



Cincinnati Central School
2809 Cincinnati Road
Cincinnati, NY 13040
Phone: 607-863-3200 Fax: 607-863-3094

Dear Parent or Guardian:

Your school district has provided student accident insurance for your child as a member of the district. This coverage provides payment for medical expenses incurred as a result of an accidental injury while attending school, traveling to and from school or participating in school sponsored activities.

Student accident insurance is “excess” coverage. This means that your family’s health insurance is primary and you must submit all claims to your primary carrier for payment prior to submitting to the school’s carrier. It also means that you **MUST FOLLOW THE RULES OF YOUR PRIMARY CARRIER**. The school’s insurance plan is not an alternative to your regular health insurance. The intent of the student accident policy is to cover any out of pocket expenses such as co-payments and deductibles. If your family does not have health insurance, the school’s policy will act as primary, but be aware that the carrier may ask you for proof such as a letter from your employer or your Medicaid Card if applicable.

In addition, as is true with all insurance carriers, this policy is limited to the usual and customary limit for any given procedure. **IF THE SERVICE PROVIDER CHARGES MORE THAN WHAT IS DEEMED USUAL AND CUSTOMARY, THE BALANCE OF THE CHARGE WILL NOT BE PAID BY THIS POLICY.**

How to file a claim:

1. Complete the Parent Information Section on the claim form, which is provided to you by the school district.
2. Read the section on the back of the page listing how to file a claim.
3. Upon receipt of the Explanation of Benefits or Explanation of Payment from your primary insurance carrier, submit the claim form with itemized bills, receipts and Explanation of Benefits to

Pupil Benefits Plan, Inc.
Student Accident Insurance
101 Dutch Meadows Lane
Glenville, NY 12302

Phone: 518-377-5144 or 1-800-393-3301. Fax: 518-377-3291. email: www.pupilbenefits.com

Submit the claim form and supporting documentation as soon as possible. Additional charges can be submitted by sending the bills, receipts, and explanations of benefits as they are received. The claim form only has to be submitted with the initial charges.

You should make a photocopy of all correspondence, receipts, claims, etc. for your records prior to submitting.

If you have questions about claims, benefits, payments, etc., call 1-800-393-3301 Pupil Benefits Plan Inc. The claim’s staff will be able to assist you with these questions.

If your family does not have health insurance coverage, New York State has a program called *Child Health Plus*, which is available to all New York State residents. You can reach them at 1-800-650-4359 for more information. The *Child Health Plus* program is State subsidized and an affordable option for healthcare coverage for children.