

FAYETTE ACADEMY ALL SCHOOL ACCIDENT INSURANCE

Policy No. 42-0594-2015

Dear Parent/Guardian:

Fayette Academy has purchased accident insurance for all students. The insurance plan provides benefits for accidental injury while attending assigned classes or during school sponsored and supervised activities.

The insurance plan provided by Fayette Academy **does not** pay 100% of all medical and dental expenses (**SEE LIMITATIONS BELOW**). Please note that the insurance provided by Fayette Academy is "secondary" to any other family insurance plans and will pay only the eligible medical expenses not payable by other insurance sources. Following is information outlining the benefits and limitations of the school purchased insurance plan.

BENEFITS

If accidental bodily injury occurs while participating in a school sponsored and supervised activity and requires treatment within 30 days from the original date of injury by a licensed Physician, or treatment in a legally constituted hospital, the insurance company will pay the reasonable and customary expenses for necessary medical, dental or hospital care provided within one year from the date of the injury up to the policy maximum amount for any one injury, **which are not paid by other collectible insurance plans.** (**SEE LIMITATIONS BELOW**) The insured shall have free choice of a physician or hospital for treatment. If, however, an insured has other valid coverage through another insurance plan(s) and does not chose a physician or hospital through the other plan, we will pay benefits as if the other plan's guidelines had been followed.

CLAIM PROCEDURE

1. Present a claim to your own insurance company FIRST. After a settlement has been made with your insurance company, make certain all questions on the claim form are completed.
2. a. A School official must complete Part A on the claim form. b. The parent or guardian must complete Part B claim form.
3. Attach all medical bills (doctors, hospitals, etc.) to the claim form.
4. **Attach either proof of benefits paid by your insurance company or their letter of denial.**
5. Mail completed claim form to: SCHOLASTIC INSURORS, INC., P. O. Box 3194, Johnson City, Tennessee 37602.

TREATMENT MUST COMMENCE WITHIN 30 DAYS.

**** NOTE ** SUBMIT A CLAIM TO COMPANY WITHIN 90 DAYS FROM THE DATE OF ACCIDENT. ** NOTE **
BENEFITS AVAILABLE FOR ONE YEAR FROM DATE OF INJURY.**

LIMITATIONS

- Hospital Room and Board (semi-private room rate)
- Outpatient hospital charges - Non-surgical (\$750 maximum)
- Physician's surgery/fracture care fees (U & C* up to \$3,000 max)
- Physical Therapy (\$50 per visit - \$500 maximum)
- Ground Ambulance (\$100 per injury)
- Orthopedic Appliance (\$300 maximum)
- Outpatient Drugs (\$100 per injury)
- Up to 25% of the surgeon's benefit paid for the anesthetist and assistant surgeon
- Inpatient hospital miscellaneous charges (\$4,000 maximum)
- Outpatient hospital Surgical (\$3,000 maximum)
- Physician's non-surgical visits or consultations (\$35 per visit)
- Dental (\$400 per tooth)
- Motor Vehicle (\$500 per injury)
- Diagnostic x-rays, MRI's, CAT Scans (\$400 per injury)
- Eyeglasses (\$100 maximum)

*NOTE: "U&C" means usual and customary

PLEASE READ CAREFULLY:

You must indicate on the claim form, when submitting a claim, the name of your personal insurance company before benefits can be paid by this insurance plan. Failure to provide complete claim information will prolong payment of allowable benefits. Thank you for your cooperation with this program.

If you have any questions about the insurance program, please contact the insurance administrator:

SCHOLASTIC INSURORS, INC.
P O BOX 3194
JOHNSON CITY TN 37602
1-800-872-1953
FAX (423) 928-2761

RETAIN THIS DESCRIPTION OF COVERAGE FOR YOUR RECORDS. This is a brief description of the plan benefits.