MIDDLESEX SCHOOL
DOMESTIC STUDENT INSURANCE PLAN FORM: 2017-2018

Dear Parent/Guardian:

Middlesex School requires that every student be covered by a comprehensive injury and sickness insurance plan that provides coverage for medical care required while a student attends the School and is accepted by local practitioners. This requirement is designed to ensure the health and well being of our students, and to comply with Massachusetts law. Many U.S. families are insured under managed care programs such as HMOs and PPOs. Such "network" plans often create obstacles such as up-front deductibles and co-payments if care is rendered away from home. It is important to review carefully any coverage restrictions that may exist for students while away at school. It is imperative and incumbent on you to contact your insurance company to discuss coverage options and procedures if your child needs care while at Middlesex and what deductibles and co-payments may be required when your child is away from home.

While basic services can be provided by the Cruz Health Center, emergency services, laboratory and diagnostic tests, prescriptions and specialty care are not provided on campus. Questions to ask your insurance provider:

1. Emergency care is covered in Massachusetts: Yes ☐ No ☐
2. Specialty care is covered in Massachusetts: Yes ☐ No ☐
3. Prescriptions are covered: Yes ☐ No ☐ Which Pharmacy(ies)? _____
4. Diagnostic tests are covered when ordered by a provider outside of the Emergency Room: Yes ☐ No ☐

If the answers to these questions suggest that your coverage is limited to your local geographic area, or only provides emergency coverage out of state, we suggest that you visit the Massachusetts Health Connector https://mahealthconnector.org/help-center to research local options. If you qualify for a subsidized insurance program in your home state, it is likely that your child will qualify for subsidized insurance in Massachusetts as well. Your child's change in residence to Massachusetts in September is a qualifying event that will allow them to enroll outside of the open enrollment period.

After securing the appropriate insurance for your child, please attach to this signed document a copy, front and back, of the insurance card and prescription coverage card (if different).

I have attached a copy of my insurance card: ☐ _____Initial

Insurance Company Name | Policy Number | Phone Number

Primary Insurance Holder Name | Primary Insured Date of Birth

In making this selection, I accept full responsibility for all medical costs incurred by my child.

Name of Student | **Signature of Parent or Guardian** | **Date**