

# WELCOME BACK

To

# SCHOOL



A **VENBROOK**  
Company







August 2022

Dear Parent or Guardian:

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school or participating in school-related activities.

As a service to students and their families, the district makes available a student accident insurance plan for you to purchase for your child at a reasonable cost.

***Available coverage and premium listed below:***

**1) School-Time Plan:**

**COST:** High Option - \$43.00 Mid Option - \$28.00 Low Option - \$14.00

**2) 24-Hour Plan:**

**COST:** High Option - \$210.00 Mid Option - \$105.00 Low Option - \$82.00

**3) Optional Football:**

**COST:** High Option - \$215.00 Mid Option - \$115.00 Low Option - \$85.00

The options above will provide benefits for medical expenses incurred because of an accident. If you have other insurance, this insurance can be applied to family deductible or co-pays.

If you have no other insurance, this will become your primary accident plan.

**PURCHASE COVERAGE ON-LINE** (with Credit/Debit card) at [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com)

All questions regarding this coverage should be directed to Student Insurance at:

310-826-5688 or 800-367-5830 or emailed to [SIRep@studentinsuranceusa.com](mailto:SIRep@studentinsuranceusa.com)



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## STUDENT ACCIDENT INSURANCE COVERAGE

**OPTIONAL SCHOOL TIME ACCIDENT COVERAGE** - Insurance coverage is provided for covered Injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises. Includes participation in: Interscholastic Sports, excluding high school interscholastic tackle football (see below Optional Football Coverage option); Summer Recreation Activities sponsored by the school; One-Day School Field Trips (no Overnight) and School Sponsored Religious Activities. Coverage is provided for traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from their home premises and the school or the site of a covered activity.

**Annual Premium: Plan "Low" – \$14.00 Plan "Medium" – \$28.00 Plan "High" – \$43.00**

**OPTIONAL 24-HOUR ACCIDENT COVERAGE** - Insurance coverage is provided around the clock, 24 Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away, any place, any time, anywhere. Coverage is provided for participation in Interscholastic Sports, excluding high school interscholastic tackle football (see below Optional Football Coverage option).

**Annual Premium: Plan "Low" – \$82.00 Plan "Medium" – \$105.00 Plan "High" – \$210.00**

**OPTIONAL FOOTBALL COVERAGE** - Covers Accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is covered when going directly and uninterruptedly to or from such practice or competition as part of a group in transportation furnished or arranged by the Policyholder. Refer to benefits and limitations described inside this brochure. Optional Football Coverage begins on the date of premium receipt and ends on the last day of practice or competition. Ninth Graders who play with 9th graders ONLY are not charged extra for football coverage. Their Optional School-Time or Optional 24-Hour Accident Coverage will apply if purchased.

**Annual Premium: Plan "Low" – \$85.00 Plan "Medium" – \$115.00 Plan "High" – \$215.00**

**OPTIONAL 24-HOUR DENTAL COVERAGE** (Can be purchased separately or with other coverage) – Insurance coverage is in effect 24 Hours a day. Injury must be treated within 60 days after the Accident occurs. Benefits are payable within 12 months after the date of Injury. The maximum eligible expenses payable per covered Injury is \$25,000. In addition, when the dentist certifies that treatment must be deferred until after the Benefit Period, deferred benefits will be paid to a maximum of \$1,000. The Student must be treated by a legally qualified dentist who is not a member of the student's Immediate Family for Injury to teeth. Coverage is limited to treatment of sound, natural teeth.

**Annual Premium: \$8.00**

**COVERAGE PERIOD** – Coverage under the Optional School-Time Accident Coverage, the Optional 24-Hour Accident Coverage and the Optional 24-Hour Dental Coverage starts on the date of premium receipt but not before the start of the school year. Optional School-Time Accident Coverage ends at the close of the regular nine-month school term, except while the student is attending classroom sessions exclusively sponsored and solely supervised by the School during the summer. Optional 24-Hour Accident and Dental Coverage ends when school reopens for the following school year. Coverage is available under the plan throughout the school year at the premiums quoted (no pro rata premiums available).

# Student Accident Insurance Plans



## K-12 Student Accident Insurance Plans



### Why you need Student Insurance . . .

- Your school does not provide medical insurance to cover injuries to students. Instead, your school suggests this Plan to provide affordable coverage options.
- If you don't have other insurance, this Student Accident Plan is essential.
- Even if you do have other insurance, you will probably have to pay deductibles or co-payments. This Student Accident Plan will help to fill those expensive "gaps."
- Don't wait until you're faced with costly medical bills to think about insurance.

### Choose from these school approved plans . . .

- **24 HR Around-the-Clock Plan**
  - **School-time-Only Plan**
  - **Extended Dental Plan**
  - **Optional Sports Coverage**
  - **Tackle Football Coverage**
- 
- **THIS POLICY DOES NOT PROVIDE BENEFITS FOR SICKNESS**



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# 1 Choose from the following School-Approved Plans:

## 24 HR Around-the-Clock Plan

The student is insured for 24-hours a day protection, for school related accidents, at home or away—at play—at camp—on vacation—scouting—amateur sports—youth group activities—or just playing in the neighborhood.

## Schooltime-Only Plan

The student is insured while attending school when school is in session; participating in or attending activities sponsored and supervised by a school official or employee, including school-supervised travel and after-school activities supervised on school grounds.

## Extended Dental Plan

Increases the Dental Treatment Benefit under the Plans to a maximum of \$25,000 for accidental injury to sound, natural teeth. This optional benefit cannot be purchased separately, it must be purchased with either Schooltime or 24 Hour coverage. Optional Dental coverage is effective 24 hours a day even when selected with Schooltime Coverage and provides coverage until the first day of the next Fall term. Treatment must begin within 100 days from the date of the accident. Benefits are payable only for covered expenses which are incurred within 12 months immediately following the date of the accident. However, if the dentist certifies that treatment must be deferred beyond the 12 month period, the Company will only pay up to \$1000 of the expense incurred for such deferred treatment.

## Optional Tackle Football Coverage

Covers Accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is covered when going directly and uninterruptedly to or from such practice or competition as part of a group in transportation furnished or arranged by the Policyholder. Refer to benefits and limitations described inside this brochure. Optional Football Coverage begins on the date of premium receipt and ends on the last day of practice or competition. Ninth Graders who play with 9th graders ONLY are not charged extra for football coverage.

Their Optional School-Time or Optional 24-Hour Accident Coverage will apply if purchased.

# 2 Additional facts about the Plans:

**Effective and Expiration Dates:** Applicants are covered the day they submit on-line payment or the date they submit an application and the required premium to a school official, but not prior to the first day of school. The expiration date of coverage (except for those applying for **24 HR Around-the-Clock** coverage) shall be the close of the regular school term, except while the Insured is attending academic classroom sessions, exclusively sponsored and supervised by the school during the summer; in such case coverage will terminate at the end of the summer classroom sessions. **24 HR Around-the-Clock** coverage ends on the opening day of the following school Fall term.

**Student Accident Insurance** covers accidental bodily injury sustained during the term of insurance and which causes loss directly and independently of all other causes. Insurance is good anywhere. For example, if the student buys the Plan at school and the family moves, the benefits would continue until the close of the school term at any new public or parochial day school. There is no limit to the number of accidents a student can have paid under the Policy.

### **IMPORTANT NOTICE – THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

This brochure has been designed to illustrate the highlights of this insurance and it does not include all coverage details.

All information in this brochure is subject to the provisions of Policy Form COL-11(CA), underwritten by Gerber Life Insurance Company.

If there is any conflict between this brochure and the Policy, the Policy will prevail.

### 3 How to apply

- Choose the plan best suited to your needs.
- Enroll online at [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com) or Complete and sign the attached enrollment form.
- Send check or money order payable to Gerber Life Insurance for the selected annual premium.
- Mail to: 6320 Canoga Ave 12th floor Woodland Hills, CA 91367 Attention Kimberly Rowan

**IMPORTANT** Keep this information as a Summary of Benefits. The Policy is on file at your school. It is subject to Insurance Department approval and will conform to the laws of the state where your school is located. Individual policies will not be sent to you.

**LATE ENROLLMENT** Coverage may be purchased at any time during the school year, but there is no premium reduction for late enrollment.

**CANCELLATION** Coverage can not be canceled and premiums will not be pro-rated or refunded.

**RETURN OF CHECK BY BANK** Coverage will be immediately invalidated if a check is returned by bank for any reason. A service fee of \$25.00 will be charged.





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## Accidents aren't supposed to happen, but they do.

Coverage for School recess, one-day field trips, sports and general day-to-day activities because they can all lead to injuries. Having coverage during school hours, or around the clock 24 hours a day can insure your loved ones get the care they need without financial hardship to the family.

Any enrolled student is eligible for coverage.

### **K-12 ACCIDENT PLANS THAT ARE AVAILABLE THROUGH YOUR SCHOOL:**

- School Time Accident Only
- 24-Hour Accident Only
- Interscholastic Sports
- 24-Hour Dental

All available plans are offered by Special Markets Insurance Consultants, Inc. To research which plans are being offered by your school, please visit our website's online enrollment tool at [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com)

### **PAYMENT**

Parents or guardians of students are responsible for enrollment and premium payment.

### **HOW TO ENROLL**

Enrolling is easy and only takes a few minutes.

Go to [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com) and click **K-12 Student Insurance** at the top of the page to see all the options available to your students.

### **STEPS TO ENROLLING ONLINE**

1. Enroll online by clicking "Enroll Now"
2. The State should say California
3. Click on School or District (on the right)
4. Select school location name (if applicable)
5. Check the plan options
6. Complete Online Application  
(more than one child can be enrolled on the same application)
7. Pay by credit/debit
8. Print ID card



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**FOR QUESTIONS, PLEASE CALL**  
**310-826-5688**

## **About Student Insurance**

Since 1950 Student Insurance, Inc. (SI) has delivered competitive pricing on comprehensive Student Accident Insurance coverage to the K-12 segment. For further details of the coverage outlined above, including costs, benefits, exclusions and any reductions or limitation, and the terms under which the policy may be continued in force, please refer to [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com). Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company.



Serving the  
Student Community  
for more than 70 years  
[www.studentinsuranceusa.com](http://www.studentinsuranceusa.com)

# Update



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## GERBER'S COVID-19 GUIDELINES

These guidelines are identical to the guidelines issued in August 2020.

- 1. Student Accident Policies:** Gerber will provide accident coverage, up to the policy limits, to students regardless of whether they wear a mask. Due to the pandemic, accident coverage will be provided to students if: (a) the school opens and students attend classes in person; (b) the school campus remains closed and students attend classes remotely; (c) the school opens and students are given an option to attend classes in person or attend classes remotely; and (d) the school opens under a hybrid model, with students attending classes in person part of the week and attending classes remotely other days of the week. Remote learning students are only covered while attending Online classes or working on assignments assigned by the school.
- 2. Fall Sports Delays or Cancellations:** At this time, there is still uncertainty at some schools about whether fall sports will take place, or if seasons will be delayed or shortened. If/when cancellations or shortened seasons occur, underwriters can look at the change in risk and provide a fair credit or refund as appropriate.
- 3. Student Athletes:** Gerber will cover student athletes while they're conditioning, practicing, training and performing related activities that are approved and assigned by an authorized representative of the school (coach, trainer, or physical education instructor), whether the instruction takes place virtually, on school grounds, or at another location typically used for conditioning, practicing, training and performing that sport or activity. A student athlete will not have coverage if they are injured while conditioning, practicing, training and performing related activities that are not assigned or approved by an authorized representative of the school (coach, trainer, or physical education instructor). This includes activities provided by parents or by some other entity not authorized by the school.
- 4. Participant Accident:** Our Special Risk Participant Accident coverage normally requires an insured to be participating in or attending a supervised Regularly Scheduled Activity of the Policyholder in person for coverage to apply. Many of the facilities where these activities usually occur remain closed or have limited in-person activities due to COVID-19 mandates or precautions. Due to this, Gerber will cover insureds at their residence when they are virtually participating in activities offered and supervised by the Policyholder. An insured will not have coverage if they are participating in an activity virtually when the activity is not instructed or supervised by the Policyholder.
- 5. Supporting Telemedicine:** During the COVID-19 pandemic it may not be possible for claimants to meet face to face with their healthcare providers. Gerber will continue to provide coverage for telemedicine, so that our insureds can receive the care they need. Each claim will be reviewed according to the terms of the policy.
- 6. Extending Benefit Periods:** Services like rescheduled surgeries, doctor's appointments, physician follow-ups, and physical therapy may be delayed as a result of the COVID-19 pandemic. Gerber will consider claims incurred outside of the benefit period on a case-by-case basis. Claimants will need to certify that their services were delayed due to the COVID-19 pandemic.
- 7. Premium Grace Periods:** Due to the obstacles the COVID-19 pandemic may have caused and to assist our Policyholders, Gerber will provide a 60 day grace period to pay insurance premiums so that insurance policies are not canceled for nonpayment of premium due to circumstances beyond the control of the insured. This grace period is not intended to change the terms of the issued policy or be considered a forgiveness of the premium. Rather, it is intended to grant the policyholder an extended grace period for the payment of premium due without penalty or interest during this pandemic.
- 8. Invoicing Options:** Please consult your Student Insurance Representative if you have questions about invoicing. As your trusted ally, we are happy to discuss options on a case-by-case basis.

[STUDENT INSURANCE](#)

[WWW.STUDENTINSURANCEUSA.COM](http://WWW.STUDENTINSURANCEUSA.COM)

[SIRep@studentinsuranceusa.com](mailto:SIRep@studentinsuranceusa.com)



**PLEASE READ THIS INFORMATION CAREFULLY. It is important.**

**PLEASE FOLLOW THESE INSTRUCTIONS TO FILE A CLAIM**

**ALL INFORMATION MUST BE PROVIDED IN ORDER FOR CLAIM TO BE PROCESSED. PROCESSING OF YOUR CLAIM WILL BE DELAYED IF COMPLETE INFORMATION IS NOT RECEIVED**

**NOTE:** The accident policy benefits are limited and may not provide 100% coverage. Accident medical expense coverage under this policy is provided on an Excess Basis, and in most instances, benefits will only be paid under this plan after your own personal or group insurance has paid out its benefits. Completion of a claim form does not guarantee benefit payment. Each claim is reviewed according to the policy provisions.

**Claim Guidelines: The following guidelines must be followed.**

♦ Answer all questions in detail (including all signatures on the front and back of the form). A claim form needs to be completed for each accident.

♦ If you have other insurance, submit your claim to your other insurer. When you receive the explanation of benefits (sample attached) notice from your primary carrier, send it to us along with the corresponding HCFA/UB04 medical bills and with the fully completed claim form. You must submit the provider's medical bills; balance due statements will not be processed. Medical bills must include the procedure & diagnosis code along with the Provider's federal identification number. These bills are:

- 1) HCFA-1500 (standard form used by Providers; sample attached)
- 2) UB-04 or UB-92 (standard form used by Hospitals sample attached)
- 3) ADA Dental Claim Form (All dental bills must be submitted through your primary insurance's medical and dental plans first before submitting the bills to WebTPA)

It would be helpful if the following was given to all providers the injured person is seeking treatment from:

1. WebTPA contact information
2. Organization/School name found on the claim form
3. Policy number found on the claim form

This way the providers of service can work directly with the claim office and provide them with the correct billing forms (itemized bill to include procedure & diagnosis code and tax id number) needed to process a claim.

♦ If you already paid the medical bill, include a paid receipt or a copy of your cancelled check at the same time you submit the medical bill. Otherwise payment will be made to the providers of service (Hospital, Physician or Others).

♦ Send all correspondence to WebTPA, Inc., **P.O. Box 2415 Grapevine, TX 76099-2415**. The claim form must be sent within 90 days of the date you first received medical care. Any bills not filed with the claim form should be sent, within 90 days of the date you received medical care, to the Company identified with claimant's name, Organization or School name and date of Accident.

♦ If you change your address, please notify WebTPA, Inc. by sending notification to WebTPA so that there is no delay in processing any claims.

♦ Please contact WebTPA, Inc. by calling **866-975-9468** if you would like to check the status of your claim or if you have any questions on how your claim was processed or the benefit paid.

#### **Common Causes For Delays In Processing Claims**

1. Claim Forms Not Completed In Full or Not Submitted.
2. Balance Due, Balance Forward, or Past Due Statements Submitted for Bills.
3. Explanation of Benefits from Primary Carrier Not Provided with the Bills.

**KEEP COPIES OF ALL CLAIM FORMS, MEDICAL BILLS, AND CORRESPONDENCE FOR YOUR OWN RECORDS UNTIL YOUR CLAIM HAS BEEN PROCESSED.**



Gerber Life  
Insurance Company

## CLAIM FORM

### SIGNED CLAIM FORM IS REQUIRED

1. PLEASE FULLY COMPLETE THIS FORM PAGE 1 & PAGE 2
2. ATTACH HCFA/UB04-MEDICAL BILLS & EOB'S FROM ANY OTHER INSURANCE YOU HAVE
3. SEND ALL CORRESPONDENCE TO:

WEB-TPA  
P.O. Box 2415  
Grapevine, TX 76099-2415

Toll-Free: 866-975-9468  
Fax: 469-417-1969  
Email: [benefit.assist@webtpa.com](mailto:benefit.assist@webtpa.com)

#### IMPORTANT NOTICE:

Your insurance plan is designed to provide maximum benefits for minimum premium. This plan of insurance is secondary, in most instances, to any health insurance you have. If you have other insurance, submit your claim (health and/or dental) to your other insurer. When you receive their Benefit Statement, send it to us along with your HCFA/UB04 (medical bills) and this completed form. Note: **The accident policy benefits are limited and may not provide 100% coverage.**

◀ IF PART 1-A & PART 1-B ARE NOT COMPLETED IN FULL THIS CLAIM CANNOT BE PROCESSED AND WILL BE RETURNED ▶

#### PART 1-A – TO BE COMPLETED IN FULL BY THE ORGANIZATION/SCHOOL

Organization/School District/College Name \_\_\_\_\_ Policy Number \_\_\_\_\_

School/Team/League Name \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Type of Activity/Sport \_\_\_\_\_

If Athletics, designate ☐ P.E. Class ☐ Intramural ☐ Interscholastic ☐ Intercollegiate ☐ Game ☐ Jr. Varsity ☐ Varsity  
☐ Youth ☐ Adult ☐ Practice ☐ Other \_\_\_\_\_

Name of injured person/student \_\_\_\_\_

Date of Accident \_\_\_\_\_ Accident Time \_\_\_\_\_

Date of First Treatment \_\_\_\_\_ Has treatment been completed? ☐ Yes ☐ No

Where and how did accident occur? (Please be specific) \_\_\_\_\_

Part of body Injured \_\_\_\_\_ ☐ Right or ☐ Left At the time of the accident, was the claimant involved in a sponsored and supervised activity and were they a current student/member of the Organization/School District? ☐ Yes ☐ No

Under whose supervision? \_\_\_\_\_ Was he/she a witness? ☐ Yes ☐ No

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

(MUST BE SIGNED BY AN ORGANIZATION/SCHOOL OFFICIAL UNLESS INJURY DID NOT OCCUR DURING AN ORGANIZATION/SCHOOL ACTIVITY. SIGNATURE IS REQUIRED)

#### PART 1-B – TO BE COMPLETED IN FULL BY CLAIMANT – OR BY PARENT/LEGAL GUARDIAN IF CLAIMANT IS A MINOR

Injured Party/Student Legal Name \_\_\_\_\_ Preferred/Nickname: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Level \_\_\_\_\_ ☐ Male ☐ Female

Claimant is a ☐ Student ☐ Player ☐ Coach ☐ Official/Umpire ☐ Volunteer ☐ Child Care ☐ Participant ☐ CE Student (# of credits \_\_\_\_\_)

Address of Injured Person or Parents/Guardian \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

If Injured party is over age 18: Employer Name and Address \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ ☐ Self Employed ☐ Unemployed

Father/Guardian Name \_\_\_\_\_

Employer Name and Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

☐ Self Employed ☐ Unemployed

**PLEASE CONTINUE TO THE NEXT PAGE OF THE FORM WHICH MUST BE COMPLETED IN FULL**



Mother/Guardian Name \_\_\_\_\_

Employer Name and Address \_\_\_\_\_ Phone No. (     ) \_\_\_\_\_

☐ Self Employed    ☐ Unemployed

Is claimant covered under any other medical and or dental insurance policy?   ☐ Yes   ☐ No

Is claimant covered under a government sponsored insurance such as Medicare/Medicaid?   ☐ Yes   ☐ No

Name of all companies providing claimant insurance coverage or prepaid health plans

Name of Company	Address	Policy #
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Are benefits due for this claim under these other insurance coverages?**   ☐ Yes   ☐ No   **(See IMPORTANT NOTICE at top of form on page 1)**

Does your son or daughter have medical insurance coverage as an eligible dependent from a previous marriage as mandated in a divorce decree?   ☐ Yes   ☐ No   If yes, please give name, address and phone number of responsible party \_\_\_\_\_

**AFFIDAVIT:** I verify that the above statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse Gerber Life Insurance Company to the extent for which Gerber Life Insurance Company would not have been liable.

**Signature:** Injured Person, Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

*SIGNATURE IS REQUIRED*

**AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize any employer, health plan, insurance company, hospital, physician, health care profession, clinic, laboratory, pharmacy, medical facility or other person that has provided treatment, payment, or services in connection with this claim to disclose, when requested to do so, all information with respect to any injury, policy coverage, medical history, consultations, prescription or treatment, and copies of all hospital or medical records and itemized bills to WebTPA, Inc. and Gerber Life Insurance Company, it's agents, employees and representatives.

I hereby authorize WebTPA, Inc. to discuss any information related to medical expenses incurred or treatments rendered in connection with this claim, with Special Markets Insurance Consultants, Inc. representatives and their assigned agents and to officials at the school or organization through which this policy is issued. A photo static copy of this authorization shall be considered as effective and valid as the original.

**Signature:** Injured Person, Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**SAMPLE UB-04**

[illegible][illegible]

## SAMPLE EOB (EXPLANATION OF BENEFITS)

UNITEDHEALTHCARE SERVICE LLC  
GREENSBORO SERVICE CENTER  
P O BOX 740800  
ATLANTA, GA 30374-0800  
PHONE: 1-800-638-8010  
VISIT WWW.MYUHC.COM FOR SELF SERVICE

**UnitedHealthcare**  
A UnitedHealth Group Company

PAGE: 1 OF 1  
DATE: 04/29/10  
SSN/ID #:   
EMPLOYEE:   
CONTRACT:   
BENEFIT PLAN: PFIZER INC

## EXPLANATION OF BENEFITS

1		2		3	4	5	6	7	8		
PATIENT/RELAT CLAIM NUMBER		PROVIDER/ SERVICE		DATE OF SERVICE	AMOUNT CHARGED	NOT COVERED	AMOUNT ALLOWED	COPY/CO DEDUCTIBLE	PLAN COVERS	BENEFIT AVAILABLE	REMARK CODE
I 9061512101		MEDICAL SERVICES		03/19/10	379.00	297.83	81.17		80%	64.94*	4C
				TOTAL	379.00	297.83	81.17			64.94	
										44.64	
										20.30	

[\*] INDICATES PAYMENT ASSIGNED TO PROVIDER

REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION UNDER THE HEADING "REMARK CODE"  
(4C) THIS PLAN DETERMINES BENEFITS ONCE MEDICARE MAKES PAYMENT. IF MEDICARE PAYS LESS THAN THIS PLAN'S BENEFIT, THIS PLAN WILL CONSIDER THE DIFFERENCE. THIS PLAN'S ALLOWABLE BENEFITS ARE BASED ON THE MEDICARE APPROVED AMOUNT IF THE PHYSICIAN OR PROVIDER ACCEPTED MEDICARE'S ASSIGNMENT OR ON THE LIMITING CHARGE IF THEY DID NOT ACCEPT THE ASSIGNMENT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE ALLOWABLE AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS. THE PATIENT MUST PAY ANY APPLICABLE PLAN DEDUCTIBLES AND COPAYS BEFORE THIS PLAN CAN PAY ANY BENEFITS.

BENEFIT PLAN PAYMENT SUMMARY INFORMATION	
	\$20.30

SATISFIED 2010 TO DATE		DEDUCTIBLE	OUT OF POCKET
FAMILY	SR	\$1000.00	\$1328.77
		\$500.00	\$1281.48
PLAN YEAR 2010	FAMILY	\$1000.00	\$4000.00
	INDIV	\$500.00	\$4000.00