

**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 all enrolled students during the hours and days school is in session and while attending or participating in school sponsored and supervised activities on or off School Premises.

**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:

WebTPA  
P O Box 669  
Grapevine, TX 76099-0669
- 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 questions, please call our office at 800-524-7884.

Dwight Jones Agency

## MEDICAL PAYMENTS (\$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 deemed 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

### ~~~~ HOSPITAL SERVICES

1. Daily Room and Board	Semi-Private Room Rate
2. Hospital Inpatient Expenses	Up to \$250/day; Maximum \$5,000
3. Hospital Outpatient Surgical Facility Charge	U & C up to \$1,250 per injury
4. Hospital Outpatient Emergency Room	Up to \$150 per injury

### ~~~~ DOCTOR'S SERVICES

1. Physician Non-Surgical Visits (except physical therapy)	Up to \$40 per visit
2. Physician Surgical Services (limited to primary procedure per surgery)	U & C to maximum of \$2,000
3. Assistant Surgeon	25% of Surgeon's Allowance
4. Anesthesia	25% of Surgeon's Allowance

### ~~~~ X-RAY, MRI AND LABORATORY SERVICES

1. Outpatient X-Ray Services (includes charges for reading)	U & C up to \$200 per injury
2. Diagnostic Imaging Services (MRI, CT Scans, Bone Scans; includes charges for reading)	U & C up to \$500 per injury
3. Outpatient Laboratory Services	Up to \$50 per injury

### ~~~~ ADDITIONAL SERVICES

1. Outpatient Physical Therapy (and/or office visit connected therewith)	Up to \$20/visit; Max \$100 per injury
2. Private Duty Nursing	Up to \$400 per injury
3. Ambulance Service (First trip to Hospital Only)	Usual & Customary
4. Orthopedic Appliances (when prescribed by a physician to heal an injury)	Up to \$300 per injury
5. Durable Medical Equipment (post surgical only)	Up to \$150 per injury
6. Prescription Drugs (take home drugs)	Usual & Customary
7. Eyeglasses/Hearing Aid Replacement (if medical treatment is required for Covered Injury)	Usual & Customary
8. Motor Vehicle Injury (subject to Covered Service limits)	Up to \$5,000 per injury

### ~~~~ DENTAL SERVICES

1. Dental Treatment (of sound and natural teeth-in lieu of all other medical benefits)	Up to \$250 per tooth
--	-----------------------

## EXCLUSION - Benefits will not be paid for loss due to:

1. Intentionally self-inflicted injury, suicide while sane or insane or any attempt thereat;
2. Voluntary self-administration of any drug or chemical substance not prescribed by, and taken in accordance 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 specifically 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 include 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 date of Accident;
12. Services or treatment rendered by an infirmary, health service, Physician, Nurse or any other person who 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. 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.