

Dissinger Reed, LLC
9300 W. 110th Street, Suite 135
Overland Park, KS. 66210
800-386-9183 ~ 913-491-0527 fax



To: District Superintendents

From: Wayne Carney, Executive Director, SDHSAA
Ed Dissinger, Dissinger Reed, LLC

Subject: 2009-10 Voluntary Catastrophic Insurance

Date: August 2009

The South Dakota High School Activities Association provides catastrophic insurance to member schools to protect student athletes/participants in SDHSAA sanctioned events (Grades 9-12). This year the voluntary coverage is underwritten by Mutual of Omaha, rated A (Excellent) by A.M. Best, and offered by Dissinger Reed, LLC.

Enclosed with this letter is a brochure outlining coverage that can be purchased by schools to cover students for events that are *not governed* by the rules and regulations of the SDHSAA. The Mutual of Omaha plan has several options. You can choose a plan with medical benefits only or one that pays medical benefits **and** allocated benefits.

The plan is offered for two groups of students:

1. The **Interscholastic Athletics** is provided to Member Schools through the SDHSAA mandatory catastrophic plan for students in Grades 9-12 (described above).
2. The **Student Activities** is intended to provide coverage for the entire student body (K-12) for all other school sponsored activities *not governed* by the rules and regulations of the SDHSAA.

Although we recognize the possibility of catastrophic injury in high school sports, there are other school - sponsored events in which a student could be seriously injured, such as Junior High sports. A few other examples include:

- Band/Music Concerts
- Physical Education Classes
- Chemistry Labs
- Recess
- Field Trips
- Shop Classes

If a student does suffer a serious injury, having a catastrophic plan in place to pay excess medical expenses and provide for the student's special needs can protect your school from lawsuits.

To enroll your school, please complete **both sides** of the application and return with your check made payable to Dissinger Reed, PO Box 419380, Dept. 131, Kansas City, MO 64141-6380. A basic student accident plan is also available. For questions, call Dissinger Reed at (800) 386-9183.

South Dakota High School Activities Association 2009-10 and 2010-11 Catastrophic Insurance Renewal

Summary of Lifetime Benefits

- **Accident Medical Expense Benefit:** 100% of reasonable, customary and necessary covered expenses, with an overall lifetime limit of \$5,000,000.
- **Deductible:** \$25,000 per injury.
- **Incurral Period:** Two (2) year incurral period in which to meet the deductible.
- **Extended Care Facility Maximum:** \$365,000 per calendar year.
- **Combined Home Health Care/Custodial Care Maximum:** \$125,000 per calendar year.
- **Maximum Physical Therapy Benefit:** \$50,000 per calendar year.
- **Accidental Death Benefit:** \$10,000.
- **Cash Benefit:** \$10,000 (for Paralysis, including Quadriplegia, Paraplegia or Hemiplegia).

Expanded Benefits (Total Disability Only):

- **Lifetime Special Expense Benefit:** \$100,000 first decade; \$50,000 each decade thereafter for home remodeling or adaptation and special vehicle purchase or adaptation.
- **Lifetime Adjustment Expense Benefit:** \$50,000 Lifetime for family counseling, training, travel and loss of earnings of parents.
- **Lifetime Education Expense:** \$50,000 for tuition, room and board and other related expenses.
- **Total Disability Benefit:** A catastrophically injured student who is totally disabled at age 18 may receive \$1,500 per month for remainder of life.
- **Partial Disability Benefit:** A catastrophically injured student who is partially disabled at age 18 may receive \$750 per month for remainder of life.
- **Unrelated Subsequent Accidents/Illnesses:** Lifetime \$100,000 benefit with a \$5,000 deductible per injury/sickness.

	# Athletes	Deductible	Plan Maximum	Rate	Premium
Current Plan	22,501	\$25,000	\$5,000,000	\$5.25	\$118,130
2009-10 Renewal	22,347	\$25,000	\$5,000,000	\$6.35	\$141,903

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Participant Legal Liability Insurance

- **Limit:** \$1,000,000; \$0 Deductible
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2009-10 and 2010-11 Catastrophic and Participant Legal Liability Premiums

- \$7.70 per athlete/cheerleader as reported on the 2008-09 SDHSAA Annual Report

CATASTROPHIC ACCIDENT INSURANCE ENROLLMENT FORM

For All States Except California, Connecticut, Florida, Louisiana, Maryland, New York and Texas

Name of School or School District _____ Policy Number: _____

Contracting Official Name _____ Title _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Email Address _____ County _____

Effective Date _____ Expiration Date _____

ELIGIBLE CLASSES:

Class 2: All interscholastic athletes, cheerleaders, band members, majorettes, student coaches, student managers and student trainers.

Class 4: All students excluding coverage for interscholastic and intramural sports activities/events.

PLAN OPTIONS:

Please select one box indicating the Covered Sports for the desired plan and select one box indicating the desired Class.

Plan		A		B		C		D	
Accident Medical Maximum Benefit		\$1,000,000		\$5,000,000		\$1,000,000		\$5,000,000	
Benefit Plan		Allocated		Allocated		Medical and AD&D		Medical and AD&D	
Benefit Period		Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime
Covered Sports (Not applicable under Class 4)		<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports- No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports- No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports- No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports- No Football
<input type="checkbox"/> Class 2	Middle School or Jr. High	\$2.16	\$1.35	\$3.32	\$2.08	\$1.73	\$1.08	\$2.66	\$1.66
	Senior High	\$4.80	\$2.46	\$7.38	\$3.78	\$3.84	\$1.97	\$5.91	\$3.03
<input type="checkbox"/> Class 4	Grades K-8	\$1.18	\$1.18	\$1.82	\$1.82	\$0.95	\$0.95	\$1.46	\$1.46
	Grades 9-12	\$1.29	\$1.29	\$1.98	\$1.98	\$1.03	\$1.03	\$1.58	\$1.58
Minimum Premium		\$650.00	\$650.00	\$750.00	\$750.00	\$600.00	\$600.00	\$700.00	\$700.00

Class 2

Middle School or Jr. High \$ _____ per athlete x _____ athletes = \$ _____

Senior High (Grades 9-12) \$ _____ per athlete x _____ athletes = \$ _____

Class 4

Grades K-8 \$ _____ per student x _____ students = \$ _____

Grades 9-12 \$ _____ per student x _____ students = \$ _____

TOTAL PREMIUM DUE* (for the benefits shown above) \$ _____

(The Premium Due is fully earned and nonrefundable on the effective date of coverage)

*Any account with Total Premium Due of \$10,000.00 or more must have underwriter review/approval prior to acceptance and binding.

We hereby enroll with Mutual of Omaha Insurance Company for a Catastrophic Student Accident Insurance Policy. We understand that insurance will be in force as of the effective date indicated above or the postmark date; whichever is later, if this Enrollment Form is accepted and the required premium is received by the Company.

Signature of School Official

Date Signed

2009-10 and 2010-11 Catastrophic and Participant Liability Insurance Plan

The SDHSAA Board of Directors has approved the catastrophic injury insurance plan for the 2009-10 and 2010-11 school years as proposed by Mutual of Omaha, which will serve as the insurance carrier for this specialized insurance. The Mutual of Omaha plan was accepted because of policy provisions, benefits and pricing. All athletes, cheerleaders, student managers and fine arts participants are covered.

The cost of the catastrophic injury insurance is \$6.35 per athlete. The cost of the participant liability insurance plan that provides each member school with \$1,000,000 of coverage will cost \$1.35 per athlete. Thus member schools should budget for a total premium of \$7.70 per athlete.

Once again, optional extended coverage will be made available to those member schools who wish to purchase coverage for their 7-8 grade athletic programs and/or their student body for non-athletic activities. You may contact Dissinger Reed, the insurance broker for the SDHSAA, at 800-386-9183 or email Dissinger Insurance at: info@dissingerreed.com. For the 2009-10 school year, the coverage is underwritten by Mutual of Omaha.