

Student/Athletic Accident Insurance 2015-2016

The Board of Education has purchased insurance coverage to protect all students participating in interscholastic sports, including band, majorettes, cheerleaders, gym and the afterschool program against accidental injury during all school-sponsored and supervised activities, whether at the school or away. This coverage is provided by Arch Insurance Company.

This insurance plan is **Excess** coverage; i.e., you must submit all bills to your own insurance carrier first. If the "other" Health Care Plan is an HMO/PPO or similar arrangement, and the Covered Person does not use the facilities or services of the HMO/PPO, or similar arrangement, eligible benefits will be reduced by 50%.

Although this coverage is very broad, there are restrictions, limitations, and exclusions in this Policy. In some situations, medical bills may not be covered in full. Parents should understand that medical expenses are their own responsibility, not the school's. Some of the important benefits and limitations of the plan are:

1. The plan has a \$1,000 corridor deductible; the \$1,000 deductible applies to each covered accident and does not include Covered Expenses paid under any other Health Plan.
2. Treatment must commence within 90 days of the date of injury or there is no coverage.
3. Physical Therapy Treatment (including Chiropractic) has a limit of \$10,000. (A letter of Medical Necessity is required.)
4. Benefits are payable for up to 3 years from the date of injury.

All injuries should be immediately reported to a coach, nurse or faculty advisor. Claim forms will be provided by the school, but it is the parents' responsibility to:

1. Submit the claim form with Part 1B filled out completely (any omissions will delay the processing of the claim).
2. Submit all itemized bills (monthly statements will not do).

Submit the statement (EOB - Explanation of Benefits) received from your own insurance carrier showing amounts paid and balances due, or a letter of denial stating the claim is not covered. One of these letters is required for any payments to be made.

If you have no other medical insurance, you will receive a letter from your insurance carrier requesting employer information. Fill this out and return it to the carrier immediately and the claim will be processed. Failure to return this letter will result in a delay or denial of the claim.

It is your responsibility, and to your benefit, to submit the necessary papers as soon as possible, as the claim cannot be paid until all papers are submitted. Only one claim form per accident is required.

All claim forms, bills, and letters from other insurance carriers are to be forwarded to: The Vozza Agency, P.O. Box 100, Park Ridge, NJ 07656, 201-573-1000. For questions regarding the coverage, contact: Bob McCloskey Insurance, P.O. box 511, Matawan, NJ 07744, 1-800-445-3126.