

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.

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. There are no benefits provided for drugs, supplies, or orthopedic appliances including crutches, braces, beds, wheelchairs, etc. 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.

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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.



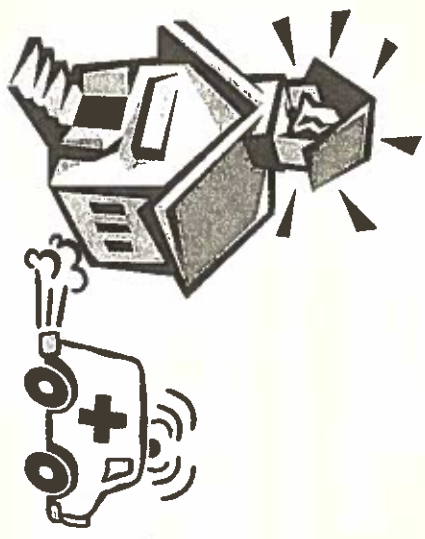
Student Accident Insurance

(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):.....**Oceanside U.F.S.D.**.....

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



When covered medical, dental and hospital expense incurred exceeds the scheduled indemnities listed below, catastrophe expense will cover 80% of those expenses, less a deductible of \$100.00 to the extent that such expenses are reasonable, necessary and customary up to an aggregate maximum of \$50,000.00; maximum aggregate dental benefits will be 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).



MEDICAL INDEMNITY SCHEDULE

Distortions

Hip- closed- \$180.00 open- \$320.00
 Patella- closed- \$80.00 open- \$180.00
 Ankle- closed- \$100.00 open- \$220.00
 Astragalus- closed- \$120.00 open- \$220.00
 Toe- closed- \$50.00 open- \$80.00

Complete Fractures

Skull- (operative)- special consideration
 Nose- simple- \$70.00
 Nose- compound or displaced- \$170.00
 Maxilla or Mandible- closed- \$170.00 open- \$320.00
 Clavicle or Scapula- closed- \$100.00 open- \$220.00
 Sternum- closed- \$70.00 open- \$220.00
 Ribs- \$60.00

Vertebrae- transverse process- \$90.00

Vertebrae- body or lamina- \$220.00 open- special consideration
 Sacrum and, or Coccyx- closed- \$120.00 open- \$170.00
 Pelvis- one bone- closed- \$170.00 open- \$220.00
 Pelvis- multiple- closed- \$220.00 open- \$320.00

Complete Arm Fractures

Humerus or Elbow- (entire joint)- closed- \$220.00 open- \$320.00
 Condyle only- \$120.00
 Radius or Ulna- closed- \$140.00 open- \$220.00
 Radius and Ulna- without manipulation- \$140.00
 with manipulation- closed- \$220.00 open- \$320.00
 Collar- without manipulation- \$100.00
 with manipulation- closed- \$140.00 open- \$270.00
 Carpals or Metacarpal (1st)- closed- \$120.00 open- \$220.00
 Metacarpals (2-5)- closed- \$100.00 open- \$180.00
 Finger- one- closed- \$70.00 open- \$120.00
 Finger- multiple- closed- \$90.00 open- \$120.00

Complete Leg Fractures

Femur- closed- \$320.00 open- \$420.00
 Femoral or Tibial Condyle or both without manipulation- closed- \$140.00
 with manipulation- closed- \$250.00 open- \$470.00
 Patella- closed- \$120.00 open- \$220.00
 Tibia- shaft- closed- \$190.00 open- \$290.00
 Tibia- malleolus (medial)- closed- \$140.00 open- \$260.00
 Fibula- shaft- closed- \$120.00 open- \$170.00
 Tibula- malleolus (lateral)- closed- \$120.00 open- \$190.00
 Tibia and Fibula- closed- \$240.00 open- \$340.00
 Multiple Malleolar- closed- \$220.00 open- \$320.00
 Astragalus or Os Calcis- closed- \$170.00 open- \$270.00
 Tarsals- closed- \$120.00 open- \$180.00
 Metatarsals- closed- \$180.00 open- \$170.00
 Toe- one- closed- \$60.00 open- \$100.00
 Toe- multiple- closed- \$80.00 open- \$100.00

Dislocations

Shoulder- closed- \$100.00 open- \$270.00
 Elbow or Wrist- closed- \$100.00 open- \$200.00
 Finger- closed- \$50.00 open- \$120.00

Accidental Death and Dismemberment

Life- \$5,000.00
 Two or more members- \$10,000.00
 One member- \$5,000.00

Dental Indemnity Schedule

Intraoral periapical- first film- \$6.00
 Each additional film- \$4.00
 Complete intraoral series of periapicals- \$36.00
 Removal of tooth, simple- \$72.00
 Removal of tooth, surgical- \$30.00
 Apicoectomy (root amputation)- \$70.00
 Extirpation of pulp and fillings of one root canal and root canal closure (per tooth, including x-rays)- \$100.00
 Each additional canal same tooth- \$40.00
 Amalgam filling- each surface up to three- \$20.00
 Acrylic filling- Composite/Acid Etch- \$30.00
 Silicate cement filling- \$26.00
 Gold inlay for one surface- \$70.00
 Each additional surface up to three- \$25.00
 Cast metal core- \$50.00
 Recementing restoration- \$20.00
 Acrylic jacket crown- \$90.00
 Acrylic veneer crown- \$110.00
 Porcelain jacket crown- \$135.00
 Porcelain veneer crown- \$160.00
 Porcelain fused to metal crown- \$180.00
 Cast gold crown- \$140.00
 Cast gold with facing- \$145.00
 Acrylic partial denture without clasps- \$85.00
 Acrylic partial denture with wrought clasps- \$110.00
 Stainless steel crown- \$30.00
 Ligation (wiring of loosened traumatized teeth)- \$30.00
 Dentures- special consideration

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.

Shoulder, clavicle or scapula- \$42.00
 Nasal bones, mandible, orbit- \$38.00
 Pelvis, hip joint, chest, spine- \$51.00
 Skull- \$56.00 CAT Scan- \$110.00 M.R.I.- \$200.00

Treatment provided by a chiropractor is covered.

Replacement or repairs of previous restorations will be limited to 50% of the scheduled indemnity.

Restoration associated with dental claims classified by the plan as "open dental" must be completed within 90 days after the insuree is graduated or left high school.

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