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SISC II

SELF-INSURED SCHOOLS OF CALIFORNIA

STUDENT ACCIDENT COVERAGE

SISC TACKLE FOOTBALL COVERAGE PROGRAM 2011-2012



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 90 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 \$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	Semi-Private
	Intensive Care	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
EYEGLASS REPLACEMENT (Replacement of broken eyeglasses or lenses resulting from a covered accident requiring medical treatment. Routine refractions or eye exams are not covered.)		\$100

SELF-INSURED SCHOOLS OF CALIFORNIA

P. O. Box 1847 ♦ Bakersfield, CA 93303-1847 ♦ (661) 636-4710 ♦ FAX (661) 636-4418 ♦ <http://www.kern.org/sisc/>
A Joint Powers Authority administered by the Kern County Superintendent of Schools Office, Christine Lizardi Frazier, Superintendent

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 90 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.

