



MONTGOMERY TOWNSHIP SCHOOLS

1014 ROUTE 601 • SKILLMAN, NJ • 08558-2112 • PHONE (609) 466-7600 • FAX: (609) 466-0944

Re: Student/Athletic Accident Insurance 2017-2018

Dear Parent or Guardian:

The Montgomery Township Board of Education has purchased insurance coverage to protect all students against accidental injury during all school-sponsored and supervised activities, whether at the school or away. This coverage is provided through BMI Benefits.

This insurance plan is **Excess coverage**: i.e., you must submit all bills to your own insurance carrier first. The school policy will pick up the unpaid balances, up to the limits of the policy.

Although this coverage is very broad, there are restrictions, limitations and exclusions in this policy. In some situations, medical bills may not be covered in full. Parents should understand that medical expenses are their own responsibility not the school's responsibility. Some of the important benefits and limitations of the plan are:

1. The plan has a \$500 corridor deductible; the \$500 deductible applies to each covered accident and does not include Covered Expenses paid under any other Health Plan.
2. Treatment must commence within 90 days of the date of injury, or there is no coverage.
3. Physical Therapy Treatment (including Chiropractic) has a limit of \$10,000. (A letter of Medical Necessity is required.)
4. Benefits are payable for up to three years from the date of injury.

All injuries should be immediately reported to a coach, nurse or faculty advisor. Claim forms will be provided by the school, but it is the parents' responsibility to:

1. Submit the claim form with Part 1B filled out completely (any omissions will delay the processing of the claim).
2. Submit all itemized bills (monthly statements will not do).

Submit the statement (EOB – Explanation of Benefits) received from your own insurance carrier showing amounts paid and balances due or a letter of denial stating the claim is not covered. One of these letters is required for any payments to be made.

If you don't have any other medical insurance, you will receive a letter from BMI Benefits requesting employer information. Fill this out and return it to BMI Benefits immediately, and the claim will be processed. Failure to return this letter will result in a delay or denial of the claim.

It is your responsibility, and to your benefit, to submit the necessary papers as soon as possible as the claim cannot be paid until all papers are submitted. Only one claim form per accident is required.

All claim forms, bills and the letters from other insurance carriers are to be forwarded to, and questions regarding the coverage answered by:

BMI Benefits
PO Box 511
Matawan, NJ 07747
Phone: 800-445-3126