

## MIDDLESEX SCHOOL DOMESTIC STUDENT INSURANCE PLAN FORM: 2018-2019

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 a plan that 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. Please contact your insurance provider and answer the following four questions:

1.	Emergency car	re is cov	ered in Massachusetts:	Yes 🗆 🗈	No 🗆	
2.	Specialty care	is cover	ed in Massachusetts:	Yes 🗆 I	No 🗆	
3.	Prescriptions are covered:			Yes 🗆 I	No 🗆	
4.	Diagnostic tests are covered when ordered by a			a provider o	utside of the Emergency Room: Yes	No 🗆
	ase the compreh 1 <i>5th</i> : <b>Option 1</b>	nensive F	Premier Health Plan offe	ered through	mited to your local geographic area we united Health Care. <b>Please complete t</b> in Premier Health Plan for a full 10 monters is no coverage during the summer	the following by
	through 8/14/		Tlease note that with	uns plan un	ere is no coverage during the summer	110111 0/13/2019
	Option 2	Ш	Do not Enroll		in Premier Health Plan	
-	checked <b>Optio</b> ciption coverage of	_	_	ned docume	nt a copy, front and back, of the insu	arance card and
l have	e attached a cop	y of my	$ au$ insurance card: $\Box$	Iı	nitial	
Insura	ance Company N	ame	Polic	y Number	Phone Number	
Prima	ry Insurance Hol	lder Nan	ne		Primary Insured Date of Birth	
	king this select	:ion, I a	ccept full responsibilit		dical costs incurred by my child.	Doto