

STUDENT ACCIDENT & SICKNESS PLANS: 2007-2008 SCHOOL YEAR

Dear Parent/Guardian:

Out of concern for the health and welfare of all our students, St. Stephen's Episcopal School requires that every student be covered by a comprehensive injury and sickness plan, one that meets the high cost of medical services and is accepted by local providers and practitioners. While most USA families are insured under managed care programs (HMO's, PPO's, etc.) such "network plans" often create bureaucratic and cumbersome administrative problems and procedures. In many cases, these plans do not provide coverage for your child when away from home, and if they do, you are faced with up-front deductibles and cop-payments not required when your child is home. It is your responsibility to contact your insurance company to discuss what benefits will be lost and what deductibles and co-payments will be required when your child leaves home.

PLEASE NOTE THAT OUR HEALTH CENTER WILL NOT ACCEPT MEDICAL INSURANCE ISSUED IN A FOREIGN COUNTRY OR FROM A COMPANY OUTSIDE THE UNITED STATES.

To help you meet your financial responsibilities, we offer two plans, one of which will meet your needs.: **PREMIER HEALTH PLAN I** provides primary, first dollar benefits for those of you who do not have any insurance or whose coverage is not accepted outside your geographical area. If your child is not insured as a dependent on your insurance policy, or your child is a non-USA resident, you **MUST** select this plan. This plan will cover students during a full 12 month period (8/15/07 – 8/15/08) anywhere in the world for an annual premium of \$1495. The plan was designed especially for private secondary schools and meets the mandated requirements of Texas law.

ANY USA STUDENTS AND INTERNATIONAL STUDENTS WHO DO NOT HAVE COVERAGE WITH A USA-BASED INSURANCE COMPANY (AS A DEPENDENT ON THEIR PARENT'S PLAN) MUST ENROLL IN PLAN I.

PREMIER HEALTH PLAN II (SUPPLEMENTAL COVERAGE). For families who have insurance accepted by providers in our area, Plan II offers secondary coverage to your primary insurance plan. Claims would be filed with your current plan first and, with appropriate documentation, any remaining balances would then be filed with Plan II. This plan offers limited benefits and in no way is meant to replace your existing coverage. It can help meet upfront deductibles and co-payments as well as other costs not met while your child is away from home. Your child will be covered while in the USA for an annual premium of \$576 (8/15/07 - 8/15/08) or a 10-month premium of \$480 (8/15/07 – 6/15/08).

You must select one of the three options provided below. Please note that this document is an addendum to your Enrollment Agreement and both your Agreement and this Addendum must be returned to the school.

2007-2008 STUDENT INJURY & SICKNESS PLANS

Please check the appropriate box below and sign and date the bottom of the form. Be sure to enter the name of your present insurance company if applicable.

1. Enroll _____ in PLAN I for 12 months (8/15/07 –8/15/08) at an
STUDENT NAME annual premium of \$1,495.
2. Enroll _____ in PLAN II* to supplement my present plan at a premium of:
STUDENT NAME
 A full 12 months (8/15/07 to 8/15/08) for \$576.
 A full 10 months (8/15/07 to 6/15/08) for \$480.
3. Do not enroll _____ in either plan. My present in-force plan is as follows:
STUDENT NAME

PLAN NAME	POLICY HOLDER	POLICY HOLDER SS#
ADDRESS	STATE & ZIP CODE	POLICY NUMBER
SIGNATURE OF PARENT OR GUARDIAN	DATE	