

Office of the Chief Operating Officer  
Interscholastic Athletics  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland

May 19, 2011

**IMPORTANT NOTICE TO PARENTS ABOUT FOOTBALL INSURANCE COVERAGE**

Dear Parents/Guardians:

Montgomery County Public Schools (MCPS) does not provide primary insurance coverage for students who participate in the high school interscholastic football program.

Each student desiring to play football must have insurance coverage of some type, either through a parent/guardian's policy or through the special medical coverage outlined in this mailing. Parents who already have coverage through personal or group plans meet the insurance requirement. Students who do not have medical coverage will need to either purchase their own insurance from the company of their choice or purchase one of the Football Coverage options described in the enclosed brochure (Low Option \$113, or High Option \$172).

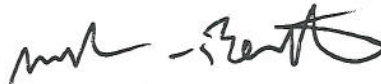
The insurance options described in the enclosed brochure are underwritten by Nationwide Life Insurance Company and are serviced by K&K Insurance Group. Parents/Guardians may contact K&K Insurance Group with questions, or to obtain coverage, at 855-742-3135, or at the following website: [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com).

Please note that the football insurance described in the enclosed brochure is primarily designed to supplement an existing health insurance policy and has certain coverage limitations. Parents or guardians who currently have insurance coverage may choose to supplement their current coverage by enrolling in one of the options. Parents are responsible for all unpaid medical bills if their child is injured.

Also enclosed is a form for each parent/guardian to verify insurance coverage for their child. The enclosed *Football Insurance Response Form* must be completed and returned to the football coach before your child is allowed to practice.

If you have questions about the required medical coverage please contact your school's head football coach or athletic director.

Sincerely,



William G. Beattie  
Director, Systemwide Athletics

WGB:rtm

**2011 MCPS FOOTBALL INSURANCE RESPONSE FORM**

Return this form to your child's high school football coach. Do not send any checks, money orders, cash, or football insurance enrollment forms to your child's school. Parents should contact the company directly as indicated in the attached brochure.

I understand personal health insurance is required for my child to participate in the Montgomery County Public Schools (MCPS) high school interscholastic football program. MCPS does not provide insurance coverage for participants. Please respond as requested below, and return this form to your child's football coach prior to participating.

\_\_\_\_\_ I have medical insurance coverage and I do not wish to purchase supplemental football insurance coverage

**Name of Ins. Co.** \_\_\_\_\_ **Policy No.** \_\_\_\_\_

\_\_\_\_\_ I did not previously have insurance but I have purchased insurance through the Nationwide Life Insurance Company. I purchased this insurance on (date): \_\_\_\_\_.

\_\_\_\_\_ I have insurance and intend to purchase football insurance to supplement my primary coverage.

I understand that the Nationwide Life Insurance Company Football Coverage option is designed primarily to supplement an existing health insurance policy and has certain coverage limitations. My child participates at his or her own risk and I attest that I will be responsible for all unpaid medical bills not covered by any insurance policies.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Note: When parents are divorced and have legal joint custody, both parents must sign)*

Student's Name \_\_\_\_\_ School \_\_\_\_\_

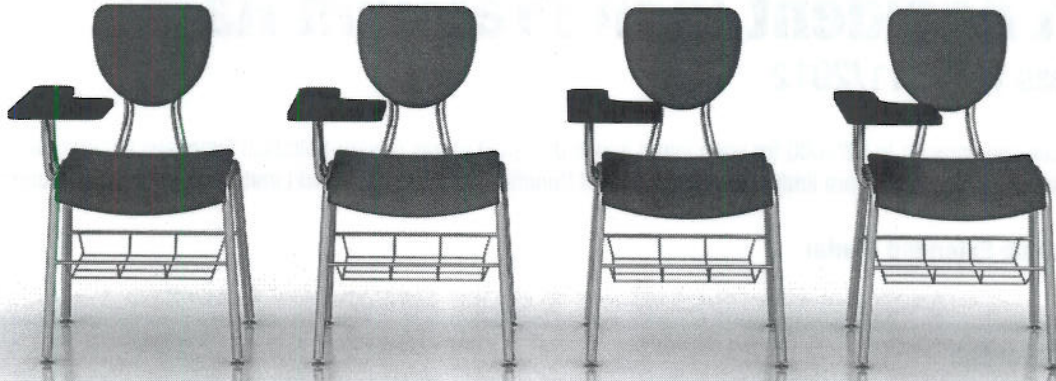
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**\*\*DO NOT WRITE BELOW THIS LINE\*\*OFFICIAL SCHOOL USE ONLY\*\***

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Date received at school \_\_\_\_\_ Received By \_\_\_\_\_  
(Name of School Official)



# Protect your child with Student Accident Insurance

School is not a spectator sport. From hopping and skipping to blocking and tackling, our commitment to protecting kids starts as early as kindergarten.

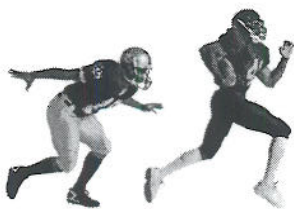
**That's why we're here!**

Online Enrollment—Secured Accident Plan.  
Coverage can be purchased any time throughout the year.  
Remember to visit our website for faster enrollment.  
Checks, money orders, or credit cards accepted.

**DO NOT SEND CASH**

Serviced by: K&K Insurance Group, Inc.  
855-742-3135

**[www.studentinsurance-kk.com](http://www.studentinsurance-kk.com)**



# Voluntary Coverage - Low Option

## Student Accident Plan Schedule of Benefits

### 2011/2012

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that the treatment begins within 60 days from the date of the Injury, benefits will be payable for covered Medical Expenses incurred within one year from the date of the Injury up to the maximum benefit per service as scheduled below. Covered Expenses means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay. Benefits are subject to all applicable conditions, exclusions and limitations and any deductible and coinsurance provisions shown. Benefits are limited to the amounts shown for specific services or supplies.

**Maximum Benefit: \$25,000 (For Each Injury)**

**Deductible: None**

#### Inpatient

Room & Board:	\$150 per day
Hospital Miscellaneous:	\$600 per day
Registered Nurse:	75% of Reasonable Charges
Physician's Visits:	\$40 first day

#### Outpatient

Day Surgery Miscellaneous:	\$1,000 maximum
Physician's Visits: <i>(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)</i>	\$40 first day/\$25 each subsequent day
Physiotherapy: <i>(Benefits are limited to one visit per day)</i>	\$30 first day/\$20 each subsequent day/5 days maximum
Emergency Room: <i>(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)</i>	\$150 maximum
X-Rays:	\$200 maximum
CAT Scan/MRI:	\$300 maximum
Laboratory:	\$50 maximum
Prescription Drugs:	\$75 maximum/30 day supply per prescription
Orthopedic Braces & Appliances:	\$75 maximum

#### Inpatient and/or Outpatient

Surgeon's Fees: <i>(Specified surgery based on data provided by Ingenix, Inc.) (No more than one procedure through the same incision will be paid)</i>	\$1,000 maximum
Anesthetist/Assistant Surgeon:	20% of surgery allowance
Ambulance:	\$300 maximum
Consultant:	\$200 maximum
Dental:	\$10,000 maximum per policy term

#### Expenses for the following are not covered:

Prothetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. The policy contains an Excess Provision. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance. The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 75th percentile of Ingenix schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

# Policy Exclusions and Limitations

## Maryland only

### Accidental Death & Dismemberment Benefits:

Loss of Life	\$10,000
Loss of Both Hands, Both Feet, or Sight of Both Eyes	\$10,000
Loss of One Hand and One Foot	\$10,000
Loss of Either One Hand or One Foot and Sight of One Eye	\$10,000
Loss of One Hand or One Foot or Sight of One Eye	\$5,000

### General Exclusions:

The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced.

#### *We will not pay Benefits for:*

1. An Injury or Loss that is:
  - a. caused by war or acts of war, declared or undeclared, when serving in the military or an auxiliary unit thereto;
  - b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;
  - c. caused by participating in a riot or violent disorder;
  - d. the result of an Insured's taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;
  - e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician's instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being "under the influence."; or
  - f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.
2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policyholder chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.
3. Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
4. An Accident that occurs while:
  - a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
  - b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to- automobiles, trucks, motorcycles, ATV's, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.
5. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.
6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

### Additional exclusions for the Accident Medical Expense Benefit and any applicable Riders:

#### *We will not pay Benefits for:*

1. Expenses Incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is:
  - a. employed or retained by the Policyholder, or its subsidiaries or affiliates;
  - b. the Insured, or the Insured's Family Member.
2. Expenses Incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.
3. Expenses Incurred for charges which are in excess of Reasonable Charges.
4. Expenses Incurred for any condition covered by any Workers' Compensation Act, Occupational Disease law or similar law.
5. That part of medical expenses payable by any automobile insurance Policy without regard to fault.
6. Expenses Incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).
7. Expenses Incurred for the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless Injury has caused impairment of sight or hearing or unless repair or replacement of existing eye glasses, contact lenses or hearing aids is necessary as a result of a covered Injury.
8. Expenses Incurred for new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits, if applicable.
9. Expenses Incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.
10. Expenses Incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.
11. Expenses Incurred for supervision of an anesthetist.
12. Expenses Incurred for Durable Medical Equipment rental in excess of the purchase price.
13. Expenses Incurred for subsequent repairs and replacement of prosthetic devices and orthopedic braces and appliances.

### Injury or Injuries

A bodily injury which is:

1. directly and independently caused by specific Accidental contact with another body or object;
2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:

1. Malfunction must occur while the Insured is taking part in a Covered Activity; and
2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within 48 hours of having taken part in a Covered Activity; and

3. Such Insured has not, within one year prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.

For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries or aggravation of such injuries resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a Physician and occur within 30 days of participation in a Covered Activity.

