

Pupil Benefits Plan, Inc. Student Accident Insurance

Coverage R Plan



What you need to know, covered and non- covered expenses:

Payment will be made to cover 100% of 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. Ambulance service from the site of the accident. Dental care of sound and natural teeth related to an accidental dental injury. Orthopedic appliances, drugs and supplies prescribed by the treating physician. *Physiotherapy when provided by a licensed physical therapist and prescribed by the treating physician. *Eyeglasses paid up to \$100. when loss is related to bodily injury. Chiropractic manipulation is covered. *Accidental death and dismemberment indemnity.

When covered medical, dental and hospital expenses are occurred, PBP will make payment to cover 100% of usual and customary charges. The aggregate maximum per claim is \$50,000. with no deductible. Maximum aggregate dental benefits are up to \$1,000. 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.

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 for over the counter medicines. Chiropractic services are only covered with injuries related to the spine and back. 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, preexisting 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.

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 school district and submit the completed form, itemized bills and your explanation of benefits from your primary insurance to match the bills. This must be submitted 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 or rejection of benefits 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. 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.

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