

blow amnesia
TBI dazed injury pain seizures
confusion TBI amnesia
brain injury
head sensitivity to noise sports
memory taste dizziness
fatigue concentration unsteady
irritability balance brain headache
nausea traumatic brain injury
concussion
smell changes
personality changes

Wisconsin Interscholastic
Athletic Association
2019-2020

Program Resources

Program Summary

Wisconsin Interscholastic Athletic Association has secured HeadStrong Concussion Insurance: beginning with the 2019-2020 School Year.

Coverage Period:

August 1, 2019 - August 1, 2020

Eligible Person(s):

All athletes, grades 6-12, participating in a covered activity.

Covered Activities:

Participating in activities, practice or play of interscholastic sports under the jurisdiction of the WIAA.

Interscholastic Sports Include:

Baseball, Basketball, Cross Country, Football, Golf, Gymnastics, Hockey, Soccer, Softball, Swimming & Diving, Tennis, Track & Field, Volleyball and Wrestling.

Includes traveling directly to and from a scheduled event as a representative of the school while traveling in transportation sponsored by the school.

Program Highlights Include:

- \$25,000 Accident Medical Concussion Coverage (includes neurological follow up)
- \$0 Deductible and no Co-pays
- \$5,000 Accidental Death & Dismemberment
- Telemed Services provided, when needed
- No restrictions on specific doctors; no referrals needed for treatment
- No internal limits or specific procedure maximums
- A+ rated carrier with Financial XV backing
- \$1.50 per participant (3,500 minimum participants to initiate coverage)
- Neurological follow up care - When medically necessary and billed at U&C
- Assists with high deductible primary insurance plans

Frequently Asked Questions

Headstrong is an excess accident plan. What does that mean?

- 1. The Insurance will pay for covered charges after the primary insurance has been exhausted.*
- 2. Also referred to as "secondary policy" - in that it will pay secondary to any primary insurance in place.*
- 3. The insurance will also pay for any covered charges the primary insurance will not cover (including deductibles, co-pays, any other out-of-pocket charges).*

How do I submit a claim?

Full details are provided in the Program Guide. You will need to fill out and submit a claim form (incident report), and Other Insurance Questionnaire to:

K&K Insurance/Specialty Benefits

1712 Magnavox Way - Ft. Wayne, IN 46804

Fax: (312) 381-9077

Phone: (800) 237-2917

Email: kk.newpaclaims@kandkinsurance.com

I have primary insurance, what policy should I give to the provider?

It is best to give the provider BOTH: primary insurance information and the K&K information for the concussion program. The provider should then work directly with K&K to bill primary insurance first, and the Headstrong Concussion Insurance second.

On the claim form: Insured Representative. Who is a Member School Administrator?

This can be a school administrator, athletic trainer, coach or another school representative. It is best to have the school representative be a person who was present at the time of the accident.

Do I need a referral to see a concussion specialist?

There are no restrictions on specific doctors, and no referral is needed.

What is the policy deductible?

The policy deductible is \$0. The insurance offers first dollar coverage for concussion assessment and treatment. The insurance will pay for out-of-pocket costs remaining from the student's primary insurance (co-pay, deductible, treatment not covered), or will become the primary payor, if no other insurance is available.

I already paid the provider out-of-pocket, will the insurance reimburse me directly?

Yes. Please submit claim form, other insurance questionnaire, along with Bills and Explanation of Benefits to K&K Insurance. It is recommended to contact K&K Insurance prior to paying for services out of pocket.

What events are "covered events?"

Participating in practice or play of sports governed and/or sponsored by the WIAA.

Program Resources

Claims

To File a Claim:

1) Incident Report

- Must be signed by school administrator
 - Ideally a person present at time of accident
- When possible, submit prior to treatment from provider/specialist

2) Other Insurance Questionnaire

- Submit along with Incident Report
- Ensures prompt claims payment
- Minimizes paperwork for student/family
 - Submit **even if**:
 - No existing primary insurance
 - Primary insurance denies or does not cover provider



K&K INCIDENT REPORT

(PLEASE PRINT)

NATURE: SCHOOL CLAY/ PROPERTY DAMAGE/ OTHER

TIME & PLACE OF INCIDENT: DATE: _____ TIME: _____ LOCATION: _____

HAPPENED TO: NAME: _____ DATE OF BIRTH: _____ SEX: M F ADDRESS: _____ CITY: _____

FUNCTION: AS: ATHLETE PARTICIPANT VOLUNTEER STAFF

APPARENT INJURY OR DAMAGE: BODY PART: _____ CONDITION: _____ (Sprain/Strain, Contusion, Scratch, Fracture, etc.) ON-SET DATE, TIME, BY (PHYSICIAN, NURSE, OTHER): _____ (NAME, TITLE, ADDRESS, PHONE, FAX)

OCCASION: WHAT WAS THE SITUATION? EXACT LOCATION AT _____

INCIDENT DESCRIPTION: DESCRIBE WHAT HAPPENED: _____

WITNESSES: NAME: _____ ADDRESS: _____ PHONE: () _____

INSURED: NAME OF INSURED: _____ CLUB NAME: _____ CITY: _____

INSURED REPRESENTATIVE: COACH OFFICIAL TRAINER PROMOTE NAME: _____ TITLE: _____ SIGNATURE: _____

COMPLETE ALL SECTIONS AND F. K&K INSURANCE GROUP, INC., P.O. BOX 2339, FORT WAYNE, INDIANA 46801. THIS FORM MUST INCLUDE THE INSURED'S NAME, POLICY NUMBER, AND SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE.



OTHER INSURANCE QUESTIONNAIRE

NAME OF INSURED: _____ INTERVIEW WITH: _____ EMPLOYED BY: YES NO OTHER INSURANCE CO. USED: YES NO

FATHER	MOTHER
FATHER'S OCCUPATION: <input type="checkbox"/> YES <input type="checkbox"/> NO FATHER'S POLICY NUMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO FATHER'S NAME (if insured is a minor): _____ SOCIAL SECURITY #: _____ EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO SELF-EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO INSURED BY: <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER PUBLIC INSURANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO EMPLOYER NAME: _____ EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: () _____ CONTACT PERSON: _____	MOTHER'S OCCUPATION: <input type="checkbox"/> YES <input type="checkbox"/> NO MOTHER'S POLICY NUMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO MOTHER'S NAME (if insured is a minor): _____ SOCIAL SECURITY #: _____ EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO SELF-EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO INSURED BY: <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER PUBLIC INSURANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO EMPLOYER NAME: _____ EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: () _____ CONTACT PERSON: _____

Do you have group medical insurance coverage through your employment? Yes No
 If yes, please list with K&K any other group coverage to which you are currently enrolled in a plan.

INSURANCE COMPANY: _____ POLICY NUMBER: _____
 (OR) POLICY COMPANY ADDRESS: _____ STATE: _____ ZIP: _____
 CITY: _____

TYPE OF PLAN: HEALTH MAINTENANCE ORGANIZATION (HMO) HEALTH CARE REIMBURSEMENT PLAN (HCRP)
 PREFERRED PROVIDER ORGANIZATION (PPO) FLEXIBLE PREMIUM ORGANIZATION (FPO)
 STANDARD MEDICAL AND HOSPITALIZATION COVERAGE OTHER MEDICAL OTHER MEDICAL

I HEREBY AGREE THAT ALL INFORMATION PROVIDED IN THIS DOCUMENT IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT ANY INCOMPLETE OR UNRECORDED INFORMATION CAN RESULT IN DUPLICATE PAYMENTS, CREATING A QUANTIFIABLE OVERPAYMENT. THE RESPONSIBILITY OF EACH OVERPAYMENT WILL BE THE OBLIGATION OF THE UNDERSIGNED TO REIMBURSE TO FULL, UPON REQUEST, ALL AMOUNTS SO OVERPAID. I/WE UNDERSTAND THAT IT IS A CRIME TO INTENTIONALLY ATTEMPT TO OBTAIN OR KNOWINGLY FACILITATE A FRAUD AGAINST AN INSURER BY FILING INFORMATION CONTAINING FALSE OR DECEPTIVE STATEMENTS. ANY QUESTIONS ON THIS FORM NOT ANSWERED TRUTHFULLY CAN RESULT IN A CLAIM.

DATE: _____ DATE: _____

