

Student/Athletic Accident Insurance, 2010-2011

Your school has purchased accident coverage to protect all students involved in any school sponsored and supervised activity including all sports except football against accidental injury or death occurring while the policy is in force. Coverage is provided by **National Union Fire Insurance Company of Pittsburgh, PA** and administered by **The Maksin Group**. The benefits are \$25,000 and benefits are provided on a full excess basis for covered expenses incurred within **2 years** after the date of accident.

When an Insured is eligible under the policy for benefits in excess of other coverage and the Insured has other coverage that is primary under an HMO, PPO, or similar health service program, a penalty will apply if he or she does not use the facilities or services of the HMO, PPO, or similar health service program. In such case, the benefits otherwise payable under the Excess provision in the policy will be reduced by 50%. This reduction shall not apply to emergency treatment required within 24 hours of an accident when the accident occurs outside the geographic area served by an HMO, PPO, or similar health service program.

Following is an example of how a **Full Excess** claim is handled. A student incurs medical expenses of \$100.00 for treatment of an injury sustained during recess. The student's parents have private group insurance through BC/BS. The medical bills must first be submitted to BC/BS, being the primary carrier. They pay \$65.00 and send an explanation of benefits (EOB) to the parents. The parents then submit a copy of the original bills and the BC/BS EOB's to **Maksin Management Corp.**, who will then pay \$35.00 (the amount of covered expense that is "in excess of medical expense paid by another plan providing medical benefits.")

Claims Instructions

In case of accident, notify the school immediately. Secure a claim form from the school.

- The [claim form](#) must be submitted within **90 days** from the date of accident.
- Treatment must commence within **90 days** from the date of injury.
- Please attach **itemized** bills from the doctor showing treatment, dates of treatment and charges.
- Forward additional bills to: **Maksin Management Corp, Two Aquarium Drive, Suite 200, Camden, NJ 08103. (800) 257-6250.**
- Please note the name of school district on all bills and correspondence. **NO ADDITIONAL CLAIM FORM IS NECESSARY.**
- Do **NOT** leave claim form at the hospital or doctor's office.
- All benefits will be paid directly to the Doctors and Hospitals involved, unless bills are accompanied by paid receipts.
- If you have any questions, call the claims department toll-free at **(800) 257-6250.**