August 1, 2018

Dear Parent/Guardian,

The Hopewell Valley Regional School District has purchased student accident insurance covering all students on a full excess basis. Full excess means that all medical expenses incurred for a covered accident must first be submitted to all other medical expense plans under which the student can claim benefits. Any remaining balances that were not paid by the primary insurance company should be submitted to Bolinger Inc. for review and consideration of payment up to the policy limits. When submitting a claim to Bollinger Inc. you must include itemized bills for the providers along with the corresponding primary insurance explanation of benefits. Please note that balance due bill will not be accepted.

Students are covered for injury during the hours and days when school is in a session and while attending or participation in school sponsored and supervised activities on or off the school premises. Participants are also covered while participating in interscholastic sports; including tryouts, preseason and postseason play, and travel to and from games and/or practices.

Parents will also have the option of purchasing individual insurance coverage on a 24-hour basis for their child. For more information please see the Student Accident Insurance flyer attached to or log into www.BollingerSchools.com

Sincerely,

Robert Colavita
Business Administrator/Board Secretary

Excellence in Education
Available Coverage Options

Depending on which program your school provides, some or all of the following voluntary insurance products are available for purchase on a voluntary basis:

- $500,000 School Time Only Student Accident Insurance
- $500,000 ‘Round The Clock – 24 Hour Accident Coverage
- $10,000 Student Life Insurance
- $5,000 Student Dental Accident Insurance

Kids will be Kids!

1. Make sure your child is properly covered against unforeseen accidents.
2. Purchase coverage at your convenience from any computer.
3. Follow the easy step by step instructions and you’re done in minutes!

These Voluntary Participation Student Accident Insurance Plans offered through your school can be purchased easily online at:  
www.BollingerSchools.com
**Student/Athletic Accident Insurance**

Your school has purchased accident insurance coverage to protect all students involved in any school sponsored and supervised activities including sports against **accidental injury or death** occurring while the policy is in force. Coverage is provided by **Bollinger Specialty Group**. Usual & Customary benefits are provided on a full excess basis.

If your primary medical coverage is an HMO or similar plan, it is recommended that you follow their rules and guidelines for obtaining benefits. If the HMO or similar plan is not utilized, you could incur out of pockets expenses resulting from charges that are over the usual and customary benefit.

Following is an example of how a **Full Excess** claim is handled. A student incurs medical expenses of $100.00 for treatment of an injury sustained during recess. The student’s parents have private group insurance. The medical bills must first be submitted to the parent’s insurance, being the primary carrier. The primary insurance pays $65.00 of the bill and sends an explanation of benefits (EOB) to the parents. The parents then submit a copy of the original bills along with a claim form and the primary insurance EOB to **Bollinger Specialty Group**, who may then pay up to $35.00 (the amount of covered expense that is “in excess of medical expense paid by another plan providing medical benefits.”)

**Claims Instructions**

In case of accident, notify the school immediately. You may obtain a claim form from the school or you may download one from [www.BollingerSchools.com](http://www.BollingerSchools.com).

- The **claim form** must be submitted within 90 days from the date of accident. **If the claim form is not submitted in this time frame the claim may be denied.**
- Treatment must commence within 90 days from the date of injury.
- Attach itemized bills (**CMS-1500 form for physicians & UB-04 forms for Hospitals**) showing treatment, dates of treatment, and charges. **Balance due bills will not be accepted.**
- Attach copies of the corresponding primary insurance’s explanation of benefits (EOB).
- If there is no primary insurance through the parent or guardian’s employer, a statement of verification from employer on their letterhead must also be submitted.
- Itemized bills and explanation of benefits must be submitted within 90 days from the date of treatment.
- Forward additional bills and EOB’s to: **Bollinger Specialty Group, P.O. Box 1346, Morristown, NJ 07962.**
- Please note the name of school district on all bills and correspondence. **NO ADDITIONAL CLAIM FORM IS NECESSARY.**
- It is the parent’s responsibility to complete Part I of the claim form and submit the claim form to Bollinger Inc.
- Do **NOT** leave original claim form at the hospital or physician’s office.
- You may provide **copy** of the claim form to the hospital or physician’s office so they can bill Bollinger directly.
- If you have any questions, once your claim has been submitted and processed by Bollinger, please call the Bollinger the Claims Department toll free at (866) 267-0092.
- **You may also check the status of your claim via the Bollinger online portal. Please go to** [www.bollingerclaims.com](http://www.bollingerclaims.com) **and select “Check Claim Status” under the “Parent” section.**
- Any questions regarding claim reporting or issues with the processing of claims through Bollinger, contact Stephanie Brown, Claims Advocate at A.J. Gallagher, the School District’s Insurance Agent, by phone toll free at (888) 232-9262, directly at (609) 430-4103, or by claims fax (609) 924-9221.
ATTENTION PARENTS: YOU ARE NOW ABLE TO CHECK THE STATUS OF YOUR CHILD’S CLAIM ONLINE THROUGH BOLLINGERSCHOOLS.COM

**Step 1 - Where To Go?**

Visit: [www.BollingerSchools.com](http://www.BollingerSchools.com)

Under the "Parents" tab click on “Check Claim Status”.

**Step 2 - To Sign Up**

Once you get to the log-in page enter the following information:

a. Insured Last Name
b. Insured First Initial
c. Insured Date of Birth
d. Insured Zip Code

Then click: "Verify My Information"
After you verify your claim information you will be prompted to create a username and password:

a. Create User Name:
b. Password:
c. Confirm Password:
d. E-mail: [Enter your email address]

Follow prompts from the confirmation e-mail you will receive to the e-mail address that was supplied in step #3.

Once you’ve followed the steps in your confirmation e-mail, log into the School claims portal using account created in step #3.