

District Five Schools of Spartanburg County 2022-2023 Explanation of Supplemental Accident Insurance Policy – Sports Club

District Five Schools of Spartanburg County recommends that each student, participating in a District Five Schools sports club, maintain private health insurance coverage. This coverage can be obtained through your employer, Medicaid, or through a private carrier and is considered the primary coverage for the student participant.

District Five Schools of Spartanburg County also provides Supplemental Accident Insurance for our sports club student participants. This insurance covers the student during practice, competitions, events, and fieldtrips. Supplemental Accident Insurance coverage is designed to serve as secondary insurance coverage. This policy only reimburses a portion of accrued service charges and acts as a supplement for deductibles, co-pays, and out of pocket expenses not covered by the primary insurance carrier. Reimbursement is issued only after claims are processed and paid by the primary coverage. If a student is not covered by primary insurance coverage, the District Five Supplemental Accident Insurance policy may reimburse a portion of accrued service charges in accordance with their fee schedule.

The participating students' Parent/Legal Guardian is financially responsible for any remaining balance after both the primary and supplemental carriers have processed and paid. ***District Five Schools is not responsible.***

The Schedule of Benefits and List of Exclusions for the District Five Supplemental Accident Insurance Coverage is attached for your reference and review.

Should your student sustain an injury while participating in a school-sponsored sports club activity, a Student Accidental Claim form must be obtained from the school, completed in its entirety and returned to District Five Schools of Spartanburg County for processing with a copy of all Explanation of Benefits (EOB's from insurance company), HICFA 1500 forms and itemized billing statements (from provider's billing office).

District Five Schools of Spartanburg County
Attention: Mikaela Davis, Benefits Administrator
100 N. Danzler Road
PO Box 307
Duncan, SC 29334
Phone: 864-949-2350 Email: Mikaela.Davis@spart5.net

District Five Schools of Spartanburg County 2022-2023 Acknowledgement of The Explanation of Supplemental Accidental Insurance Policy – Sports Club

Parent or Legal Guardian please initial each statement below:

_____ I have received a copy of the Schedule of Benefits for the District Five Schools of Spartanburg County Supplemental Accidental Insurance coverage and I understand that I am responsible for providing primary health insurance coverage for my participating student.

_____ I understand that the Supplemental Accident Insurance provided by District Five Schools of Spartanburg County is not primary insurance coverage. In the event that my student sustains an injury while participating in a school-sponsored sports club activity, this policy only reimburses a portion of service charges and acts as a supplement for deductibles, co-pays, and out of pocket expenses not covered by the primary insurance provider. I understand that if my student is not covered by primary insurance coverage, the District Five Supplemental Accident Insurance may reimburse a portion of accrued service charges in accordance with their fee schedule. I also understand that after the District Five Supplemental Accident Insurance policy has made reimbursement, any remaining balance is my financial responsibility as the Parent/Legal Guardian.

_____ I understand that should my student sustain an injury during any school-sponsored sports club activity, I must obtain a Student Accident Claim form from the school, complete the claim form in its entirety and return it to District Five Schools of Spartanburg County for processing with a copy of all Explanation of Benefits (EOB's from insurance company), HICFA 1500 forms and itemized billing statements (from provider's billing office).

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Print Student Name

Name of Sports Club(s)

Name of Primary Insurance Company

Policy Number

Print Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date