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Dr. April M. Hershey, Superintendent  
Dr. Melanie Calender, Assistant Superintendent  
Mr. Nathan Wertsch, Chief Financial Officer

Dear Parents,

Warwick School District has purchased an accident policy which covers your child if injured while participating in activities that have been organized, supervised and sponsored by Warwick School District, subject to certain terms, conditions, limitations and exclusions as stated within the policy. Enrollment in this policy is not necessary. Coverage is provided to all students, just simply follow the guidelines below. *\*The insurance is accident coverage only and will not replace your current health insurance.*

The coverage through Warwick School District is secondary which means accident medical expenses are payable for reasonable expenses that are not payable by any other valid and collectible insurance you may be covered under. In case of an accident, you must file a claim with your own health insurance first.

If your child sustains an injury, treatment must begin within 60 days after the accident occurs. Eligible accident medical expenses are payable up to \$25,000 and must be incurred within 2 years from the date of the accident. If Insurance Companies pay \$25,000 in expenses during the two-year benefit period then additional expenses will be covered up to \$5M with a ten-year benefit under our Catastrophic Accident Insurance layer of coverage.

Warwick School District has also approved a voluntary (paid by the parent/guardian) accident and dental accident insurance plan worthy of your consideration. This coverage will extend the hours your child is covered and also covers your child during certain activities not covered under the plan purchased by Warwick School District. Please go to [www.k12specialmarkets.com](http://www.k12specialmarkets.com) for further details.

**Claim Guidelines:**

- The claim form must be sent within 90 days of the date your child first received medical care. Any bills not filed with the claim form should be sent, within 90 days of the date your child received medical care, to WebTPA identified with your child's name, school name and date of accident. Please obtain a claim form from Warwick School District's website ([www.warwicksd.org](http://www.warwicksd.org)) under Quick Links, For Parents, Business Office or go to [www.k12specialmarkets.com](http://www.k12specialmarkets.com).
- Answer all questions in detail (including all signatures on the front and back of the form). A claim form needs to be completed for each accident.
- Advise your Providers/Hospitals of this insurance so they can file claims directly to WebTPA.
- If you have other insurance, submit the claim to your other insurer first. When you receive the explanation of benefits notice from your primary carrier, send it to WebTPA along with the corresponding HCFA/UB04 medical bills and with the fully completed claim form. You must submit the provider's medical bills; balance due statements will not be processed. Medical bills must include the procedure & diagnosis code along with the Provider's federal identification number. These bills are:
  - 1) HCFA-1500 (standard form used by Providers)
  - 2) UB-04 or UB-92 (standard form used by Hospitals)
  - 3) ADA Dental Claim Form (All dental bills must be submitted through your primary insurance's medical and dental plans first before submitting the bills to WebTPA)
- If you already paid the medical bill, include a paid receipt or a copy of your cancelled check at the same time you submit the medical bill. Otherwise payment will be made to the providers of service (Hospital, Physician or Others).

**Send all claim correspondence to:**

WebTPA, Inc.  
P.O. Box 2415  
Grapevine, TX 76099-2415

**For further claims information/status, contact WebTPA:**

Phone: (866) 975-9468  
Fax: (469) 417-1969  
Email: [benefit.assist@webtpa.com](mailto:benefit.assist@webtpa.com)

*\*NOTE: This has been designed to illustrate the highlights of this insurance and it does not include all coverage details. All coverages are subject to the provisions of the policy terms, conditions, limitations and exclusions. If there is any conflict between this and the Policy, the Policy will prevail.*

## 2017 – 2018 STUDENT ACCIDENT INSURANCE COVERAGE

Dear Parent,

Your School chose to carry medical insurance for students injured in accidents on school premises. The School has also approved a medical and dental accident insurance plan worthy of your consideration to add to coverage purchased. This coverage will extend the hours your child is covered and also may cover your child during certain activities not covered in the school purchased plan. We urge you to consider the benefits described in this brochure.

**OPTIONAL 24-HOUR ACCIDENT COVERAGE (EXTENSION)** – Insurance coverage is extended to provide for covered injuries that occur other than during the hours and days when school is in session and/or while attending or participating in school sponsored and supervised activities on or off school premises. The Extended Accident Coverage provides coverage during the weekends and vacation periods, including the entire summer. No coverage is provided for participation in interscholastic tackle football. No coverage is provided for participating in Interscholastic Sports or school sponsored/supervised activities covered under the Student Accident Insurance Program purchased by the school.

**OPTIONAL 24-HOUR DENTAL COVERAGE (Can be purchased separately or with other coverage)** – Insurance coverage is in effect 24 Hours a day. Injury must be treated within 60 days after the Accident occurs. Benefits are payable within 36 months after the date of Injury. The maximum eligible expenses payable per covered Injury is \$10,000. In addition, when the dentist certifies that treatment must be deferred until after the Benefit Period, deferred benefits will be paid to a maximum of \$2,500. The Student must be treated by a legally qualified dentist who is not a member of the student's Immediate Family for Injury to teeth. Coverage is limited to treatment of sound, natural teeth.

**COVERAGE PERIOD** – Coverage under the Optional 24-Hour Accident Coverage (Extension) and the Optional 24-Hour Dental Coverage begins on the date of premium receipt by the Plan Administrator but not before the start of the school year. Optional 24-Hour Accident Coverage (Extension) and Dental Coverage ends when school reopens for the following school year. Coverage is available under the plan throughout the school year at the premiums quoted (**no pro rata premiums available**).

<b>SCHEDULE OF BENEFITS</b>		
Coverage for Injuries due to Accident only		
<b>Maximum Benefit:</b>	<b>PLAN A</b>	<b>PLAN B</b>
24-Hour Option (Extension)	\$50,000	\$25,000
Injuries Involving Motor Vehicles	\$10,000	\$10,000
Death Benefit/Double Dismemberment	\$20,000	\$20,000
Single Dismemberment	\$10,000	\$10,000
<b>Loss Period for Medical Benefits</b>	Treatment must begin within 60 days from the date of Injury	
<b>Benefit Period for Medical and AD&amp;D/Loss of Sight Benefits</b>	1 Year	1 Year
<b>Excess Coverage Applicability</b>	\$100 Primary Excess	\$100 Primary Excess
<b>Other Plan Reduction Percentage</b> (see Excess Coverage Provision)	50%	50%
<b>Hospital/Facility Services - Inpatient</b>		
Hospital Room and Board (Semi-Private Room Rate)	100% RE*	100% RE*
Hospital Intensive Care	100% RE*	100% RE*
Inpatient Hospital Miscellaneous	\$1,200 Per Day	\$600 Per Day
<b>Hospital/Facility Services - Outpatient</b>		
Outpatient Hospital Miscellaneous (Except physician services and x-rays paid as below)	80% RE*	\$1,000 Maximum
Day Surgery Miscellaneous	80% RE*	\$1,500 Maximum
Hospital Emergency Room	80% RE*	\$100 Maximum
<b>Physician's Services</b>		
Surgical	80% RE*	80% RE* to \$1,000 Maximum
Assistant Surgeon	25% of Surgical Benefits	25% of Surgical Benefits
Anesthesiologist	25% of Surgical Benefits	25% of Surgical Benefits
Physician's Non-surgical Treatment (Except as below)	80% RE*	\$30 Per Day
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	80% RE* / 10 Visits Maximum	\$30/Visit / \$300 Maximum
<b>Other Services</b>		
Registered Nurses' Services	100% RE*	100% RE*
Prescriptions - outpatient	\$300 Maximum	\$100 Maximum
Laboratory Tests – Outpatient	\$500 Maximum	\$150 Maximum
X-rays, includes interpretation - outpatient	80% RE*	\$300 Maximum
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation – outpatient	80% RE*	\$150 Maximum
Ground Ambulance	\$1,000 Maximum	\$500 Maximum
Air Ambulance	\$1,000 Maximum	\$500 Maximum
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	\$500 Maximum	\$250 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$400 Maximum	\$200 Maximum
Dental Treatment to sound, natural teeth due to covered injury	\$1,500 Maximum	\$750 Maximum
*RE means Reasonable Expense		
GER_0414 24HR EXT(0040)		

### 2017 – 2018 ENROLLMENT APPLICATION (please print or type)

Student's Last Name _____	Student's First Name _____	Student's Middle Initial _____	Grade _____
Address _____		City _____	State _____ Zip _____
Telephone Number _____		Birthdate _____	
School District _____		Name of School _____	
Check your selection:			
24-Hour Extension	Grades PreK-8	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$65.00
	Grades 9-12	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$85.00
Dental		<input type="checkbox"/> \$ 15.00	<input type="checkbox"/> \$15.00
<b>Please make check payable to Gerber Life Insurance Company</b>			
Signature of Parent or Guardian _____			Date _____
			Total Enclosed: _____ 0040

## ACCIDENT MEDICAL SCHEDULE OF BENEFITS

### Mandatory Plan 1 BSC 279

#### Hospital and Professional Services Benefits

The Injury must be treated within 60 days after the Accident occurs.

Services must be received within 2 years from the date of the Accident. Expenses incurred after 2 years from the date of the Accident are not covered even though the service is a continuing one or one that is necessarily delayed beyond 2 years from the date of the Accident.

#### HOSPITAL AND PROFESSIONAL SERVICES BENEFITS

**Maximums and Benefit Period (All maximums are subject to the COVERAGE and LIMITATIONS as stated below.)**

Maximum Medical Expense for each Injury: \$25,000

Maximum Medical Expense for football Injuries: \$25,000

Maximum Medical Expense for each Injury involving motor vehicles: \$25,000

Maximum Medical Expense Aggregate for Injuries involving motor vehicles for any one Accident (only if 100% of the premium is paid by the Policyholder): \$500,000

Accidental Death, Dismemberment, or Loss of Sight Benefit: \$10,000

    Single Dismemberment: \$10,000

    Double Dismemberment: \$20,000

Benefit Period: 2 Years

#### Deductible

The Deductible is the greater of:

5. \$0.00; or
6. The amount paid or payable for the same Injury by any Other Plan.

#### EXCESS COVERAGE PROVISION APPLICABILITY

The Excess Coverage provision does not apply if the total Reasonable Expenses incurred for Hospital & Professional Services are \$100 or less.

#### COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)

##### *Hospital/Facility Services*

##### **Inpatient**

1. HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses up to the semi-private room rate
2. HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses
3. INPATIENT HOSPITAL MISCELLANEOUS: 100% of Reasonable Expenses

##### **Outpatient**

1. OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): 100% of Reasonable Expenses
2. HOSPITAL EMERGENCY ROOM: 100% of Reasonable Expenses
3. FREE-STANDING AMBULATORY SURGICAL FACILITY: 100% of Reasonable Expenses
4. HOSPITAL EMERGENCY ROOM PHYSICIAN: 100% of Reasonable Expenses
5. DAY SURGERY MISCELLANEOUS: 100% of Reasonable Expenses

***Physician's Services***

1. SURGICAL: 100% of Reasonable Expenses
2. ASSISTANT SURGEON: Reasonable Expenses to 100% of surgical benefit paid only if surgeon is paid
3. ANESTHESIOLOGIST: Reasonable Expenses to 100% of surgical benefit paid only if surgeon is paid.
4. PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): 100% of Reasonable Expenses
5. PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION: 100% of Reasonable Expenses

***Other Services***

1. REGISTERED NURSES' SERVICES: 100% of Reasonable Expenses
2. PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 100% of Reasonable Expenses
3. LABORATORY TESTS - OUTPATIENT: 100% of Reasonable Expenses
4. X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: 100% of Reasonable Expenses
5. DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) - INCLUDES INTERPRETATION: 100% of Reasonable Expenses
6. GROUND AMBULANCE: 100% of Reasonable Expenses
7. AIR AMBULANCE: 100% of Reasonable Expenses
8. DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC BRACES AND APPLIANCES: 100% of Reasonable Expenses
9. DENTAL TREATMENT: 100% of Reasonable Expenses for the treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma.
10. REPLACEMENT OF EYEGLASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: 100% of Reasonable Expenses
11. HEART OR CIRCULATORY MALFUNCTION: 100% of Reasonable Expenses to a maximum of \$10,000