**Excess Athletic Accident Insurance Policy**

**Frequently Asked Questions**

**Q.** What is “Excess Athletic Insurance” and why does Wesleyan University have a policy?

**A.** Wesleyan University Athletics purchases coverage with Gallagher Student Health & Special Risk (Gallagher Student) to help cover medical expenses related to an athletic injury. An “excess” policy covers expenses that the student athlete would otherwise be responsible for in the absence of this policy i.e. co-pays, deductibles, and other amounts denied by primary insurance and shown as the patient responsibility on the primary EOB (Explanation of Benefits).

**Q.** How do I become eligible? How does it work?

**A.** All athletes are automatically eligible for coverage under the plan as soon as they are cleared for athletic participation at Wesleyan University. If a student-athlete is injured while participating in a school sponsored/supervised athletic practice or competition an accident claim form must be submitted to Gallagher Student. Please contact Sports Medicine to ensure a claim form is completed.

**Q.** Do I still need to have primary insurance, since Wesleyan Athletics has this policy?

**A.** **YES**, you do. All full time students must have a primary insurance, and you must be a full time student to be an intercollegiate athlete. Our excess sports accident policy **ONLY** covers school-sponsored/supervised athletic related injury charges not paid by primary insurance and shown as the patient's responsibility on the primary insurance EOB. This policy does not cover any bills associated with general illness or non-athletic injuries.

**Q.** What documents are needed in order for Excess Athletic Insurance to process a claim?

**A.** The provider must submit the following documents to the claims company:

1) **Itemized claim** – The provider will either bill insurance with a HCFA 1500 or UB04, and it will contain the following information:
   - Provider’s Name
   - Provider’s Address
   - Tax ID Number
   - Date(s) of Service
   - Diagnostic Code(s) and Procedure Code(s)
   - The Fee for Each Procedure

2) **Primary Explanation of Benefits** (EOB) – This is a statement from your primary insurance company that outlines what charges will be covered or denied, and what will be left as patient responsibility (co-pay, coinsurance, deductible, etc.).

**Q.** What is the benefit period for an injury?

**A.** The benefit period is 2-years / 104 weeks from the date of injury. This is on a per injury basis.
Q. What expenses does the Excess Athletic Accident Insurance policy cover?
A. The policy is designed to cover most expenses beyond your primary insurance coverage for school-sponsored/supervised athletic related accidents and injuries, up to charges of 100% Usual & Customary.

Q. How will claims be processed?
A. The provider will take down your primary insurance information, as well as the Excess Athletic Accident Policy information. Bills will be sent to your primary insurance for processing. Once primary insurance processes a claims all balances must be submitted to the excess insurance in the with the required forms (HCFA 1500 / UB04 and primary EOB).

Q. Is there a deductible associated with Excess Athletic Accident Policy?
A. There is a $1,000 deductible. This means that any intercollegiate sports injury medical charges, from $1,000-$90,000, not covered by your primary insurance and shown as the student athlete's responsibility on the primary EOB are covered at 100% of Usual and Customary charges.

Q. What can cause a delay in processing and paying a claim?
A. Claims cannot processed if they are missing one or more of the following documents: the Athletic Accident Claim Form, the Itemized Claim or the Primary EOB / denial. Balance due, balance forward, or past due statements are not sufficient for claims processing.

Q. I just got what looks like a medical bill statement in the mail. What should I do?
A. If the bill is related to a sports injury, please call the billing department phone number on the statement. The reason you are most likely receiving the bill is because the provider does not have the Excess Athletic Accident insurance information on the account. Inform the billing department that there is another insurance plan in place, and request that they submit an Itemized Claim and primary EOB to Gallagher Student.

Q. What if I already paid the bills I got from a school-sponsored athletic injury after my primary insurance paid? Can I get reimbursed?
A. Yes, you can get reimbursed for costs you have already paid. To do this you need to submit a receipt or some other proof of payment along with the Itemized Claim (HCFA 1500 or UB04) and primary EOBs. Keep in mind it usually takes longer to be reimbursed. For this reason, we try to have providers bill the Excess Athletic Accident insurance up front.

Q. I felt sick and went to the ER without telling my athletic trainer. Will the athletic department’s Excess Sports Accident Insurance plan help cover this?
A. Our excess sports insurance plan does not cover charges due to general illness, because these are usually not caused by Wesleyan athletic participation. Therefore, services for general “non-athletic” medical concerns (cold/flu, appendicitis for example) are not covered.
Q. What if I hurt myself playing intramurals or playing another sport in the off season? Will the plan cover me for that?
A. **No**, the Excess Athletic Accident insurance plan only covers costs for injuries that happen while participating in a school-sponsored athletic practice or competition.

Q. What address should I use when filling out medical forms at offices – my Wesleyan or home address?
A. Most students tend to move fairly often, so you should list your home address to make sure bills arrive efficiently. Make sure that your parents let you know if medical bills are received. For international students however, we do recommend always listing their current local address, and properly follow mail forwarding procedures during each move. Postage can get expensive and confusing with international addresses, and mail takes much longer to arrive, possibly delaying the entire claims process.

Q. Does BMI Benefits cover the cost of durable medical equipment (DME)?
A. DME is covered under the policy when the device is medically necessary for healing purposes or daily use. Medically necessary is defined in this policy as “required to treat and heal an injury; prescribed or ordered by a Physician; performed in the least costly setting required by the condition; and consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.” A letter of medical necessity must be submitted with all DME claims to be considered.