



2024-25 Wyoming High School Athletic Association



Proposal Created and Presented By:  
Dissinger Reed a division of HUB International  
9200 Ward Parkway, Suite 500  
Kansas City, MO 64114  
(913) 488-9449  
[www.dissingerreed.com](http://www.dissingerreed.com)

# HeadStrong Concussion Insurance Program

Created for



*BY*

Justin Vandewynkle  
Account Executive  
Dissinger Reed  
9200 Ward Parkway, Suite 500  
Kansas City, MO 64114  
(913) 488-9449

[justin.vandewynkle@hubinternational.com](mailto:justin.vandewynkle@hubinternational.com)



# Dissinger Reed, a division of HUB International

## Team Roster



### **Christian Reed, Executive VP, Team Leader, College and High School**

- B.A. in Sports Broadcasting from Arizona State University
- Licensed Life/Health/Accident and Property & Casualty Consultant
- Over 20 years working as a Broker/Consultant
- Over 26 years of direct sales and management experience
- Consulted and directed hundreds of programs how to optimize athletic insurance
- Personally works with insurance coordinators, athletic trainers, CFOs and Athletic Directors to ensure program success



### **Justin Vandewynkle, Account Executive**

- B.A. in Communications from The University of Kansas
- Licensed Life/Health and Accident and Property & Casualty Consultant
- Justin joined Dissinger Reed in 2014
- Over 12 years sales and customer service experience
- Works with Christian in developing and managing the HeadStrong Program
- Works with NFHS Coaches and Officials in handling claims and general NFHS questions



### **Mindee Holmes, Sr. Vice President, High School Sports & Activities**

- B.A. in Business Administration from Baker University
- Licensed Life/Health/Accident and Property & Casualty Consultant
- Mindee joined Dissinger Reed in 2005
- Over 29 years of Insurance Experience and over 22 years as a Broker/Consultant
- Over 7 years as a company sales representative
- Manages the State High School Association Business

# Program Resources

## Program Summary

### The Association has secured HeadStrong Concussion Insurance:

The WIAA has secured HeadStrong Concussion Insurance: Beginning with the 2024-2025 School Year.

### Coverage Period:

August 1, 2024 - August 1, 2025

### Eligible Persons:

Covering grades 5-12, participating in a Covered Activity.

### Covered Activities:

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

### Interscholastic Sports Include:

Basketball, Cross Country, Football, Golf, Indoor Track & Field, Alpine Skiing, Nordic Skiing, Soccer, Spirit (Cheer & Dance), Softball, Swimming, Tennis, Outdoor 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.

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### 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
- \$1.35 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





# HeadStrong

## 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, and any other out-of-pocket charges).

### 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 Mutual of Omaha information for the concussion program. The provider should then work directly with Mutual of Omaha to bill primary insurance first, and the Headstrong Concussion Insurance second.*

### 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 the claim form, other insurance questionnaire, along with Bills and Explanation of Benefits to Mutual of Omaha. It is recommended to contact Mutual of Omaha 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 State High School Association.*

### 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:*

#### **Special Risk Services**

*P.O. Box 31156*

*Omaha, Nebraska 68131*

*Claim Inquiries (800) 524-2324*

*Email: [specialrisk.claims@mutualofomaha.com](mailto:specialrisk.claims@mutualofomaha.com)*

#### **Carol Grabenschroer – Claims Manager**

*Phone: 402-351-3807*

*Email: [carol.grabenschroer@mutualofomaha.com](mailto:carol.grabenschroer@mutualofomaha.com)*

#### **Justin Vandewynkle – HeadStrong Program Manager**

*Phone: 913-488-9449*

*Email: [justin.vandewynkle@hubinternational.com](mailto:justin.vandewynkle@hubinternational.com)*

#### **Candice Little – Claims Manager**

*Phone: 402-351-3265*

*Email: [candice.little@mutualofomaha.com](mailto:candice.little@mutualofomaha.com)*

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

*This can be an 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.*







# Program Resources

## Accompanying Information



The HeadStrong Concussion Insurance Program was developed by Dissinger Reed to specifically insure student athletes from the high cost of concussion treatment and neurological follow up.

The student athlete has 'first dollar' coverage (zero deductible) for concussion assessment and treatment.

Coverage is secondary/excess to any other valid and collectable Insurance but will become the primary payor, if no other insurance is available.

### Program Highlights Include:

- \$0 deductible and no Co-pays
- Tele-med Services, when needed
- No restrictions on specific doctors
- No referrals needed for treatment
- No specific procedure maximums

## HeadStrong Concussion Insurance Policy Information

**State High School Association:** Wyoming High School Activities Association

**Broker:** Dissinger Reed

**Claims Payor:** Mutual of Omaha

**Insurance Carrier:** Mutual of Omaha Company – AM Best Rated A+XV

**Policy#:** SR2014-P-054180-005

**Coverage Period:** August 1, 2024 – August 1, 2025

**Deductible:** \$0 per claim

**Eligible Person:** All athletes participating in a Covered Activity

**Covered Activities:** Participating in practice or play of sports governed and/or sponsored by the WHSAA.

**Medical Maximum:** \$25,000 per injury

**Benefit Period:** 1-year (Benefits will be payable for 1 year from the injury date)

**Usual and Customary:** 100%

**Accidental Death & Dismemberment:** \$5,000

**AD&D Aggregate:** \$250,000



**Mutual of Omaha**

## Contact for Customer Service/Claims:

### *Special Risk Services*

*P.O. Box 31156*

*Omaha, Nebraska 68131*

*Claim Inquiries (800) 524-2324*

*Email: [specialrisk.claims@mutualofomaha.com](mailto:specialrisk.claims@mutualofomaha.com)*

### *Carol Grabenschroer – Claims Manager*

*Phone: 402-351-3807*

*Email: [carol.grabenschroer@mutualofomaha.com](mailto:carol.grabenschroer@mutualofomaha.com)*

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**Email: [justin.vandewynkle@hubinternational.com](mailto:justin.vandewynkle@hubinternational.com)**

Please submit the completed and signed claim form along with itemized bills and EOB's from the primary insurance carrier. The more information you can provide upfront, the better. Claims payments are expedited with CLEAN submissions.





# Program Resources

## Claims

### Filing a claim:

#### 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

**Claim Form - HeadStrong Concussion Insurance**

Complete and return this form to:  
Special Risk Services  
P.O. Box 31156  
Omaha, Nebraska 68131  
Claim Inquiries (800) 524-2324



**Section I Organization/School and Claimant Information (required)**  
TO BE COMPLETED BY ORGANIZATION OR AUTHORIZED OFFICIAL

Policy Effective Date \_\_\_\_\_ Claim being filed is a:  
Policy Expiration Date \_\_\_\_\_  Noncatastrophic claim  
Policy Number \_\_\_\_\_  Catastrophic claim

Policyholder Name \_\_\_\_\_  
Policyholder Address \_\_\_\_\_  
(Street) (City) (State) (ZIP Code)  
Policyholder Phone Number \_\_\_\_\_

**Injured Party (Claimant) Information**

Name \_\_\_\_\_  
(First) (Last)  
Address \_\_\_\_\_  
(Street) (City) (State) (ZIP Code)  
Phone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
Claimant is a:  Player  Coach  Official  Other \_\_\_\_\_

Verify that accident occurred during an activity sponsored or sanctioned by the policyholder, and whether claimant was a member at the time of the accident.  
 Yes - Sponsored/Sanctioned activity  
 Yes - Claimant was active member on date of accident

Under whose supervision? \_\_\_\_\_  
Was he/she a witness?  Yes  No  
Name of team/sport \_\_\_\_\_  
Date of accident \_\_\_\_\_ Time of accident \_\_\_\_\_  a.m.  p.m.  
Location of accident \_\_\_\_\_  
Type of activity \_\_\_\_\_  
Accident occurred during:  Game  Practice  Tournament  Camp/Clinic  Interscholastic/Intercollegiate Sport  
 Intramural Sport  Other \_\_\_\_\_

Has there been a previous concussion?  Yes  No  
I certify that the above information is true and correct.  
Authorized Signature \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

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# Program Resources

## Claim Submission

### HOW TO SUBMIT A CLAIM UNDER THE CONCUSSION PROGRAM

1. Submit the incident report within 30 days of the injury, or as quickly as possible.
2. Make certain that the incident report is completed in its entirety, including the policy number, with accurate and detailed injury information and how the accident happened.
3. The incident report **MUST BE SIGNED** by a representative of the school. **INCIDENT REPORTS WHICH ARE NOT SIGNED, WILL DELAY THE CLAIM.**
4. Physician billings on CMS1500 forms and hospital/facility billings on UB04 forms would be preferred as these forms contain all the necessary coding required to process a claim.
5. If the injured participant has primary insurance, each bill should be submitted with the primary insurance Explanation of Benefits or denial.
6. If the injured participant has primary insurance, all providers should be informed of the primary insurance information, so they are billed first, and the Mutual of Omaha information for the concussion program insurance billed second.
7. When an injured participant does not have primary insurance, we have agreements through PPO networks that allow many bills to be reduced with contractual discounts. We encourage injured participants **NOT** to pay claims in advance of submitting them to us, so these discounts can be used.



Wyoming High School Activities Association  
6571 East 2<sup>nd</sup> St.  
Casper, WY 82609

Dear Provider:

The athlete that you are treating today is a member of the \_\_\_\_\_ team, which is a participating member of the WHSAA.

The WHSAA has provided the athlete with an excess accident medical plan that pays for expenses related to the care of a concussion injury. This plan will pay for covered charges after the athlete's primary insurance has been exhausted. Mutual of Omaha is the claims administrator for the excess plan and the following information is being supplied to you in an effort to assist the claimant in obtaining maximum benefits in a timely manner.

Please submit all charges through any other primary insurance first, and then submit itemized bills (HCFA-1500 or UB-92) and the primary Explanation of Benefits to:

***Special Risk Services***

P.O. Box 31156  
Omaha, Nebraska 68131  
Claim Inquiries (800) 524-2324  
Email: [specialrisk.claims@mutualofomaha.com](mailto:specialrisk.claims@mutualofomaha.com)

***Carol Grabenschroer - Claims Manager***

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Should you have any questions or need any additional information, please feel free to call Justin Vandewynkle at 913-488-9449.

Thank You,



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