

Voluntary Student Accident Medical Expense Plan Options

	Plan A	Plan B
Maximum Benefit Amount	\$25,000	\$25,000
Deductible	\$0	\$0
Coinsurance	70%	65%
Incurral Period	52 Weeks	52 Weeks
Sublimits:		
Emergency Room Fees	70% of Reasonable & Customary Charges up to \$2,000.00	65% of Reasonable & Customary Charges up to \$1,500.00
Ambulatory Medical Center Fees	70% of Reasonable & Customary Charges up to \$2,000.00	65% of Reasonable & Customary Charges up to \$1,500.00
Physical Therapy	70% of Reasonable & Customary Charges up to \$50 per visit for a maximum of 5 visits	65% of Reasonable & Customary Charges up to \$35 per visit for a maximum of 5 visits
Dental Services	70% of Reasonable & Customary Charges up to \$500 per accident	65% of Reasonable & Customary Charges up to \$250 per accident
Deferred Dental Services (If certified by a Dentist)	70% of Reasonable & Customary Charges up to \$600 per accident	65% of Reasonable & Customary Charges up to \$600 per accident
Emergency Transportation Vehicle	70% of Reasonable & Customary Charges up to \$800	65% of Reasonable & Customary Charges up to \$500
	Plan A	Plan B
School Coverage & Sports Coverage (excluding Interscholastic Football)	<input type="checkbox"/> \$71.00	<input type="checkbox"/> \$64.00
24 Hour Coverage (excluding Interscholastic Football)	<input type="checkbox"/> \$243.00	<input type="checkbox"/> \$221.00
Sports Coverage (Interscholastic Football Only)	<input type="checkbox"/> Grade 9 - \$305.00 <input type="checkbox"/> Grades 10-12 - \$598.00	<input type="checkbox"/> Grade 9 - \$230.00 <input type="checkbox"/> Grades 10-12 - \$460.00

Enrollment

Enroll online at mmc-ins.com

If you have questions about this coverage, please call Player's Health, 1-800-510-2097

- (A) While on the School premises: during the hours and on the days, School is in regular session, and during the hours and on the days when School is not in session while the Insured Person is participating in or attending any Sponsored and Supervised School Activity, except interscholastic high school football for students in the 10th grade* or above (Senior High School) and Junior High students if they practice or play with Senior High School; and
- (B) While away from the School premises: other than traveling. If participating in a Sponsored and Supervised School Activity, except interscholastic high school football for students in the 10th grade* or above (Senior High School) and Junior High students if they practice or play with the Senior High School; and
- (C) While traveling directly to or from the Insured Person's residence and School: for regular School sessions, or for any Sponsored and Supervised School Activity in School designated vehicle, except interscholastic high school football for students in the 10th* or above (Senior High School) and Junior High students if they practice or play with the Senior High School.

Grades 10-12 and Grades 7-9 if they practice or play with Grades 10-12

- (A) While practicing for or competing in football which is a Supervised and Sponsored Sports Activity under the supervision of the Policyholder; and
- (B) While traveling directly to or from such practice or competition in School designated vehicle.

How to File a Claim

1. The claim form with filing instructions can be obtained by your school or from our website.
2. The claim form should be fully completed and submitted within 90 days of the accident.
3. Advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills. However, if you have already been to the doctor/hospital and did not know about this coverage, then please send all of the itemized bills to the address shown below.
4. Bills should include the date of service, name, mailing address, and phone number of the doctor/hospital, and the specific itemized charges (description of treatment, and amount) incurred (including CPT/procedure codes). Incomplete information will delay claim review.
5. Only one claim form per accident needs to be submitted. Once completed, make a photocopy for your records, and mail to:

WebTPA: P.O. Box 669
Grapevine, Texas 76099-0699
1-877-563-7492