



Union Grove School District

Kelly K. Moore, Superintendent
P.O. Box 1447
11220 Union Grove Rd.
GLADEWATER, TX 75647
Ph. (903)845-5509 • Fax (903)845-6178

Principals

Rachel Evers, JR/SR High School
David Chatterton, Asst. Principal
Ph. (903)845-5506
Fax (903)845-3003
Sherrill Ballard, Elementary
Stephaney Wallace, Asst. Principal
Ph. (903)845-3481
Fax (903)845-6270

Dear Parent or Guardian,

You are receiving this letter because your child was injured. Union Grove ISD provides insurance for students in Athletics, Band, Cheerleading, Majorettes, FFA, and other UIL activities for students in grades 7-12. The enclosed letter provides secondary insurance coverage for your child. If your child does not have insurance, then this will become the primary insurance. The limits are provided in the Student Insurance packet, page 3. Please file this with any providers that may bill you for your child's injury.

Union Grove ISD assumes no financial responsibility for injuries incurred. Any unpaid balance after insurance benefits have been applied are the sole responsibility of the parent or guardian.

If you need an extra copy of the insurance claim form or if you have any questions, please see Terri Woodfin at the UGISD administration office. 903-845-5509

Sincerely,

Kelly Moore,
Superintendent of Schools



Union Grove School District

Kelly K. Moore, Superintendent
P.O. Box 1447
11220 Union Grove Rd.
GLADEWATER, TX 75647
Ph. (903)845-5509 • Fax (903)845-6178

Principals

Rachel Evers, JR/SR High School
David Chatterton, Asst. Principal
Ph. (903)845-5506
Fax (903)845-3003
Sherrill Ballard, Elementary
Stephaney Wallace, Asst. Principal
Ph. (903)845-3481
Fax (903)845-6270

STUDENT ACCIDENT INSURANCE 2023-2024 SCHOOL YEAR

The Union Grove Independent School District has renewed the student accident insurance plan offered by Health Special Risk/Texas Student Resources, for the 2023-2024 school year, which covers accidents involving a student **ONLY WHILE PARTICIPATING IN THE FOLLOWING APPROVED UNIVERSITY INTERSCHOLASTIC LEAGUE COMPETITION ACTIVITIES:** athletics, cheerleaders, band, majorettes, FFA and other UIL Activities for grades 7-12.

Attached for your information are the Medical Benefits, for this policy and information on how to file a claim if your child is a member of one of the above listed organizations and is injured while practicing or participating in competition. **PLEASE KEEP THIS INFORMATION IN CASE YOU NEED TO FILE A CLAIM FOR YOUR CHILD.**

ALL CLAIMS MUST BE FILED WITH THE PARENTS'/GUARDIANS' INSURANCE FIRST, but please file both at the same time. Any balance after your insurance has been applied may then be filed through the District's student insurance. If the student is not covered by another group plan providing accidental medical expense benefits, then this policy becomes a primary policy and claims may be filed immediately with the District's insurance company.

Any claimed or suspected injury should be reported **IMMEDIATELY** to a teacher, coach or administrator in order to protect your rights under the insurance policy. **TREATMENT BY A LICENSED PHYSICIAN MUST BEGIN WITHIN NINETY [90] DAYS OF THE INJURY, (SIXTY [60] DAYS FOR DENTAL INJURIES), AND THE INITIAL CLAIM FORM MUST BE FILED WITHIN 90 DAYS OF TREATMENT OF THE INJURY.**

IF AN INJURY OCCURS, YOU MUST SEE A COACH OR SPONSOR!! ANY INJURY THAT HAPPENS IN PRACTICE OR A GAME/EVENT MUST BE SEEN BY A COACH. THE COACH WILL THEN DIRECT YOU TO SEE A DOCTOR OR WAIT TO SEE THE SCHOOL TRAINER. IF YOU ARE REFERRED TO A DOCTOR BY A COACH OR TRAINER, WHATEVER HEALTH INSURANCE YOU HAVE WILL BE USED FOR PAYMENT. OUR SCHOOL INSURANCE IS A SUPPLEMENTAL INSURANCE AND WILL ONLY COVER A PART OF WHAT YOUR INSURANCE DOES NOT COVER. WE DO NOT PROVIDE FULL COVERAGE INSURANCE FOR OUR STUDENT INSURANCE. **IF YOU GO TO A DOCTOR WITHOUT NOTIFYING A COACH OR TRAINER, THEN YOU MAY FORFEIT THE SUPPLEMENTAL INSURANCE PROVIDED BY THE SCHOOL.**

*****UNION GROVE ISD ASSUMES NO FINANCIAL RESPONSIBILITY FOR INJURIES INCURRED. ANY UNPAID BALANCE AFTER INSURANCE BENEFITS HAVE BEEN APPLIED IS THE SOLE RESPONSIBILITY OF THE PARENT/GUARDIAN.**

Optional accident policies are offered through HSR and may be purchased by the parent/guardian, including 24-hours-a-day, school-time only coverage, or dental coverage. Information for application is on the Union Grove ISD's webpage at www.ugisd.org, Parents, Student Insurance, and attached to this letter. If you would like to take advantage of this coverage, please see Terri Woodfin for information on how to enroll your child in these services.

Contact Terri Woodfin in the superintendent's office, 903-845-5509, for insurance questions.

CLAIM PROCEDURE FOR INJURY COVERED BY SCHOOL ACCIDENT POLICY

- A. Report injury to coach or sponsor of the activity **IMMEDIATELY**. An accident report must be turned into the administration office. A claim form will be mailed to you following notification by the coach/sponsor to the administration office.
- B. Treatment from a licensed physician must begin within 90 days of the injury, 60 days for dental.
- C. A claim form must be filed with the insurance company within 90 days of treatment of the injury.

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

- 1. This policy provides coverage on a **secondary basis**. If you have any other 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 or email K12claims@hsri.com.

Health Special Risk, Inc.,
PO Box 250649
Plano, TX 75025-0649
866-409-5734

***** UNION GROVE ISD ASSUMES NO FINANCIAL RESPONSIBILITY FOR INJURIES INCURRED. ANY UNPAID BALANCE AFTER INSURANCE BENEFITS HAVE BEEN APPLIED IS THE SOLE RESPONSIBILITY OF THE PARENT/GUARDIAN *****



Health Special Risk, Inc.

TEXAS

BASE PLAN Benefits

Benefit	Premier Plus
Accidental Death and Dismemberment Benefits	
Covered Loss must occur within	365 days of the Covered Accident
Accidental Death	\$10,000
Accidental Dismemberment	\$10,000
Loss of Life	
Loss of Two or More Hands or Feet	
Loss of Sight of Both Eyes	\$10,000
Loss of One Hand or Foot and Sight in One Eye	
Loss of One Hand and Foot	
Loss of Sight in One Eye	\$5,000
Loss of One Hand or Foot	
Loss of Thumb and Index Finger of Either Hand	\$2,500
Exposure and Disappearance	Included
Accidental Medical Expense - FULL EXCESS	
Full Excess Accident Expense Benefit Maximum	\$25,000 (Includes coverage for Day Field Trip)
First Covered Expenses must be received within	90 days after the Covered Injury
Benefit Period	52 weeks from the date of the Covered Accident
Motor Vehicle Accident Benefit (one accident total)	\$5,000
In-Patient Hospital Services - Room & Board	
Semi-Private Room	
Intensive Care Unit/Critical Care Unit	100% U&C
Hospital Miscellaneous Services - 100% U&C	
Hospital Miscellaneous Expenses	Up to \$800 1st day; \$300/day thereafter; 5,000/hospital stay max
Nurse Services (per Hospital Stay)	100% U&C
Orthopedic Appliances (Outpatient) up to:	100% U&C; \$600 Max per Covered Injury
Emergency Room Treatment - 100% U&C	
Emergency Room & Supplies	Up to \$350
Emergency Room Physician	Up to \$100
Ambulatory Medical Center - 100% U&C	
100% U&C; Per Covered Injury Maximum of:	\$2,000
Physician Services	
Surgery	90% of U&C; \$4,500 Max
Assistant Surgeon	25% of Surgeon's allowance
Use of Physician's Surgical Facilities, 100% U&C:	Maximum of \$2,000
Anesthesia and its Administration	25% of Surgeon's allowance
Physician In-Hospital Visits, 100% U&C	Up to \$50 per visit
Out-Patient Services - 100% U&C	
Physician Office Visits maximum per visit	\$40
X-Ray - Per Covered Injury Maximum of:	\$250
CT scan, MRI - Per Covered Injury Maximum of:	\$800
Laboratory tests - Per Covered Injury Maximum of:	\$75
Outpatient Physiotherapy - Per Covered Injury Maximum of:	Up to \$300/visit; Max of \$3,000/Covered Injury, max of 1 visit/day
Ambulance Services	100% U&C (first trip to the Hospital only)
Medical Equipment Rental-Covered Injury maximum:	\$150
Dental Services	100% U&C
Prescription Drugs (Outpatient)	100% U&C
Eyeglasses, Contact Lenses, Hearing Aids	100% U&C
Heart & Circulatory Conditions - Covered Conditions: heat exhaustion & heat stroke	100% U&C
Hernia Benefit	Included
Post Injury Concussion Management Testing	Office Visits (see above) & Testing treated as any other injury - 100% U&C
Deferred Treatment/Surgical Expense Benefits	Maximum Benefit: 80% U&C up to maximum for all Accident Medical Benefits; Deferred Treatment Benefit Period of 180 days
Bereavement & Trauma Counseling Benefit	Counseling Must begin within 30 days of Covered Loss; \$50 Benefit max per session; 5 sessions maximum & \$250 max benefit per Covered Loss
Crisis Death Benefit	Covered Loss must occur within: 30 days of the Covered Accident; Maximum benefit \$1,000/insured person; Maximum of \$50,000 per incident

New
for
2022
!

ATTENTION PARENTS AND GUARDIANS

Supplemental Student Accident Insurance is Now Available



Health Special Risk, Inc. is offering two options for supplemental student accident insurance.

AT-SCHOOL COVERAGE

At-School coverage provides protection for students enrolled full time in Kindergarten through 12th grade during regular school hours for the entire school year.

24-HOUR COVERAGE

This coverage provides protection 24 hours a day, seven days a week for any covered student accident that occurs anywhere, not just on school grounds.

The premium for either option is paid annually. This one-time payment provides coverage for the entire year. Both coverage options provide protection beginning from the date of enrollment in the plan.

Supplemental student accident insurance is applicable for any covered activity. Certain exclusions and limitations apply. Please read the policy information carefully for an overview of the plan. If you wish to purchase this coverage, here's how to enroll:

Go to: www.K12StudentInsurance.com

New Visitors

- 1 Browse rates
- 2 Open a new account – Once you've determined your school is covered, you'll need to open a new account and add student and coverage
- 3 Add student(s) and coverage on the MyAccount page

Returning Account Holders

- 1 MyAccount Logon
- 2 Maintain Student Data
- 3 Maintain Insurance Coverage

For information or assistance regarding all student insurance, contact our customer service department at (866) 409-5733.

Underwritten by Mutual of Omaha Insurance Company,
3300 Mutual of Omaha Plaza, Omaha, NE 68175.

Policy Form T5MP Series 6440S NC; Series 6754S FL

Policy Form B33MP Series 8408S TX

Policy Form SR2014 TX

Riders: 868MS-EZ, 0KV5M, 6785M, 0CX5M, 867MS-EZ, 6773M, 0KV4M, 1359MS-EZ, 6653M, 850MS-EZ, 851MS-EZ, 6425M Rev 04-10, 0LJ8MS, 9130MS, 6925M, 1364MS, 0LC7M.



HSR
Health Special Risk, Inc.

ATENCIÓN, PADRES Y GUARDIANES

Ahora está disponible el Seguro contra accidentes estudiantiles adicional



Health Special Risk, Inc. ofrece dos opciones de seguro contra accidentes estudiantiles adicional.

COBERTURA EN LA ESCUELA

La cobertura en la escuela brinda cobertura para los estudiantes inscritos tiempo completo en Kindergarten hasta el grado 12 durante el horario normal de escuela para todo el ciclo lectivo.

COBERTURA LAS 24 HORAS

Esta cobertura brinda protección las 24 horas al día, los siete días de la semana, para cualquier accidente estudiantil cubierto que ocurra en cualquier lugar, no solo en el territorio de la escuela.

La prima para cualquiera de las dos opciones se paga anualmente. Este pago único ofrece cobertura para todo el año. Ambas opciones de cobertura ofrecen protección desde la fecha de inscripción en el plan.

El seguro contra accidentes estudiantiles adicional es aplicable a cualquier actividad cubierta. Se aplican ciertas exclusiones y limitaciones. Lea cuidadosamente la información de la póliza para ver una descripción general del plan. Si desea comprar esta cobertura, esta es la forma de inscribirse:

Suscrito por Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175.

La póliza o certificado que afecta la cobertura y los servicios descritos en este aviso se proporciona exclusivamente en inglés. Así mismo, toda la documentación relacionada también se proporcionará exclusivamente en inglés. En caso de adquirir este producto, le recomendamos contactar a un traductor.

Nota: Las pólizas y certificados de aseguramiento se encuentran disponibles en español para los residentes de Puerto Rico, previa petición.

Vaya a: www.K12StudentInsurance.com

Nuevo visitante (New Visitors)

- 1 Buscar tarifas (Browse Rates)
- 2 Abrir una nueva cuenta: una vez que haya determinado que su escuela está cubierta, tendrá que abrir una nueva cuenta, y agregar al estudiante y la cobertura
- 3 Agregar estudiantes y cobertura en la página MyAccount

Titulares de cuenta frecuentes

- 1 Inicio de sesión en MyAccount
- 2 Mantener datos del estudiante
- 3 Mantener la cobertura del seguro

Para información o asistencia sobre todos los seguros del estudiante, póngase en contacto con el departamento de servicio al cliente al (866) 409-5733.



Mutual of Omaha

HSR
Health Special Risk, Inc.