



St. Clair County Community College

323 Erie Street, Port Huron, MI 48060

Athletic Insurance Policy

We are extremely pleased to have your son/daughter as a student athlete at St. Clair County Community College and hope that he/she will achieve academic, social and athletic success.

The following describes the college's policy in regards to accidents and the athletic claim process. Each student athlete is required to have a physical examination and complete the **Parent/Guardian/Student Information Form**, including signatures, prior to any practice or participation in any intercollegiate sport. The final decision on physical qualifications or reason of rejection is the responsibility of the head coach and athletic director. This includes the decision on when an athlete may return to competition after a previous injury.

Accidents do occur and we attempt to provide our athletes with the very best possible care. Medical bills may be incurred when the athlete is treated for bodily injury due to an accident, whether treatment is provided locally or on a road trip, or by a medical vendor in his or her own home area.

Insurance Coverage:

The athletic accident insurance at St. Clair County Community College provides secondary insurance coverage. The coverage is available only if the family insurance fails to cover expenses for an accident that occurred to your son/daughter while participating in the play or official team practice of intercollegiate sports, including sponsored and authorized team travel. The college does not provide coverage or pay bills incurred for expenses related to illnesses or conditions which are not sustained as a direct result of an accident in our intercollegiate sports program. (Preexisting conditions and non-athletic injuries are not covered.)

Claim Procedure:

All medical bills for your son/daughter incurred as the result of an accident in the intercollegiate sports program will be sent directly to your son/daughter or to your home address. In some cases, the college may receive a copy of the bill, but in no case will the college be the primary place for the bill incurred to be sent.

Steps:

- A. Submit the bills incurred to your family, employer group insurance or plan administrator first. They will do one of two things.
 1. Honor the claim and pay all or a portion of the bills incurred.
 2. Not honor the claim and send you a letter of denial. An example might be that your son/daughter is no longer part of your group policy after attaining the age of twenty-three.
 3. If there remains a balance after your family, employer group insurance, or plan administrator has contributed towards the claim, send the Explanation of Benefits form from the insurance company and a copy of the itemized bills incurred to:
St. Clair County Community College
Attn: Athletic Claim, Main Building, Room 220
323 Erie Street
Port Huron, MI 48060

- B. If you receive a letter of denial from your family, employer group insurance or plan administrator, send the letter of denial and a copy of the itemized bills incurred to the above address.

If no coverage is available, a letter from your employer with verification will be necessary.

- C. If the bills incurred and not paid by the family, employer group insurance or plan administrator are large enough, the claim will be sent from the college's Business Office to our insurance carrier office which is in Kalamazoo, Michigan, for processing. If they need any additional information, please cooperate with them and they will process the claim in the least amount of time. It is in your best interest to have the claim settled promptly since all of the bills incurred are in your name.

PLEASE NOTE: If the primary family coverage is through an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization), you must follow the proper procedures required by your plan in order for the college's insurance to satisfactorily complete its portion of the claim. This is especially important if your plan requires preauthorization to have your son/daughter treated if out of your plan's service area.

Parents should retain this letter for future references. In addition, please complete the **Parent/Guardian/Student Information Form in detail and sign** and return to us prior to any athletic participation. Your cooperation will help make this program successful in minimizing delays and accomplishing the purpose for which it is intended.

For more information, please contact the Business Office at 810-989-5504.