Student/Athletic Accident Insurance 2015-2016

The Cresskill 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 by BMI Benefits, LLC.

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. Some of the important benefits and limitations of the plan are:

1. $1,000 corridor deductible under the basic plan coverage.
2. 50% Benefit Reduction when Out of Primary Insurance Network.
3. Treatment must commence within 90 days of the date of injury, or there is no coverage.
4. Benefits are payable for up to 3 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 have no other medical insurance, you will receive a letter from BMI Benefits, LLC 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: Bob McCloskey Insurance, P.O. Box 511, Matawan, NJ 07744. 1-800-445-3126