



# Union Grove School District

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## STUDENT ACCIDENT INSURANCE 2020-2021 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 2020-2021 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, flag corps 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, 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.**

**\*\*\*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](http://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 claims regarding student athletic insurance.**

If you have any questions, please call the Superintendent's Office at 903-845-5509.

Sincerely,

Kelly Moore  
Superintendent of Schools  
KM:tw

## **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/excess 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.

**Health Special Risk, Inc.,**  
**PO Box 117558**  
**Carrollton, TX 75011-7558**  
**866-409-5734**

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*20-21*  
**TEXAS MANDATORY PLANS  
 SCHEDULE OF BENEFITS**



<b>TX PREMIER PLUS</b>	
Full Excess Accident Expense Benefit Maximum	\$25,000
Includes coverage for Field Trip	
First Covered Expenses must be received within	60 days after the Covered Injury
Benefit Period	1 year from the date of the Covered Injury
Benefit Limit for Covered Injuries from any one motor vehicle Accident	\$5,000
<b>INPATIENT HOSPITAL SERVICES</b>	
<b>ROOM AND BOARD EXPENSES</b>	
Semi-Private Room	100% U&C
Intensive Care Unit/Critical Care Unit	1.5 times semi private
Hospital Miscellaneous Expenses	100% U&C; \$800 first day \$300 each day after; Up to \$5,000
Emergency Room Treatment (must occur within 72 Hours)	100% U&C, up to \$350
Emergency Room Physician	100% U&C, up to \$100
Registered Nursing Services	100% U&C
Family Travel (after 5 days confinement)	\$300 per day; Up to 5 days
<b>PHYSICIAN SERVICES</b>	
Surgery	90% of U&C; Up to \$4,500
Assistant Surgeon	25% of physician's allowance
Anesthesia and its Administration	25% of physician's allowance
Physician In-Hospital Nonsurgical Visits	100% U&C; Up to \$50 per visit
<b>OUTPATIENT BENEFITS</b>	
Physician Office Non- Surgical Visits	100% U&C; Up to \$40 per visit
Combined Maximum for CT scan, MRI (includes reading \$25)	100% U&C; Up to \$800
X-Ray (includes reading \$25)	100% U&C; Up to \$250
Laboratory tests	100% U&C; Up to \$75
Outpatient Physiotherapy	100% U&C Up to 10 treatments. Up to \$300, 1 visit per day
Outpatient Orthopedic Appliances	100% U&C; Up to \$600
Hospital Outpatient Surgery Facilities Payment	100% U&C; Up to \$2,000
Ambulance Services/1 trip to nearest Hospital	100% U&C
Durable Medical Equipment	100% U&C; Up to \$150
Dental Services	100% U&C
Outpatient Prescription Drugs	100% U&C
Eyeglasses, Contact Lenses, Hearing Aids	100% U&C
Post Injury Concussion Testing	100% U&C; Up to \$100 per visits up to 5 visits
Heart and Circulatory Covered Condition: Heat Exhaustion	100% U&C
Shot / Injection	100% U&C; Up to \$60
Expanded Medical	100% U&C; Up to \$500
<b>Accidental Death and Dismemberment Benefits</b>	
Accidental Death	\$10,000
Accidental Dismemberment	\$10,000
<b>Additional Benefits</b>	
Student Tutoring Service Benefit (2 day waiting period)	\$50 for 2 missed days; \$100 for 3-4 missed days; \$200 for 5-9 missed days; \$500 for 10 or more missed days.