

DWIGHT JONES AGENCY
P. O. Box 529 ~Nashville, AR 71852
Phone: 870-845-1751 or 1-800-524-7884 ~ Fax 870-845-2883

Dear Parent:

Your school district has purchased an excess accident medical plan to cover students who participate in interscholastic athletics in grades 7-12. The plan covers students only for practice, play and travel to and from an interscholastic activity.

Please read this letter carefully. For the school-purchased plan to be most effective, parents must be informed about policy provisions. If your child is injured in a covered accident, please note the following:

- A. Your district should issue an insurance ID card. **If you did not get an ID card, request one now.**
- B. You and a school official must complete and file a Student Accident Claim Form. No other form is acceptable as a replacement. The form should be mailed to:

Preferred Care, Inc.
P O Box 21446
Eagan, MN 55121
- C. The school policy is a Full Excess plan. This means that you must file with your private or group insurance. No benefits will be paid under the school plan until your insurance has considered the charges and paid any amounts due under your policy. Preferred Care will require itemized bills and copies of all Explanations of Benefits ("EOB") from your other insurance carrier. We encourage you to give filing information to medical providers and ask them to file directly. If you explain your school policy is an excess policy, they will normally file copies of your EOB's from other insurance. Do not expect providers to read your mind; if you do not give them the school policy information and ask them to file, they probably will not. If you file your medical bills, please note that itemized bills are required. Balance due statements are not acceptable. **Itemized bills must show the name, address and Tax ID of the provider, the name of the patient, the procedure code(s) ("CPT"), diagnosis codes and the dates of service for each charge. You must submit an EOB from other insurance for each charge.**
- D. This is an accident-only policy. There are no benefits for illnesses or Chronic conditions. **READ THE EXCLUSIONS ON THE BACK OF THIS LETTER.**
- E. In order for benefits to be payable, your child must see a legally qualified physician within 90 days of the injury. This is a specific policy provision and there is no leeway. Do not wait 91 days or longer--your claim will be denied!
- F. If a covered injury occurs, benefits will be paid only for services provided within 52 weeks of the injury. There are no exceptions, so if you hope to have the school plan assist you in paying for your student's medical treatment, do not delay needed treatment or surgery beyond 52 weeks.
- G. Please remember that, although your district has purchased a policy to assist you in paying your student's accident medical expenses, **YOU ARE RESPONSIBLE FOR YOUR CHILD'S MEDICAL EXPENSES.** Most school plans are not intended to pay 100% of medical bills. The plan is intended to supplement your own insurance. If you do not have other insurance, you are very fortunate your district has a policy to assist you--many districts do not. **REMEMBER:** The school's plan will pay the amounts shown on the reverse--no more and no less. If a service or charge is not listed, it is not covered.

If you will take the time to review the information on the back of this letter, and if you will remember the points listed above, you should have no problems. If you have questions, please call our office at 800-524-7884.

Dwight Jones Agency

MEDICAL PAYMENTS (\$0.01-\$25,000.00)

If any accident covered by the policy requires treatment of a Covered Person within 90 days after the Date of Injury by a licensed physician, or hospital confinement, the company will pay the expenses incurred (as below limited) which are determined by the company to be reasonable and customary in the geographical area where the service is rendered, for the necessary medical, dental, or hospital care incurred within one year from the Date of Injury up to a maximum of \$25,000 for any one accident, subject to the "Excess Provision". Treatment must be initiated by a licensed physician within 90 days of the Date of Injury.

ACCIDENTAL DEATH AND DISMEMBERMENT OR LOSS OF SIGHT

Loss of Life _____ \$2,000.00 Loss of Both Hands, Both Feet, or Sight in Both Eyes _____ \$10,000.00
 Loss of One Hand, One Foot or the Sight of One Eye _____ \$2,500.00

BENEFIT LIMITATIONS

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| <ul style="list-style-type: none"> ~~ HOSPITAL SERVICES 1. Daily Room and Board 2. Hospital Inpatient Expenses 3. Hospital Outpatient Surgery (Facility Charge) 4. Hospital Outpatient Emergency Room (within 72 hours of injury) ~~ DOCTOR'S SERVICES 1. Physician Non-Surgical Visits (except physical therapy) 2. Physician Surgical Services (limited to primary procedure per surgery) 3. Assistance Surgeon 4. Anesthesia ~~ X-RAY, MRI AND LABORATORY SERVICES 1. Outpatient X-Ray Services (includes charges for reading) 2. Diagnostic Imaging Services (MRI, Cat Scans, Bone Scans; includes charges for reading) 3. Outpatient Laboratory Services ~~ ADDITIONAL SERVICES 1. Outpatient Physical Therapy (and/or office visit connected therewith) 2. Private Duty Nursing 3. Ambulance Service 4. Orthopedic Appliances (when prescribed by a physician for healing) 5. Durable Medical Equipment (post surgical only) 6. Prescription Drugs (take home drugs) 7. Eyeglasses/Hearing Aid Replacement (if medical treatment is received for covered injury) 8. Motor Vehicle Injury (subject to Covered Service limits) ~~ DENTAL SERVICES 1. Dental Treatment (of sound and natural teeth-in lieu of all other medical benefits) | <p>Semi-Private Room Rate
U & C up to \$500/day; except for day of 1st surgery, then up to \$1,000
U & C up to \$1,750 per injury
Up to \$300 per injury</p> <p>Up to \$50 per visit (ER Phys. up to \$125 per injury)
U & C (as determined by Medical Data Research) Maximum \$3,500
25% of surgeon's allowance
25% of surgeon's allowance</p> <p>U & C up to \$300 per injury
U & C up to \$1,000 per injury
Up to \$300 per injury</p> <p>Up to \$30/visit, Max. \$500 per injury
Usual & Customary
First Trip to the Hospital
Up to \$600 per injury
Up to \$150 per injury
Usual & Customary
Usual & Customary
Up to \$5,000 per injury</p> <p>Usual & Customary</p> |
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EXCLUSIONS - Benefits will not be paid for loss due to:

1. Intentionally self-inflicted injury, suicide while sane or insane or any attempt thereof (In Missouri this applies only while sane);
2. Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of the Insured Person's Physician;
3. Injury caused by, contributed to or resulting from the Insured Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Insured Person's Physician unless specially provided for in the policy;
4. Committing or attempting to commit a felony, or being engaged in an illegal activity;
5. Participating in a riot or insurrection;
6. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an injury or accidental food poisoning;
7. Flight in an Aircraft, except as a fare-paying passenger;
8. Any injury requiring treatment which arises out of, or in the course of fighting, brawling, assault or battery;
9. Any loss for which benefits are paid under state or federal worker's compensation, employers liability, or occupational disease law;
10. Charges which are in excess of Usual, Customary and Reasonable charges;
11. Expenses incurred after 52 weeks from the Date of Accident;
12. Services or treatment rendered by a(n) infirmary, health service, Physician, Nurse or any other person who is employed or retained by the Policyholder;
13. Travel in or upon a snowmobile, any two or three wheeled motor vehicle, or any off-road motorized vehicle not requiring licensing as a motor vehicle;
14. Practice or play in any senior high school interscholastic sports, football including travel to and from the activity and practice games and practice, unless specifically provided for in the Schedule;
15. Treatment of a hernia.

IMPORTANT NOTICE

Benefits described in this letter are provided by AXIS Insurance Company. This letter is not a contract of insurance. See Policy for Full Terms and Conditions.