or \$38), and High School Football (Full year \$176 or \$293 & Spring Only \$76 or \$124). This coverage is effective from the date the premium is received by the company, and will terminate after 12 months or the first day of the next school year, whichever comes first. Premiums will not be reduced for individuals who enroll late in the school year. A full description of benefits for these plans, as well as enrollment materials will be available from Hardin County Schools.

RETAIN THIS DESCRIPTION OF COVERAGE FOR YOUR RECORDS. This is a brief summary of the plan benefits.

Listed below are important instructions and comments about filing a claim.

YOUR CLAIM FORM

1. This claim form should be fully completed and submitted within 90 days from the date of injury. Be sure to answer and complete the section regarding “**OTHER INSURANCE STATEMENT**”, marking either yes or no, and signing the line for authorization, so that **HSR** and the doctors/hospital may communicate concerning your claim.
Incomplete claim forms are one of the most frequent reasons why claim payments are delayed.
2. Only one claim form for each accident needs to be submitted.
3. Once completed, make a photocopy for your records, and mail to the address shown below.
4. DO NOT assume that anyone else will mail this claim form to **HSR** for you.

YOUR BILLS

1. Please advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills.
2. If you have already been to the doctor/hospital and did not know about this coverage, then please send all of the itemized bills to **HSR** at the address shown below.
3. The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for (diagnosis) and the specific itemized charges (description of treatment and amount) incurred (including the CPT/procedure code).
4. If this information is not on the bill when you send this in we will have to contact the doctor/hospital which will delay the review of your claim. “Balance Due” or “Balance Forward” statements do not contain sufficient information to complete your claim.

EXCESS INSURANCE (if applicable)

1. This policy may provide coverage on a secondary/excess basis. If you have any primary insurance coverage, you need to send the bills to your primary insurance first.
2. **HSR** will consider benefits after your other, primary, insurance has processed the claim.
3. We will require a copy of your primary insurance Explanation of Benefits (EOB) which you should receive from your primary insurance letting you know what was paid or denied, and the reason(s) why.
4. **HSR** will not be able to consider your claim without this information.

If you have any questions, please contact Customer Service at (866) 409-5734. They are available from 8:00 a.m. thru 6:00 p.m. central time, Monday – Friday. You may also forward any documents by fax to (972) 512-5818.

Health Special Risk, Inc.
P.O. Box 117558
Carrollton, TX 75011-7558