



LIMITATIONS AND EXCLUSIONS

POLICY COVERAGE DATES: 7/1 TO 6/30

Medical expense benefits are limited as shown in the Summary of Benefits and may not pay all bills in their entirety. Benefits are payable only for expenses incurred for treatment, services and supplies rendered within 52 weeks of the accident. Treatment must commence within 30 days of the date of the accident. In-patient hospitalization must commence within 26 weeks of the date of the accident. The following limitations apply to the maximum benefits payable for charges incurred as the result of one accident.

MOTOR VEHICLE ACCIDENTS

Maximum Amount - \$1,500

ATHLETIC AIR TEAM TRAVEL ACCIDENT

Maximum Amount - \$1,500

NON-DUPLICATION OF BENEFITS PROVISION

If the student has other valid and collectible coverage, including pre-paid health plans, a claim must be filed with the other insurance company. However, SISC is primary to Medi-Cal and TriCare. After the primary insurance has paid, SISC will pay allowable benefits on the balance of the bills.

EXCLUSIONS

The policy does not cover and no payment will be made as a result of injury sustained prior to the effective date of insurance; intentionally, self-inflicted injury; suicide or any attempt there at; injury sustained while under the influence of alcohol or non-physician prescribed drugs; or while traveling in or on any aircraft or vehicle for air navigation except while as a passenger in a civilian aircraft operated by a scheduled airline; or while traveling in or on a motor vehicle (except to or from games away from the school under direct school supervision). No benefits are payable for hernia, illness or disease, eye examinations, eye glasses (except as specified in the Summary of Benefits), contact lenses, dental work (except prompt repair of injury to natural teeth) including orthodontic procedures, appliances and dentures; reconstructive or cosmetic surgery except as necessary for repair of injury; or injuries which are not accidental; C.P.M. machines, any type of bone growth stimulating device or machine; injuries as a result of fighting. No insurance is provided for injuries covered by workers' compensation or similar legislation; or care, treatment services or supplies not recommended and approved by a physician or which are not necessary; or to the extent that charges exceed reasonable and customary amounts; or charges that would not have been made if no insurance was in force.

TACKLE FOOTBALL COVERAGE PROGRAM



P.O. Box 1847
Bakersfield, CA 93303-1847
Phone (661) 636-4710
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A joint powers authority administered by the
Kern County Superintendent of Schools Office
Christine Lizardi Frazier, Superintendent

Designed Especially for
SISC II Member Districts



SUMMARY OF BENEFITS

The policy will pay up to \$15,000 for covered medical expenses due to accidental bodily injury sustained in any one accident which occurs on or after the effective date of coverage. The covered treatment, care, services must be rendered within 52 weeks of the accident and benefits for covered expenses shall not exceed the specified amounts shown below. Accidental Death benefits of \$2,500 and Dismemberment Benefits up to \$15,000 are payable for loss resulting from accidental bodily injury within 30 days of the injury. The policy is secondary to all other valid and collectible insurances with the exception of Medi-Cal and Tricare.

Coverage and Benefits

POLICY MAXIMUM per covered accident		\$15,000
DEDUCTIBLE		None
PHYSICIAN FEES - NON-SURGICAL (Excluding physical therapy/chiropractic)		\$45 Initial Visit \$75 Initial ER Visit \$25 Subsequent Visit
X-RAYS in or out of hospital including reading or interpretation thereof but excluding dental X-rays, not to exceed the amount specified below as the result of any one accident.		\$200
SURGEON		100% to \$1,000
ASSISTANT SURGEON		Up to \$250
ANESTHESIOLOGIST		Up to \$250
IN-PATIENT HOSPITAL	Room Rate Intensive Care	Semi-Private 2 x Semi-Private
HOSPITAL MISCELLANEOUS	Inpatient expense	80% to \$5,000
EMERGENCY ROOM CARE		Up to \$500
OUT-PATIENT SURGERY FACILITIES (room and supplies)		80% to \$2,000
DIAGNOSTIC IMAGING (MRI/CAT Scan)	Aggregate	\$750
LAND AMBULANCE SERVICE		Usual and Customary
PHYSICAL THERAPY/CHIROPRACTIC SERVICES		15 Visits @ \$25
DENTAL TREATMENT (per tooth)		\$500
ORTHOPEDIC APPLIANCES (prescribed by a physician)		Usual and Customary
OUT-PATIENT DRUGS		Usual and Customary
CASTING SUPPLIES		Usual and Customary
OUT-PATIENT LAB BENEFIT		\$75
EYEGLOSS REPLACEMENT (Replacement of broken eyeglasses or lenses resulting from a covered accident requiring medical treatment. Routine refractions or eye exams are not covered.)		\$100

HIGH SCHOOL FOOTBALL COVERAGE

Note: Tackle Football is not covered under the SISC Student Accident Coverage Program.

SISC Tackle Football Coverage provides protection from an accident which occurs while practicing for, participating in a regularly scheduled and school sponsored tackle football game or traveling as a team member on school transportation to or from games not on the school grounds.

The accident must occur while the policy is in force and applies only to those parties where an application has been received and for whom the required premium has been paid.

Coverage becomes effective for the participant when the school district or SISC receive both the completed application and the premium.

No refunds or credits can be allowed for players who fail to make the squad or fail to complete the season.

Premium Rates - Single one time payment.

Football Coverage: \$80.00

Application Procedures

1. Complete the detachable application form and return it to the appropriate staff person at your school site.
2. Provide the premium payment to your school in the form of check or money order.
3. Retain the summary of benefits for future reference.
4. Claims are processed by SISC. If you have any questions, please call the number listed on the application.

Retain this Summary of Benefits

This summary of benefits is not a policy or certificate. Individual policies or certificates are not issued. Payment of benefits will be made in accordance with the policy terms. If any statement in the Summary of Benefits and any policy provisions differ, the policy will govern. Direct questions regarding the Master Policy to SISC.

APPLICATION FOR TACKLE FOOTBALL COVERAGE (ONLY)

STUDENT'S LAST NAME		
FIRST NAME		
DATE OF BIRTH	GRADE	AGE
SCHOOL NAME		
SCHOOL DISTRICT		
NAME OF PARENT OR GUARDIAN		
ADDRESS		
CITY	STATE	ZIP
SIGNATURE OF PARENT OR GUARDIAN		DATE

PLEASE RETURN THIS APPLICATION AND PREMIUM PAYMENT TO SCHOOL OFFICIAL.

TO BE COMPLETED BY SCHOOL DISTRICT

NAME OF SCHOOL DISTRICT
DATE RECEIVED
STUDENT NAME (PLEASE PRINT)
SIGNATURE OF SCHOOL DISTRICT OFFICIAL

PREMIUM RECEIVED \$

