

2019 Student Accident Medical Insurance Program (Grades K – 12)

Underwritten by: Gerber Life Insurance Company
Policy Numbers: 09-3216-18 & 09-060592-18
Policy Term: December 31, 2018 – December 31, 2019

Eligibility:

Covers all enrolled K – 12 students of the school including all interscholastic athletics. This policy is excess over any amounts payable by any other health care plan.

Benefits are Full Excess (If the injured has benefits under any other plan, this policy will be excess):

Aggregate Limit

Medical Maximum Benefit.....	\$25,000
Catastrophic Accident Maximum Benefit	\$1,000,000
Maximum Benefit Period.....	2 Years from Accident Date
Accidental Death or Double Dismemberment.....	\$20,000
Accidental Single Dismemberment	\$10,000

• **Claims Provisions:**

1. Written notice of claim must be given to the insurance company within 90 days after an insured's loss, or as soon as reasonably possible.
2. Written proof of loss must be furnished to insurance company within 90 days after date of loss.

• **Terms, Conditions and Limitations:**

1. Initial treatment or service is incurred within 60 days of the date of a covered accident to be eligible for Accident Medical Benefits. AD&D loss must be incurred within 365 days of injury.
2. Payment of Accidental Medial Benefits is limited to Medically Necessary care and Usual and Customary Charges.
3. All coverages, exclusions, terms and conditions are governed by the above noted policy.

Claim Forms:

Fully complete the proper claim form and return the signed, completed claim form to:

To expedite your claim, please fax it to: (469) 417-1969 or email to:

benefit.assist@webtpa.com

Mail to:

WEB-TPA

P.O. Box 2415

Grapevine, TX 76099-2415

Toll Free: (866) 975-9468

HOW TO FILE A CLAIM FORM

**THIS CLAIM FORM MUST BE SENT WITHIN 90 DAYS OF THE ACCIDENT.
KEEP COPIES OF ALL CLAIM FORMS, BILLS AND CORRESPONDENCE
FOR YOUR OWN RECORDS UNTIL THE CLAIM HAS BEEN PROCESSED.**

PLEASE FOLLOW THESE INSTRUCTIONS TO FILE A CLAIM

ALL INFORMATION MUST BE PROVIDED IN ORDER FOR CLAIM TO BE PROCESSED NOTE:

NOTE: The accident policy benefits are limited and may not provide 100% coverage. Completion of a claim form does not guarantee benefit payment. Each claim is reviewed according to the policy provisions.

- ◆ 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.
- ◆ If you have other insurance, submit your claim to your other insurer. When you receive the explanation of benefits notice from your primary carrier, send it to us along with the corresponding itemized bills and with the fully completed claim form. You must submit itemized bills; balance due statements will not be processed. Itemized bills include:
 - 1) HCFA-1500 (standard form used by Providers)
 - 2) UB-04 or UB-92 (standard form used by Hospitals)
 - 3) ADA Dental Claim Form (dental bills must be sent to primary insurer medical/dental first)
- ◆ If you already paid the bill, include a paid receipt or a copy of your cancelled check. Otherwise payment will be made to the providers of service (Hospital, Physician or Others), unless a paid receipt statement accompanies the bill at the time the claim is submitted.
- ◆ Send all correspondence to:

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

The claim form must be sent within 90 days of the date you first received medical care. Any bills not filed with the claim form should be sent, within 90 days of the date you received medical care, to WebTPA with:
 - 1) Claimant's name
 - 2) Organization: Florida Annual Conference of The United Methodist Church
 - 3) Policy Number: 09-3216-18 & 09-060592-18
 - 4) Date of Accident.
- ◆ If you change your address, please notify WebTPA, Inc. by sending notification to WebTPA so that there is no delay in processing any claims.
- ◆ Please contact WebTPA, Inc. by calling **866-975-9468** if you would like to check the status of your claim or if you have any questions on how your claim was processed or the benefit paid.

Common Causes For Delays In Processing Claims

1. Claim Forms Not Completed In Full or Not Submitted.
2. Balance Due, Balance Forward, or Past Due Statements Submitted for Bills.
3. Explanation of Benefits from Primary Carrier Not Provided with the Bills.