



Student Accident Insurance

Monarch Management Corporation | www.mmc-ins.com | 800-662-2778

INFORMATION LETTER FOR PARENT(s)/Guardian(s) 2022 - 2023

SCHOOL YEAR

Supplemental student accident insurance is available for your purchase through **Monarch Management Company**.

"At-School" coverage provides accident coverage for students during the regular school session for the school year. "24-Hour" coverage ("Around-the Clock"), protects students 24 hours a day, 7 days a week, anywhere accidents might happen, anywhere in the world. This coverage provides protection from the date of enrollment until July 31, 2023. The premium (cost) of either of these optional coverages are paid "one-time only" for the year (annual payment).

Student accident insurance plans provide ACCIDENT coverage for covered activities. The plans contain limitations and exclusions. Please carefully read the online information (or brochure) for an overview of plans. If you choose to purchase this coverage, please go on-line to purchase. This coverage is available by credit card purchase "on-line" at www.mmc-ins.com. When enrolling on-line, the coverage will be effective 24 hours after being received by the Company. If you do not have access to on-line enrollment please contact the campus office for an enrollment form and mail to:

Monarch Management 3201 Cherry Ridge Drive, Suite D405 San Antonio, TX 78230.

If you have claims questions, please call Customer Service at 877-563-7492, or your local agent. If you need additional information, contact your ISD.

Thank you!

El seguro de accidentes de estudiante suplemental está disponible para su compra por Monarch Management Compañía.

La cobertura "en escuela" proporciona la cobertura de accidente para estudiantes durante la sesión escolar regular para el año escolar. Cobertura "de 24 horas" ("Alrededor - el Reloj"), protege a estudiantes 24 horas por día, 7 días por semana, en todas partes los accidentes podrían pasar, en cualquier parte del mundo. Esta cobertura proporciona la protección de la fecha de la inscripción hasta el 31 de julio de 2023. El premio (el coste) de cualquiera de estas coberturas opcionales es pagado "antiguo sólo" para el año (pago anual).

Los proyectos de seguro de accidentes de estudiante proporcionan la cobertura de ACCIDENTES para actividades cubiertas. Los proyectos contienen limitaciones y exclusiones. Por favor, con cuidado, lea la información en línea (o folleto) para una descripción de proyectos. Si usted decide comprar esta cobertura, por favor vaya en línea para comprarlo. Esta cobertura está disponible por la compra de tarjeta de crédito "en línea" en www.mmc-ins.com. Matriculando en línea, la cobertura será eficaz 24 horas después de ser recibido por la Compañía. Si usted no tiene el acceso a la inscripción en línea, por favor póngase en contacto con la oficina de campus para una forma de inscripción y correo a:

Monarch Management 3201 Cherry Ridge Drive, Suite D405 San Antonio, TX 78230.

Si usted tiene preguntas de reclamaciones, por favor llame el Servicio de Cliente en 877-563-7492. Si usted necesita mas información, póngase en contacto con su ISD officina de campus.

Gracias!





800-662-2778 www.mmc-ins.com

Student Accident Coverage Proposal For Washington Township Board of Education

Extended Student Coverage Options

Coverage: Voluntary Students

Maximum Benefit per Injury: \$25,000
Benefit Period per Injury: 1 Year
Payment Basis: Primary
Deductible per Injury: \$0

Plan Options: Premier Plan Economy Plan \$ 93.00 At School Grades PK-12 \$ 64.00 At School Grades PK-12 (Without Sports) \$ 20.00 \$ 13.00 24 Hour Grades PK-12 \$195.00 \$127.00 24 Hour Grades PK-12 (Without Sports) \$ 95.00 \$ 62.00 Football Grades 10-12 \$288,00 \$187.00 Spring Football Grades 9-12 \$116.00 \$ 75.00

The Extended Voluntary Plan is purchased on an individual basis by the Students.

Effective Date: Quote valid through September 1, 2022

Voluntary Carrier: United States Fire Insurance Company (a Crum & Forster Company)

Rating: A, XIV (an Admitted Carrier) (Current rating may be found at AMBest.com)

Catastrophic Carrier: Federal Insurance Company (a Chubb US Group of Insurance Company)

Rating: A++, XV (an Admitted Carrier) (Current rating may be found at AMBest.com)

FREQUENTLY ASKED QUESTIONS

1. Where can I get a claim form?

Claim forms are available online at www.mmc-ins.com in the bottom "FORMS" Section or you can request one to be sent to you via email or fax by calling us at 1-800-662-2778.

2. Does the Hospital / Doctor file my claim, and do I leave the claim form with the Provider?

The injured student's parents are responsible for ensuring the claim form, detailed bills and Explanations of Benefits from other insurance carriers are sent into the claims department for processing in a timely manner. The fax number and address is on the front of the claim form.

3. What if I have other insurance?

Voluntary coverage (if purchased) pays first, personal health insurance pays second, and Medicaid/ CHIP plans pay last.

4. How long do I have to seek treatment and submit a claim?

Each claimant must seek treatment from a licensed physician within 90 days of the date of the accident. The claim form must be submitted within that time frame, also. The sooner the better on both treatment and claim filing.

5. Where do I find a list of participating network doctors and facilities?

If the parents have a family insurance plan, they should use the network recommended by that plan. If not, they should use the services of a MultiPlan Network provider. You may also check the MultiPlan website for providers at: http://www.multiplan.com/search-2.cfm?originator=84451

6. Who do I call to check the status of a claim?

You can call WebTPA at 877-563-7492 and select option 4 for claim status

7. Is there a deductible with this policy? No

8. Does the school insurance cover everything?

The school accident insurance is a benefit provided by your school district, and is meant to supplement personal health insurance. It has internal policy limits, and was not intended to cover every injury or expense.

For example: the **School Time Plan** covers students during school hours the **24 Hour Plan** covers students 24 hours a day, 365 days a year

VOLUNTARY ACCIDENT INSURANCE



HOW TO ENROLL:

Enrolling online is easy and takes only a few minutes

- Go to www.mmc-ins.com and click on ENROLL NOW button
- SELECT the name of the SCHOOL DISTRICT where your child is enrolled and click SUBMIT
- Enter the RESPONSIBLE PARTY's information and click NEXT
- 4. Enter the STUDENT's information and click NEXT
- Select the PLAN in which you want your student to be enrolled and click NEXT
- 6. **Review** the plan selected for your student. Add additional students as needed.
- 7. **ENTER PAYMENT** information. Once you click **CONTINUE** you will receive 2 emails:
 - 1. Confirmation of your processed purchase
 - 2. Confirmation of your policy and coverage information.

NOTE: Please check spam and junk mail if you do not receive in your inbox within 24 hours of purchase.

Purchase Voluntary Insurance

Enrolling online is as easy as 1-2-3 and your child will be covered immediately. Just click here and follow the simple instructions.





Begin by finding your school district.

School District Name:

Enter a few letters of the name....

Submit

Please enter information on the <u>RESPONSIBLE PARTY</u> for this transaction, usually the parents or guardian of the student for whom the insurance is being purchased.

3 First N	ame		
Last N	lame		
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Step 2 - Student Information

Please enter information on the <u>STUDENT</u> for whom the insurance is being purchased, opportunity to enter more students on this account after each page.

4	Student (D or SS #:	7-17-11-11-11-11-11-11-11-11-11-11-11-11	- ,		
	First Name:	KK KK			
	Last Name:				
	Grade	Choose grade.	···································		
	Product				
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E	 24 Hour Premier w/o spo 	rts	42	At School Economy v/o sports + Dental	
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Step 3 - Payment Information

Please confirm your selection below. Edit to make corrections, delete the selection, or add another student if everything is correct please enter your payment information and press continue.

Amount

6	Enter Another Student
Lardholder Name:	
Card Type	Please Select
Card Number:	
Expiration Month	Select
Expiration Year	Select