Head Strong
Concussion Insurance

2026-27 Arizona Interscholastic Association

Proposal Created and Presented By:
Dissinger Reed a division of HUB International
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HeadStrong Concussion Insurance Program

Created for



BY

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Account Executive
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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 managaing 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

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Program Resources

Program Summary

The Association has secured HeadStrong Concussion Insurance:

The AIA has secured HeadStrong Concussion Insurance: Beginning with the 2026-2027 School Year.

Coverage Period:

August 1, 2026 - August 1, 2027

Eligible Persons:

All Interscholastic athletes, spirit line members, band members, and participants in school-sponsored non-sport extracurricular activities; also to include student coaches, student managers, and/or student trainers

Covered Activities:

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

Interscholastic Sports Include:

Band, Spiritline, Chorus, Drama, Orchestra, Speech, Badminton, Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming & Diving, Softball, Tennis, Track & Field, Volleyball and Wrestling. Any sport or activity that your State Association recognizes or sponsors. Includes traveling directly to and from a scheduled even 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
- $1.35 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

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Program Resources

Program Summary

The Headstrong Concussion Insurance Program™ was specifically developed to insure your student-athletes from the high cost of concussion treatment and neurological follow-up that may be required after a suspected concussion.

When your participating organization takes part in this program, your athletes are automatically covered with no underwriting process involved. Coverage is secondary/excess to any other valid and collectible insurance but will become the primary payor, if no other insurance is available.

709,876

Total Participants Since 2015

17,650

Total Claims Since 2015

$3,000,204

Total Claims Paid Since 2015

Excess Accident Medical Limits

$25,000 Maximum per Injury
100% Usual & Customary
1 Year Benefit Period
$0 Deductible (per claim)
$5,000 AD&D
$250,000 AD&D Aggregate

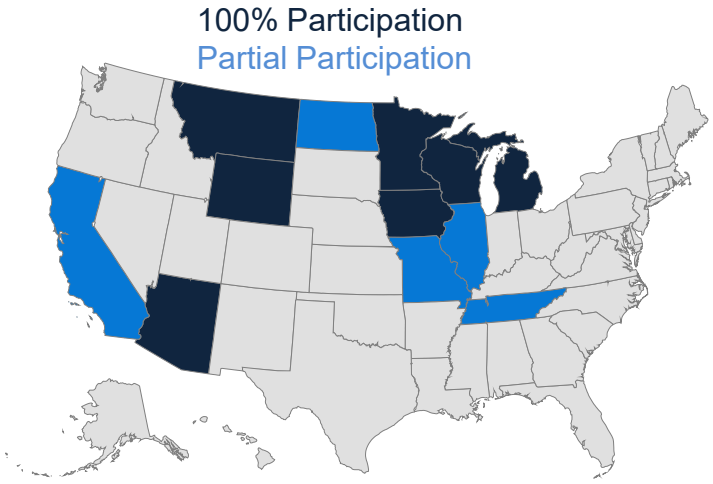
Eligible Persons:

All athletes participating in covered activities.

Covered Activities

Participating in practice or play of sport governed and/or sponsored by the Participating Organization.

States with Participation

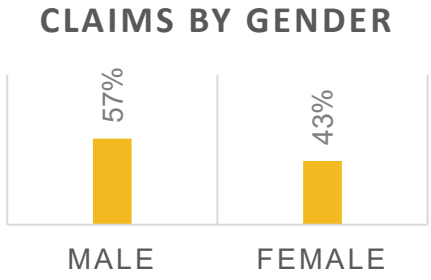


10,131

Male Claims

7,519

Female Claims



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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

Justin Vandewynkle – HeadStrong Program Manager
Phone: 913-488-9449
Email: justin.vandewynkle@hubinternational.com

Diamond Cole -Claims Manager
Email: diamond.cole@ mutualofomaha.com
Insured last names A-M

Taylor Locke– Claims Manager
Email: taylor.locke@ mutualofomaha.com
Insured last names N-Z

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.

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Program Resources

Accompanying Information

1

Concussion Insurance Program Guide

- Single-page
- Customized for the State High School Association

2

Dear Provider Letter

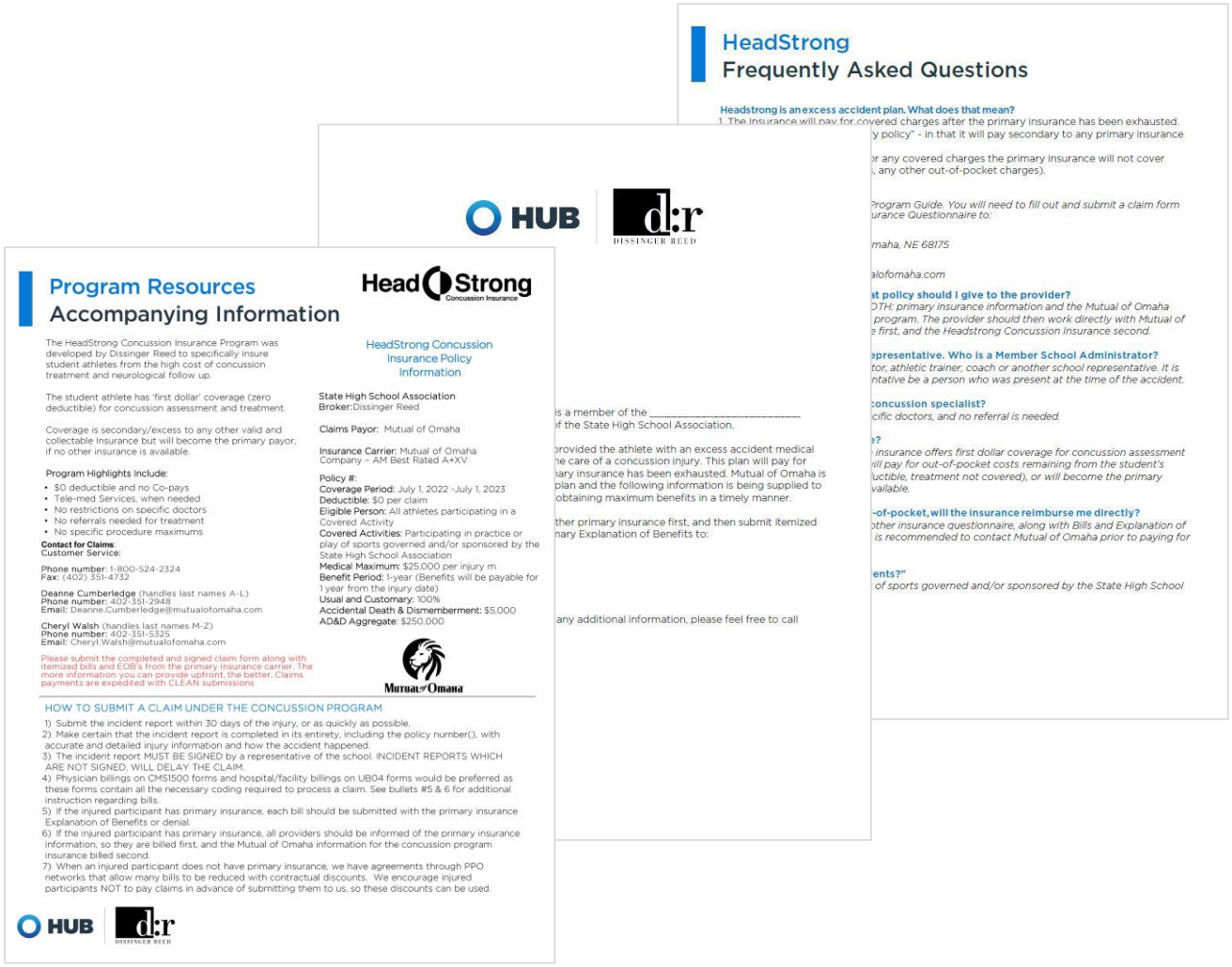
- Printed on State High School Association Letterhead
- Advises provider's billing department

**Simplify process for all parties to ensure proper billing and payment.*

3

Frequently Asked Questions

- Assist student/family with using the insurance
- Customized for the State High School Association.
- Minimize school administrator disruptions



HeadStrong
Frequently Asked Questions

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

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Program Resources
Accompanying Information

HeadStrong Concussion Insurance

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

Contact for Claims:
Customer Service:

Phone number: 1-800-524-2324
Fax: (402) 351-4732

Deanne Cumberledge (handles last names A-L)
Phone number: 402-351-2948
Email: Deanne.Cumberledge@mutualofomaha.com

Cheryl Walsh (handles last names M-Z)
Phone number: 402-351-5325
Email: Cheryl.Walsh@mutualofomaha.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

HeadStrong Concussion Insurance Policy Information

State High School Association
Broker: Dissinger Reed

Claims Payor: Mutual of Omaha

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

Policy #:
Coverage Period: July 1, 2022 - July 1, 2023
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 State High School Association
Medical Maximum: $25,000 per injury m
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

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. See bullets #5 & 6 for additional instruction regarding bills.
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.

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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.

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Program Highlights Include:

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- 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: **Arizona Interscholastic Association**
Broker: Dissinger Reed
Claims Payor: Mutual of Omaha
Insurance Carrier: Mutual of Omaha Company – AM Best Rated A+XV

Policy#: SR2014AZ-P-054180-001

Coverage Period: August 1, 2026 -August 1, 2027
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 AIA.
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

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

Diamond Cole -Claims Manager
Email: diamond.cole@ mutualofomaha.com
Insured last names A-M

Taylor Locke– Claims Manager
Email: taylor.locke@ mutualofomaha.com
Insured last names N-Z

Justin Vandewynkle – HeadStrong Program Manager
Phone: 913-488-9449
Email: 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

Mutual of Omaha

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

Policy Effective Date _____
Policy Expiration Date _____
Policy Number _____

Claim being filed is a:
☐ Noncatastrophic claim
☐ 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.

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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.

Arizona Interscholastic Association
7007 North 18th St.
Phoenix, AZ 85020

Dear Provider:

The athlete that you are treating today is a member of the _____ team, which is a participating member of the AIA.

The State High School Association 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

Diamond Cole -Claims Manager
Email: diamond.cole@ mutualofomaha.com
Insured last names A-M

Taylor Locke– Claims Manager
Email: taylor.locke@ mutualofomaha.com
Insured last names N-Z

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

Thank You,

Dissinger Reed, a division of HUB International

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