INSURANCE COVERAGE OF STUDENT-ATHLETES

Primary, Secondary, and Catastrophic Coverage
The student-athlete’s personal insurance coverage will be considered as primary coverage for all athletics-related injuries and/or illnesses and must remain active during all Athletic participation. The student-athlete must provide a copy of their personal insurance policy listing their name and effective dates on the insurance card. If the card provided does not include this information then an “Effective Date Letter” needs be provided containing this information. The student-athlete must provide a copy of their insurance card prior to any medical referral. This policy includes any insurance coverage carried by international student-athletes at ABAC.

The Office of Athletic provides an insurance policy that serves as secondary coverage for all athletics-related injuries. This coverage is not available for any condition that is not directly related to ABAC Intercollegiate Athletics’ participation (i.e.—illnesses, pregnancy, non-athletic accidents, dental/vision screenings, etc). This policy is secondary to, or in excess of, any personal family medical insurance coverage and applies only to injuries/illnesses/accidents resulting from the direct participation in the ABAC Intercollegiate Athletics’ Program during the dates of the primary competitive season and designated off-seasons as approved by the Director of Athletics and Asst. Dean of Students according to NJCAA regulations. All physician appointments should go through our Athletic Trainer.

A Catastrophic Insurance Program for ABAC student-athletes is provided. This policy only applies to claims made from catastrophic injuries that are directly related to participation in NJCAA-sanctioned sports.

Compliance with Insurance Company Requests
It is the student-athlete's responsibility to understand the conditions that apply to their policy and to comply with any requests for information, etc. from the primary insurance company. All bills need to be sent to the patient/student-athlete. EOB's can be faxed to HSR Office at (972) 512-5820 or mailed to HSR, Plaza II 4100 Medical Parkway Carrollton, TX 75007. Their office number is (972) 512-5600.

HMOs
If a student-athlete's primary insurance is an HMO, the ABAC strongly encourages the student-athlete and/or his/her parent(s)/guardian(s) to change the primary care physician (for the student-athlete only) to an ABAC referred physician or other local physician considered to be in network for that plan. This will allow the student-athlete to initiate care for a medical condition much more efficiently and effectively.

Insurance Policy Changes
The ABAC Office of Athletics and Athletic Trainer must receive notice of any changes to a health insurance policy as soon as they occur. If proper notification is not received, ABAC will not be responsible for any delays in payment, collections notices, credit reports, etc. that occur.

Exclusions and Limitations (Please Initial)
The ABAC Office of Athletics’ secondary medical insurance policy does not apply to the situations indicated below. This list is not all-inclusive.
1. Not having current primary insurance on file in the ABAC Office of Athletics.
2. Injuries/Illnesses that are not the direct result of supervised ABAC-sanctioned athletics participation.
3. Hospital room and board charges in excess of the semi-private room rate unless hospitalized in an intensive care unit.

4. Any injury which occurs or is directly related to body jewelry of any kind worn (seen or unseen) during an athletic event. Generally, NJCAA rules and regulations prohibit the wearing of jewelry during athletic participation.

5. Any injury which is caused by unsportsmanlike conduct or other behavior outside of the NJCAA of Code of Conduct and Good Sportsmanship (i.e.—fights, throwing equipment, punching a wall, kicking the ground or bench etc.). The ABAC Athletic Trainer will care for these injuries and provide medical referral as necessary, but all financial responsibility for the charges incurred will be with the student-athlete and not with the Office of Athletics.

6. Injuries/Ilnesses that are a result of intramural, and recreational activities (non-intercollegiate activities), as well as training/conditioning activities that occur outside of the primary competitive season and designated off-season periods.

7. Injuries/Ilnesses that are recurrences of old injuries/illnesses which were sustained before participation in the ABAC Intercollegiate Athletics Program.

8. Any tests and/or consultations needed to gain approval for participation in the ABAC Intercollegiate Athletics Program.

9. Any medication, over-the-counter, or prescription, that is not administered during a medical procedure or surgery.

10. Any fee or charge incurred as a consequence of a missed medical appointment.

11. No coverage by the Office of Athletics’ secondary insurance policy will extend to any student-athlete who has not been cleared for athletic participation by a physician (MD or DO) prior to the beginning of any formal competition, practice, or workout/conditioning session.

12. Any fee for injury/illness incurred when treated by physician, not scheduled by the ABAC Head Athletic Trainer (non-Emergency).

Non-Sport Related Injury/Illness Procedures
The ABAC Office of Athletics does not assume financial responsibility for injuries and/or illnesses that are not the direct result of supervised ABAC-sanctioned athletics participation. Medical bills associated with such conditions will be the sole responsibility of the student-athlete and/or his/her parent(s)/guardian(s).

I understand the secondary insurance coverage provided to me as an ABAC student-athlete and acknowledge that appropriate procedures provided or coordinated by the ABAC Athletic Trainer may initially be filed on my personal insurance policy. I further, understand that I will be responsible for any charges resulting from the care and treatment of an injury/illness not covered by the ABAC Athletics secondary insurance policy.

(Student-Athlete Signature) ________________________ (Date) ________________________

(Parent/Guardian Signature {IF Student-Athlete is a Minor}) ________________________ (Date) ________________________

(Participating on the Team(s) ) ________________________ (Academic Year) ________________________

Updated: June, 2014