Dear Parent:

Our school district provides accident coverage for all students. Outlined below is important information regarding this coverage. It is intended as a brief description for reference only, and is not the policy.

Only ***ACCIDENTS*** that occur in school-sponsored and supervised activities ***INCLUDING*** participants in interscholastic sports are covered.

DEFINITION OF ACCIDENT:

An unexpected, sudden and definable event which is the direct cause of a bodily injury, independent of any illness, prior injury or congenital predisposition.

Conditions that result from participating in an activity do not necessarily constitute accidents. For example, illnesses, diseases, degeneration, conditions caused by continued stress to a particular area of the body, and existing conditions aggravated by an accident are not covered.

A. This plan of insurance is ***EXCESS ONLY***: It will not duplicate benefits paid or payable by any other insurance or plan including HMO's or PPO's.

B. The policy will not cover expenses payable under the insured's HMO (Health Maintenance Organization), or PPO (Preferred Provider Organization). If the insured chooses not to use an authorized medical vendor (under HMO or PPO), the policy will only cover expenses incurred that it would have honored had the insured used the proper medical vendor.

C. Medical treatment for a covered accident must begin within 60 days of that accident. Only expenses incurred within 52 weeks are considered. Benefits are determined on the basis of ***REASONABLE AND CUSTOMARY*** for the geographic location where services are performed.

D. Specific exclusions of the policy include, but are not limited to, sickness, disease, in any form; non-prescription drugs; fighting; and orthotics not prescribed exclusively for rehabilitation (e.g., playing brace, mouth guard).

E. The balance of covered expenses will be processed on an 80% payment basis.

F. Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information may be guilty of insurance fraud and subject to criminal and civil penalties.

Accidents must be reported to the school within 20 days. Medical bills must be submitted within 90 days after date of treatment

HOW TO FILE YOUR ***ACCIDENT*** CLAIM FORM:

1. Complete ***ALL*** blanks. If information is not applicable, indicate the reason it is not (e.g., deceased, unknown).

2. Attach all ***ITEMIZED*** bills to date (not balance due statements) for ***MEDICAL EXPENSES ONLY***. Subsequent medical bills can be submitted within 90 days after date of treatment.

3. Include all worksheets, denials, and/or statements of benefits from your primary insurer. (Each charge must be processed by all other insurances/plans before they can be processed.)

4. If you are employed and no coverage is provided by your employer, ***A LETTER OF VERIFICATION FROM YOUR EMPLOYER STATING THAT NO COVERAGE IS PROVIDED MUST BE SUBMITTED.***

5. Submit claim form within 90 days of the accident by:

Email at: BMI@bobmccloskey.com

Mail: BMI Benefits, LLC, PO Box 511, Matawan, NJ 07747

Fax: 732-583-9610

KS