



SCARSDALE PUBLIC SCHOOLS

2 Brewster Road
Scarsdale, New York 10583

September 2017

Dear Parent:

I am pleased to announce that the Board of Education has provided an excess coverage student accident insurance plan for all pupils enrolled in the Scarsdale Public Schools. The period of the contract commences on the first day of school or a school sponsored activity whichever is first, and continues until the last day of the school year.

The coverage is for school activities financed and administered solely as the direct responsibility of the Board of Education. The policy is a scheduled medical excess policy and the primary coverage is through your family personal health insurance plan.

The procedure to follow when submitting a claim is printed on the reverse side of this letter. **Please read all instructions carefully.**

If your child is injured while participating in a school-sponsored activity please follow the procedure outlined below:

1. Pupil should report an injury to the teacher or staff supervisor *at the time injury is sustained*.
2. Pupil or parent should notify the Business Office of the Scarsdale Board of Education **as soon as possible** if pupil receives medical treatment for injury by the family physician or in the emergency room of a hospital.
3. Report of injury must be made within 20 days of the accident to be eligible for a claim.
4. Parents should submit all medical claims relating to the accident to their **family medical plan first**.
5. If the family medical plan does not cover the full cost of medical treatment, request a claim form from the school business office (phone 721-2420). This form is to be completed by the physician (front of form) and the parent (back of form). Attach to the claim form all copies of medical bills associated with the accident and a statement from your family insurance carrier indicating the total payment made or a copy of rejection of benefits and send to:

Pupil Benefits Plans, Inc.
101 Dutch Meadows Lane
Glenville, NY 12302

Note that if medical bills are in excess of our benefit payments, the difference is the responsibility of the parents.

Submission of claims must be made within one year from the date of injury or the claim will automatically become void. If you have any questions concerning this procedure, please call the business office at 721-2420.

Sincerely,

Stuart Matthey
Assistant Superintendent for Business and Facilities

PUPIL BENEFITS PLAN, INC.
CLAIM PROCEDURE
PARENT INFORMATION

1. When your child is injured in a school sponsored activity you have 45 days from the date of injury to seek medical treatment.
2. Obtain a claim form from the district and submit it with your **ITEMIZED BILLS** no later than one year from the date of injury. This must be done even if treatment is NOT completed. If you have health insurance that covers your child also include the **EXPLANATION OF BENEFITS OR REJECTION** notice from your carrier.
3. Double check that you have answered all questions on the claim form. Slashes/dashes or blank spaces do not constitute answers. Be sure bills are itemized. The company is unable to determine benefits from balance due statements.
4. When submitting additional bills or correspondence at a later date, include the school district, child's name, and the date of injury.
5. Please **WRITE LEGIBLY**. Always check photocopies for clarity.
6. By following these procedures you will help us settle your claim as swiftly as possible. Submitting incomplete claim information will delay your settlement. If you need special assistance simply call (518)377-5144 between 9:00 a.m. and 4:00 p.m., Monday through Friday. We will be happy to help you in whatever way we can.
7. Our coverage levels are provided in our certificate of insurance. Remember, scheduled benefits plus catastrophe benefits equals the total payable. The scheduled benefits are listed under indemnity schedules. The catastrophe benefit is payable at 80% once the required \$100 deductible is satisfied.
8. If your child is injured while participating in an interscholastic sport, the physician's discharge date and allowance to return to participation terminates benefits for that injury. Coverage will be reactivated on that date for any subsequent injury.