

## Student Athletic/Accident Coverage

### TO: Parents/Guardians

The following information outlines the benefits and exclusions of the student athletics/accident coverage \_\_\_\_\_ Schools has obtained for its students. Please note that this coverage is secondary to any other coverage the family may have and will pay only eligible medical expenses not payable by other sources of coverage.

If accidental bodily injury occurs during a school related activity (including athletics) and requires treatment within 90 days from the original date of injury, we will pay the reasonable and customary expenses for necessary medical, dental or hospital treatment provided within one year from the date of injury up to the policy maximum amount for any one injury, which are not paid by other collectable insurance plans. The insured shall have free choice of a physician or hospital for treatment. If, however, an insured has other valid coverage through an insurance plan(s) and does not choose a physician or hospital through the other plan, we will pay benefits as if the other plan's guidelines had been followed.

### CLAIM INSTRUCTIONS:

In case of accident, notify school immediately.

1. Treatment must commence within 90 days from the date of injury.
2. Please be sure to notify **ALL** treatment facilities of this insurance coverage so that the invoices can be sent directly to The Maksin Group for payment.
3. Send a completed claim form to Maksin within 90 days from the date of injury. Do not leave the claim form with the school.
4. Do not leave any blank spaces or write "N/A" in a space. If either parent is uninvolved, deceased, unemployed, self-employed or disabled, please state so. If you are employed but do not have insurance, please state so. Maksin will submit a questionnaire to your employer to verify there is no insurance coverage.
5. If your child is insured under Medicaid, please indicate this.
6. Please attach itemized bills to the claim form, or mail them as soon as possible. An itemized bill includes treatment rendered, the dates of the treatment, physician's or hospital's name, address, tax I.D. number and diagnosis code. Balance due bills are **not** acceptable.
7. If you have other insurance, your company will send you an Explanation of Benefits (EOB) which shows what they paid or denied. We need a copy of the EOB for each itemized bill submitted to us.
8. Or, your provider may forward the itemized bills to us along with the corresponding EOBs.
9. Bills, EOBs and claim forms should be mailed to **Maksin Management Corporation, CN 98000, Pennsauken, NJ 08110**. Customer service may be reached at 1-800-257-6250.
10. **Benefits are paid to the providers of service unless we receive paid receipts.**

### BENEFITS:

- Maximum Benefit - \$25,000
- Inpatient Room & Board - Usual and Customary (U&C) Semi Private Room \$1,000 first day/\$700 each additional day
- Day Surgery – up to \$1,500
- Physicians Visits - \$50/day
- Physiotherapy - \$50/day up to \$500 max.
- Emergency Room – up to \$750
- X-Rays – up to \$500
- Laboratory – U&C
- Prescriptions – U&C
- Orthopedic Braces and Appliances – up to \$300
- Surgeon's Fees – U&C up to \$3,000
- Asst. Surgeon – 30% of amount paid for surgery
- Anesthetist – 30% of amount paid for surgery
- Ambulance – up to \$500
- Consultant – up to \$500
- Dental - \$600/tooth

### EXCLUSIONS . . . THE POLICY DOES NOT COVER

1. Suicide or any attempt at suicide or intentionally inflicted self-inflicted injury or attempt at self-inflicted injury.
2. Sickness, disease or infections of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
3. The commission of or attempt to commit a felony.
4. An act of declared or undeclared war.
5. Full-time active duty in the armed forces, except the National Guard or organized reserve corps duty.
6. Aviation in any form except while the student is a passenger in licensed airplane provided by an incorporated passenger carrier on a regularly scheduled flight and route.
7. Any condition for which the student is entitled to benefits under any workers' compensation Act or similar law.
8. The use of or while under the influence of drugs or intoxicants unless administered as prescribed by a physician.