

Accident Medical Expense Benefit with Sublimits



Zurich American Insurance Company
1299 Zurich Way
Schaumburg, Illinois 60196

Bossier Parish School Board Interscholastic Team Sports Coverage

SCHEDULE

Benefit	Maximum Benefit	Deductible per Insured per Covered Accident (deductible must be met within the first two (2) years of the Covered Injury)	Co-Insurance: Our share of Usual and Customary Expenses per Insured per Covered Accident
Accident Medical	Class I: \$50,000 per Insured per Covered Accident Class II: \$5,000,000 per Insured per Covered Accident	Class I: \$0 Class II: \$50,000	Class I: 100% Class II: 100%
Benefit sublimits for the Medically Necessary Covered Medical Service(s) described below:			
1. Ancillary or Miscellaneous Inpatient Hospital	\$5,000 per Insured per Covered Accident	\$0	100%
2. Medical Emergency Care	\$500 per Insured per Covered Accident	\$0	100%
3. Outpatient Surgical Room	\$2,500 per Insured per Covered Accident	\$0	100%
4. Diagnostic X-Rays	\$1,000 per Insured per Covered Accident	\$0	100%
5. Laboratory Test(s)	\$1,000 per Insured per Covered Accident	\$0	100%
6. Physicians non-surgical treatment	\$500 per Insured per Covered Accident	\$0	100%
7. Physicians Surgical Procedures	\$5,000 per Insured per Covered Accident	\$0	100%
8. Anesthesiologist	30% of the Physician's Surgical Procedures sublimit	\$0	100%
9. Registered Nurse	\$375 per Insured per Covered Accident	\$0	100%
10. Inpatient and Outpatient Physiotherapy	\$1,200 per Insured per Covered Accident Limit 12 visits per Insured per Covered Accident	\$0	100%
11. Radiological Procedures	\$300 per Insured per Covered Accident	\$0	100%
12. Diagnostic Imaging	\$1,000 per Insured per Covered Accident	\$0	100%
13. Ambulance Expenses	\$1,000 per Insured per Covered Accident	\$0	100%
14. Rehabilitative Limb Braces, Wheelchairs and other Medical Equipment/ Appliances	\$2,500 per Insured per Covered Accident	\$0	100%
15. Eyeglasses, Contacts or Hearing Aids	\$1,000 per Insured per Covered Accident	\$0	100%
16. Accidental Dental	\$4,000 per Insured per Covered Accident	\$0	100%



Haughton Middle School



Wendy Lee, Assistant Principal

Richard Warren, Principal

Marc Braden, Assistant Principal

Dear Parents

Your son/daughter has indicated that he/she would like to participate in athletics or other extracurricular activities at Haughton Middle School. While we encourage our students to participate in athletic activities, we must make the parents aware of the possibility of your child being injured in practice or in a game. Student accident insurance is provided for your child *while participating in athletic practices or games*. We are enclosing an outline of the coverage this policy provides. This policy, like most policies in effect today, has a limited benefits schedule and **will not pay one hundred percent** of the charges incurred. The balance due is the obligation of the parents - not Haughton Middle School or the Bossier Parish School Board. This insurance is secondary to any health insurance already in force on your child. Before your child will be allowed to participate in athletic activities at Haughton Middle School, the bottom portion of this letter must be signed by you, dated and returned to the school to be filed. An extra copy of this letter is attached for your file records.

Please note this claim form must be received by the insurer with 90 days of injury date in order to be covered.

Please contact us at 549-5560 if you have any questions or need additional information. This information is for the 2022-23 school year.

Coaching Staff, Cheerleader, Dance Line,
Pep Squad and Band Sponsors

2022-2023

I will allow my son/daughter _____ to participate in athletic activities at Haughton Middle School. In case of an injury to my child, I will be responsible for the unpaid balance of any medical charges resulting from the injury.

Parent/Guardian signature

Date

250 Champion Shores, Haughton, Louisiana 71037

Telephone (318) 549-5560

FAX (318) 549-5573

www.haughtonmiddle.com