



# Snoqualmie Valley

## School District #410

8001 Silva Avenue S.E., P.O. Box 400, Snoqualmie, WA 98065  
Phone (425) 831-8000 ♦ Fax (425) 831-8040 ♦ [www.svsd410.org](http://www.svsd410.org)

Re: Student Injuries and Insurance  
2022-2023 School Year

Dear Parent/Legal Guardian:

The safety of our students is of critical importance to all of us and we want to protect them from injury. Even so, accidents do happen (at school and elsewhere) and required medical care can be expensive. Please know that your school **does not** assume responsibility for such costs but does offer you access to several student accident insurance plans for voluntary purchase. Details can be found in the attached brochure/enrollment form.

Options are available to cover your child 24/7, anywhere in the world or you can limit coverage to school-related injuries only. The plans **do not** restrict your choice of doctors or hospitals. However, you'll also have access to an extensive network of providers with discounted fees. Seeking care through contracted providers may further reduce your out-of-pocket costs, particularly if your child needs surgery or hospitalization.

Also offered is the pay-as-you-go *Student Accident & Sickness Plan* which covers sickness as well as injury, in and out of school. The *Dental Accident* plan can be of value with younger students as final treatment to injured teeth often needs to be deferred until after they mature.

**Common emergency benefits** – Regardless of the benefit level selected, all of the accident medical plans and the *Student Accident & Sickness Plan* will cover eligible charges for *Ambulance, Emergency Room and Emergency Room Physician* at 100% of Usual, Customary and Reasonable charges (UCR) up to plan limits.

**Enhanced benefits for qualified concussions** – If an insured student suffers a concussion while participating in any covered activity and is consequently removed from play from his/her interscholastic sport per the school's formal concussion protocols, then any deductible or inside limit features of the plan are waived and eligible charges for the evaluation and treatment of the concussion are paid at 100% of UCR subject to remaining policy terms and conditions.

**Interscholastic Sports** – Please know that all plans offered (other than the Dental Accident Plan) may be used to comply with applicable state and local insurance requirements for participation in interscholastic sports (coverage for high school tackle football is offered on a stand-alone basis).

**COVID-19** – Although Covid-related restrictions are lifting, we will continue the adjustments made at the beginning of the pandemic for as long as the Covid State of Emergency continues. In brief, they include: 1) qualified extension of coverage to distance learning at home; 2) qualified coverage for COVID-19 testing costs; 3) the addition of Telemedicine as a covered service. As matters concerning COVID continue to evolve, updates will be posted on the MST website.

You are strongly encouraged to carefully review the information provided. If your child already has health coverage, the student insurance plans offered can also be used to expand your choice of providers and help cover the high deductibles and 30% to 40% cost sharing obligations imposed by many health plans today.

To enroll, please visit [www.myers-stevens.com](http://www.myers-stevens.com); instructions for enrollment are available on the website. While your child is eligible to enroll at any time, one-time-pay rates for the accident medical plans and Dental Accident Plan are the same regardless of enrollment date. As such, you are encouraged to consider enrollment now in order to include coverage for this summer and the full 2022-2023 School Year. Once processing is completed, an ID card verifying coverage will be mailed home to you. If you have any questions concerning the coverages available, COVID-19 adjustments or need help with enrollment, please call Myers-Stevens & Toohey at (800) 827-4695. Bilingual representatives are available for parents who need assistance in Spanish.

Sincerely,

Ryan T. Stokes,  
Asst. Superintendent of Business & Operations

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As legal custodian of minor \_\_\_\_\_, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to initiate paramedic/ambulance care or transport for said minor and to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Snoqualmie Valley School District, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of said minor. I further understand that all cost of paramedic/ambulance transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

I understand that the Snoqualmie Valley School District does not provide medical insurance for student injuries but does offer student accident/sickness insurance for voluntary purchase. I have received the information and application for this program.

PLEASE CHECK  I will enroll my child in the program

I will not enroll my child in the program

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

<b>Family Doctor Name:</b>	<b>Daytime Phone:</b>
<b>Family Doctor Address</b>	<b>City/State/Zip</b>
<b>Health Plan/Insurance (i.e., Blue Cross, Kaiser, etc.)</b>	<b>Group/Policy #</b>
<b>My Child is allergic to the following medications:</b>	
<b>Other medications used</b>	
<b>Signature of Parent or Guardian</b>	<b>Date:</b>