



Wheatland-Chili Central School District

Accredited by the Commissions on Elementary and Secondary Institutions,
Middle States Association of Colleges and Institutions

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Middle/High School
940 North Road
585.889.6259

Eric Windover
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Wheatland-Chili
Middle/High School
940 North Road
585.889.6245

RE: How to File a Student Accident Claim

Dear Parent/Guardian:

In the event of an accidental injury to your child while participating in a school sponsored and supervised activity, and when you have incurred medical expenses, you may file a student accident claim.

The student accident insurance is excess coverage. This means that you must submit medical expenses to your own personal health insurance carrier first, and then to the student accident carrier. If it is a dental injury, this must go through your medical insurance for accidental dental injury first, then to your dental carrier.

The School will complete their section of the claim form and the Parent/Guardian must complete their section on the back of the form. Attach copies of itemized medical bills (showing treatment codes) and any Explanation of Benefits (EOB's) received from your personal health insurance carrier(s). An itemized medical bill includes specific patient and medical provider data. Please ask your medical provider to submit standardized billing statements (UB04 for hospital charges and HCFA 1500 for physician charges) to expedite claim processing and payment. "Balance Due" statements often do not provide enough detail to process the claim.

Send the completed and signed **original** claim form, itemized bills and Explanation of Benefits to:

If you have additional bills or information you need to send later, please write the name of the school or claim number at the top of the bills or correspondence and mail to Pupil Benefits at the address above.

Payments will generally be sent directly to the medical providers unless proof of prior payment (copy of check, zero balance information on bill or EOB) is submitted with the claim.

If you have any additional questions feel free to call our accident insurance agent, Sheila Gilroy at Haylor Freyer & Coon, Inc., at (800)289-1501, Ext. 2157.

Sincerely,

Deborah Leh, Ed.D.
Superintendent

Enclosure A Top 100 High School - US News & World Report 2013, 2015

13 Beckwith Avenue ~ Scottsville, NY 14546

Phone: 585.889.4500 • www.wheatland.k12.ny.us Fax • 585.889.6284

WHAT YOU NEED TO KNOW

◆ PLEASE READ THE FOLLOWING;

- ◆ Unfortunately, there are some exclusions and limitations under this plan. There are no benefits provided for cosmetic surgery. Please note cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part. There are no benefits provided for intentionally self-inflicted injuries, or injuries sustained during participation in a felony or riot. This policy does not provide coverage for sickness, pre-existing conditions, disease or orthodontia. Pupil Benefits Plan provides student accident insurance only.
- ◆ Pupil Benefits Plan's student accident insurance assures prompt medical attention and assists with expenses which revert to the parent, since no school may be held legally responsible for them. If medical bills are in excess of our benefit payments, the difference is the responsibility of the parents.
- ◆ If you need special assistance, please call our office. We will be happy to help you in whatever way we can.



COVERED EXPENSES

Payment shall be made based on the usual and customary charges for:

- ◆ **Medical and surgical care by a licensed physician.**
- ◆ **Care and services provided at a hospital that are medical in nature.**
- ◆ **Ground Ambulance service from the site of the accident.**
- ◆ **Dental care of sound and natural teeth related to accidental injury.**
- ◆ **Orthopedic appliances, drugs and supplies prescribed by the treating physician.**
- ◆ **Restorative Physiotherapy when provided by a licensed physical therapist and prescribed by the treating physician.**
- ◆ **Eyeglasses paid up to \$100.00 when loss is related to bodily injury.**
- ◆ **Chiropractic manipulation is covered when related to vertebral column.**
- ◆ **Accidental Death and Dismemberment Indemnity.**

**IMPORTANT NOTICE:
THIS POLICY DOES NOT PROVIDE COVERAGE FOR
SICKNESS.**



When covered medical, dental and hospital expenses are incurred, Pupil Benefits Plan will make payment to cover 100% of usual and Customary charges. The aggregate maximum per claim is **\$25,000.00** with no deductible. Maximum aggregate dental benefits are limited to \$1,000.00 when treatment extends over 12 months from the date of injury. Benefits paid up to 3 years from the date of injury (except Open Dental). Replacement or repairs of previous restorations will be limited to 50% of the usual and customary benefit. Restoration associated with dental claims classified by the plan as "open dental" must be completed within 90 days after the insuree is graduated or has left high school.



WHAT YOU NEED TO DO

- ◆ When your child is injured in a school sponsored activity, you have 90 days from the date of injury to seek medical treatment.
- ◆ Obtain a claim form from the District and submit itemized bills to Pupil Benefits Plan in a timely manner, even if treatment is not completed. This plan is a secondary, non-duplicating policy. If you have medical or dental insurance that covers your child, charges must be submitted to your primary insurance first. Submit the explanation of benefits or rejection from your carrier along with itemized bills to Pupil Benefits Plan.
- ◆ Expenses resulting from injuries to sound and natural teeth should be submitted to your medical insurance even though dental coverage is not available. When an accidental dental injury occurs, your medical coverage will consider charges first.
- ◆ Please answer all questions on the claim form. Blank spaces are not acceptable. Please write legibly.
- ◆ If your child is injured while participating in an interscholastic sport, the physicians discharge date and allowance to return to participation terminates benefits for that injury. Coverage will be reactivated on that date for any subsequent injury.
- ◆ When submitting additional bills at a later date, include the school district, child's name, and the date of injury.

Claimants Rights to an Appeal

As per New York state Insurance Law, all claims that are denied or receive an adverse determination will be eligible for an internal appeal at the request of the claimant or the claimant's representative. Denials will be issued on either a clinical or non-clinical basis.

The Plan will offer two internal levels of appeal, conducted by a designated employee of the Plan.

For clinical denials the Plan will utilize a Medical Consultant to review your claim.

All appeals must be initiated within 60 days of receipt of the adverse determination letter. Or the right to an appeal will be forfeited.

The Plan will commence the appeal process within 30 days of receiving the required information. A written response will be issued within 5 days of the determination.

Claimant or Claimant's representative has the right to an external appeal by filing an application with the New York State Insurance Department. The application will be mailed by the Plan with the final adverse determination letter. The application must be submitted to the New York State Insurance Department within 45 days of receipt of the denial letter. Non-compliance will result in a rejection of the appeal application.

PUPIL BENEFITS PLAN, INC.
101 Dutch Meadows Lane
Glenville, NY 12302
OFFICE (518) 377-5144
1(800) 393-3301
FAX (518) 377-3291
www.pupilbenefits.com

Pupil Benefits Plan, Inc. does not have relationships with any third party, affiliated or non-affiliated, where nonpublic financial or health information could be exchanged. Our privacy policy applies to all products and services. All information will be protected as required by law.

pupil 
 benefits
 plan, inc.

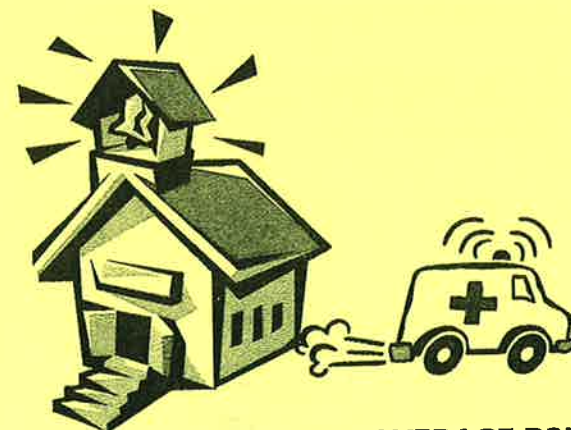
Student Accident Insurance

(Herein referred to as the Plan)
 The Plan certifies that, under and subject to the terms and conditions of Blanket Policy No.

Issued to:
 (school
 district).....

That it will provide medical, dental, and hospital indemnity in accordance with the master contract. The master contract is available for inspection at the school. The essentials of this policy are set forth in this brochure.

PARENT INFORMATION BROCHURE



PIB1 R25
 7/14

COVERAGE R25