

**Provided at  
No Cost to You  
From  
Your School**



**ISDA**

Illinois School District Agency

# 2019/2020 Student Accident Coverage



# How You're Protected

This Student Accident Coverage is issued by ISDA. This Coverage protects your PreK–12 child while attending academic classes during the regular school session against excess<sup>1</sup> medical expenses for an Accidental Injury. This protection extends to your child's travel time directly to and from your residence to attend regular academic school sessions, up to one hour before and one hour after regular classes.

This Coverage also protects your PreK–12 child while participating in school activities, including school sponsored and school supervised IHSA sanctioned athletic events as well as travel directly and uninterruptedly to and from such school activity. Both the school activity and travel must be solely organized and scheduled by your school, and supervised by authorized school employees while on or off school premises.

This Coverage is subject to the terms, conditions, limitations, and exclusions in the Student Accident Plan of Coverage including the limit of \$5,000,000 per Eligible Person as shown on the Certificate of Coverage issued to your school or the expiration of the ten (10) year benefit period, whichever occurs first.

<sup>1</sup>"Excess" means that benefits under this Coverage are paid only after a student's other insurance, coverage, or benefits have been applied.





# What You Get

## Excess Medical Benefits

Student Accident Coverage will pay covered usual and customary expenses on an excess basis at 80%, per Plan of Coverage year, subject to the following limitations, as well as the other terms, and conditions contained in the Plan of Coverage, up to the limit of \$5,000,000 per Eligible Person as shown on the Certificate of Coverage issued to your school or the expiration of the ten (10) year benefit period, whichever occurs first:

Anesthesiologist charges.....	up to 20% of the surgery allowance
Assistant surgeon charges.....	up to 20% of the surgery allowance
Multiple surgical procedures within the same operative field.....	150% of amount payable for primary procedure
Inpatient Hospital Stay .....	up to 45 days
Confinement in extended care facility (related to Accidental Injury).....	up to \$365,000
Combined home health and custodial care (related to Accidental Injury).....	up to \$100,000
Physician fees for mental or nervous disorder (related to Accidental Injury).....	up to \$50 per visit/1 visit per day/ 50 visits per year
Physiotherapy.....	up to \$50 per visit, up to \$1,000 per Accidental Injury
Ambulance .....	up to \$250 per Accidental Injury
Motor vehicle accident .....	up to \$10,000 per Accidental Injury
Prescriptions..... (dispensed by a licensed pharmacist)	up to \$100 per Accidental Injury

## Excess Dental Benefits

If dental work is necessary on a tooth as a result of a covered Accidental Injury, Student Accident Coverage will pay, on an excess basis, up to \$250 for treatment of a sound natural tooth.

## Accidental Death & Dismemberment Benefits

Loss of life (due to Accidental Injury; other than heart/circulatory malfunction) .....	\$12,000**
Loss of life (due to Accidental Injury resulting in heart/circulatory malfunction).....	\$10,000**
Permanent loss of a hand, foot, or an eye,.....	\$ 1,000**
or any combination thereof.....	\$11,000**
Permanent and complete loss of sight, speech or hearing .....	\$10,000**

\*\* Only one of the accidental death and dismemberment benefits, the greatest of which, will be paid for any one covered Accidental Injury. All dismemberment losses must occur no later than 100 days after the date of the Accidental Injury, and loss of life no later than 730 days after the date of the Accidental Injury.

# How to File a Claim

PLEASE READ CAREFULLY

In case of an Accidental Injury to your child, please carefully follow the steps outlined below:

**The first expense must be incurred no later than 30 days** after the date of the Accidental Injury. Dismemberment losses must occur no later than 100 days after the date of the Accidental Injury, and loss of life no later than 730 days after the date of the Accidental Injury. **Claim Forms are available on request from your child's school or online at: [www.wcsit-isda.com/student-accident](http://www.wcsit-isda.com/student-accident)**

## STEP 1:

Request a **Claim Form** from your child's school. Complete and submit the Claim Form to the **ISDA Student Accident Claims Administrator ("Claims Administrator") no later than 90 days** after the date of the Accidental Injury.

## STEP 2:

Submit **itemized bills** to the **Claims Administrator** immediately as you receive them, but **no later than 90 days** after the date of treatment. All bills must include the provider's Tax ID number, along with the diagnosis and procedure codes.

## STEP 3:

Submit **Explanation of Benefits (EOBs)** from your primary insurance or other plan carrier to the **Claims Administrator** immediately upon receipt, but **no later than 180 days** after the date of treatment. The EOBs will show how each bill was paid by your other coverage provider(s).

**Coverage will be invalidated and claims denied unless the Claims Administrator receives acceptable and complete claim documentation within the time frames outlined above.**

**Benefits will be determined in accordance with the terms, conditions, limitations, and exclusions of the Plan and Certificate of Coverage.**

### Send all claim information to:

ISDA c/o Student Accident Claims Administrator  
155 North Wacker Drive, Suite 3700  
Chicago, Illinois 60606-1731

### Questions? Please contact us:

Toll Free: (800) 419-3206  
Fax: (312) 930-7232

# EXCLUSIONS - PLEASE READ CAREFULLY

Student Accident benefits will not cover, and we will not be responsible for any payment for, nor is any contribution or premium charged for, any claim based upon, arising out of, directly or indirectly resulting from or in consequence of the following:

- a. illness, sickness or disease in any form, viral or bacterial or other infection, except an infection which will directly result from or be in direct consequence of an Accidental Injury.
- b. ingestion of a contaminant, pollutant, poison, toxin, or any such material.
- c. treatment for hernia, all types, regardless of cause, Osgood Schlatter disease or Osteochondritis Dissecans.
- d. injury sustained by fighting, brawling, during the commission of a crime, vandalism, or other illegal activity, unless the student was an innocent bystander.
- e. suicide or any self-inflicted injury.
- f. injury sustained as a result of a student's participation in a summer camp that is not sanctioned by IHSA, skiing, snow-boarding, snow-mobiling, motorcycling, skydiving, hang gliding, or travel in any motorized or engine vehicle, except for travel in a four-wheeled passenger vehicle, owned or leased, operated and directly supervised by qualified and authorized school employees.
- g. injury while under the influence of any drug, alcohol, narcotic or intoxicant of any sort or resulting from or in consequence from such use unless used as prescribed by the student's physician for the student's use.
- h. re-injury or complication of a pre-existing condition.
- i. care, treatment or medication received by any person employed by or retained by the school, or any of his or her family members.
- j. care, treatment or medication for which a student is entitled to receive reimbursement under any workers' compensation law, or for which the student is entitled to benefits from any municipal, state or federal program.
- k. injury to a college student.
- l. the practice or play of ice hockey, whether during gym class, an intramural activity, interscholastic competition, or otherwise.
- m. injury sustained while participating in the play of football in Grades 9-12, whether during an intramural activity, interscholastic competition, or otherwise; except that subject to the terms, conditions, limitations and exclusions of the Plan of Coverage, expenses incurred by an Eligible Person due to injury sustained while participating in the play of IHSA-sanctioned Grades 9-12 interscholastic tackle football will be paid up to a maximum of \$5 million or during a maximum term of 10 years, whichever occurs first, but only after \$25,000 in out-of-pocket expenses have been paid by or on behalf of the Eligible Person.\*
- n. eye glasses, contact lenses, or hearing aids.
- o. accident occurring outside of the United States.
- p. over the counter medication, or over the counter medical supplies.
- q. travel or flight in, ascent or descent to or from any aircraft, unless the student is a passenger, as a result of a School Activity, on a regularly scheduled flight with a commercial airline, or an aircraft chartered solely for the purpose of travel to or from the School Activity. The aircraft must have a valid airworthiness certificate from the jurisdiction in which it is operated, and be operated by a duly licensed pilot.
- r. charge which exceeds a Usual and Customary Expense, as defined in the Plan of Coverage.
- s. additional cost for failure to use preferred providers required by an entity, which issued primary coverage to a student.
- t. charge incurred for services or supplies not specifically provided for in the Plan of Coverage, or is not for a Medically Necessary Service, as defined in the Plan of Coverage.
- u. cosmetic surgery.
- v. declared or undeclared war, any riot or civil commotion.
- w. nuclear risk or terrorism.

\* If your school district has purchased the IHSA sanctioned Grade 9-12 interscholastic tackle football coverage this exclusion does not apply.

# Additional Limitations

- Student Accident Coverage is available only to students while enrolled in Illinois public school districts that are members of the Illinois School District Agency (ISDA) that received a Plan and Certificate of Coverage from the ISDA.
- Covered benefits and expenses are subject to a per Eligible Person limit of \$5,000,000 or the expiration of the ten (10) year benefit period, whichever occurs first, as stated on the Certificate of Coverage issued to your school, and subject to other terms, conditions, limitations, and exclusions some of which are outlined in this brochure.
- Keep this brochure as a summary of benefits. The Plan and Certificate of Coverage, which contain detailed provisions of the terms, conditions, limitations, and exclusions summarized in this brochure, are on file at your school. You may request a copy of these documents from your school at any time.

## OTHER COVERAGE

No payment will be made for any benefit or expense when the benefit or expense is payable under any other plan of coverage, including but not limited to: any individual or group hospital, medical, dental or surgical plan, certificate, policy, or coverage agreement, whether on an indemnity or on a provision of service basis; any workers' compensation or employer's liability coverage; or coverage provided by an HMO, PPO, a self-insured plan, self-insured pool, Medicaid, or any public assistance program; any coverage provided by the Illinois High School Association (IHSA) or any other association; any automobile insurance or plan, any accident policy or plan, or any catastrophe or umbrella coverage program.

**ANY COVERAGE DESCRIBED IN THIS BROCHURE WILL BE  
AT ALL TIMES EXCESS OF ANY OTHER INSURANCE,  
COVERAGE OR BENEFIT, IN WHATEVER FORM OR DESIGNATION,  
EXCEPT FOR ANY ACCIDENTAL DEATH OR  
DISMEMBERMENT INSURANCE OR COVERAGE.**

Fill-out this card and keep it in your wallet.

Cut Here ▼

### Student Accident Excess Coverage Card

Student's Name: \_\_\_\_\_  
The student whose name appears above may have excess accident coverage under a Plan of Coverage issued to:

School District: \_\_\_\_\_

This card is not a guarantee of coverage or eligibility.

ISDA c/o Student Accident Claims Administrator  
155 North Wacker Drive, Suite 3700, Chicago, Illinois 60606-1731  
Fax: (312) 930-7232

To speak with a customer service representative, call: (800) 419-3206

▶ Cut Here



Illinois School District Agency

**Send all claim information to:**

ISDA c/o Student Accident Claims Administrator  
155 North Wacker Drive, Suite 3700  
Chicago, Illinois 60606-1731

Toll Free: (800) 419-3206

Fax: (312) 930-7232

***PLEASE FOLLOW THESE INSTRUCTIONS TO FILE A CLAIM***

- Complete and submit the **Claim Form** to ISDA Claims Administrator no later than 90 days after the date of injury.
- **DO NOT** leave this Claim Form with the physician or hospital.
- Review the 2018-2019 Student Accident Coverage brochure for a summary of benefits, limitations, and exclusions. Please contact your child's school for a copy of the brochure, if you have not received one or download it from [www.wcsit-isda.com/sa](http://www.wcsit-isda.com/sa). An identification card is included in the brochure. Please cut out the ID card and carry it with you. It should be presented to the hospital, Doctor and Dentist along with your primary insurance ID card (if applicable) whenever you seek medical/dental attention for a school related injury.
- A school official must complete Part A for all school-related injuries. The parent or guardian must complete **all** questions in Part B – Statement from Parent or Guardian.
- Students must be treated by a licensed medical or dental provider within 30 days after the date of the covered injury.
- **Itemized bills** must be submitted to ISDA Claims Administrator no later than 90 days after the date of treatment. All bills must include the diagnosis and procedure codes.
- Please remember that this plan is **EXCESS** to all other valid coverages. If you have other insurance, you **MUST** file a claim with your primary insurance carrier first, even if you have a large deductible. You should not wait until you have all the bills and EOBs because you may miss a due date.
- When you receive the **Explanation of Benefits (EOB)** from your primary insurance carrier or claims administrator, send them to ISDA Claims Administrator no later than 180 days after the date of treatment.
- All documents should be sent to the following address within the **required time frames**: Student Accident Claims, ISDA Claims Administrator, 155 N. Wacker, Suite 3700, Chicago, IL 60606 or faxed to (312) 930-7232.
- For additional questions, please call (800) 419-3206 or (312) 930-6143.

**ATTENDING DENTIST'S STATEMENT**

1. Date of Injury \_\_\_\_\_ 2. If Prosthesis, is this initial placement? \_\_\_\_\_
3. Were the teeth sound or natural prior to the current treatment? \_\_\_\_\_ YES \_\_\_\_\_ NO
4. Are any services covered by another plan? If so name plan? \_\_\_\_\_ YES \_\_\_\_\_ NO

TOOTH NO.	DESCRIPTION OF SERVICE	DATE OF SERVICE	FEE
<b>TOTAL FEE</b>			

Print Dentist's Name \_\_\_\_\_ Dentist Signature \_\_\_\_\_

Street Address \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Federal tax ID Number **(must be included)**



## Claim Kit

### STUDENT ACCIDENT COVERAGE

#### *How to File a Claim*

#### CLAIM FORM

- **Complete and submit the Claim Form to ISDA Claims Administrator no later than 90 days after the date of injury.** You should not wait until you have all the bills and Explanation of Benefits because you may miss a due date.
- **DO NOT** leave the Claim Form with the physician or hospital.
- A school official must complete Part A of the Claim Form. The parent or guardian must complete Part B – Statement from Parent or Guardian. Do not leave any blank spaces or write “N/A” in any space.

#### ITEMIZED BILLS

- **Itemized bills must be submitted to ISDA Claims Administrator immediately as you receive them, but no later than 90 days after the date of treatment.** Itemized bills include (1) CMS-1500 (physician/ancillary charges) and (2) UB04 (hospital charges). All bills must include patient’s name, date of service, total charge, procedure and diagnosis codes.
- If you already paid the bill(s), include the receipt or a copy of your cancelled check. Payment will be made to the provider(s) of service (hospital, physician, radiologist, etc.) unless a paid receipt or statement from the provider accompanies the itemized bill showing the bill was paid.

#### EXPLANATION OF BENEFITS (EOB)

- Your medical/dental provider must submit the bills to your primary insurance carrier first. You will receive an Explanation of Benefits (EOB) from your primary insurance carrier or claims administrator (Blue Cross, Group Health, Prudential Insurance, etc.) after they have processed your claim. **EOBs should be submitted to ISDA Claims Administrator immediately as you receive them, but no later than 180 days after the date of treatment.** Your claim will be held pending receipt of this information.

#### GENERAL INFORMATION

- Send claim documents to the following address within the required time frames stated above.  
Student Accident Claims  
ISDA Claims Administrator  
155 N. Wacker, Suite 3700  
Chicago, IL 60606  
Telephone: (800) 419-3206 or (312) 930-6143      Facsimile: (312) 930-7232
- Benefits will not be paid unless you submit itemized bills and Explanation of Benefits, if you have other insurance, and they are submitted within the required time frames.
- Benefits under the Student Accident Coverage Plan are not guaranteed. Upon our receipt of acceptable, complete and timely claim documentation, benefits will be determined in accordance with the terms and conditions of the Plan of Coverage.
- Review the 2019-2020 Student Accident Coverage brochure for a summary of benefits, limitations, and exclusions. Please contact your child’s school for a copy of the brochure, if you have not received one or download it from [www.wcsit-isda.com/sa](http://www.wcsit-isda.com/sa). You should remove the Student Accident Excess Coverage card from the brochure and show it to the providers of service.
- Please remember that this plan is **EXCESS** to all other valid coverage. You **MUST** file a claim with your primary insurance carrier first, even if you have a large deductible.
- Students must be treated by a licensed medical or dental provider **within 30 days** from the date of the covered injury.

