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DOMESTIC
STUDENT ACCIDENT & SICKNESS
PLANS: 2011-12 SCHOOL YEAR

Out of concern for the health and welfare of all our students, the Fessenden School has established a policy that requires every student to be covered by a comprehensive accident and sickness plan. The cost of medical services in the United States is high and often students arrive on campus without insurance or without coverage that is acceptable to local hospitals, clinics and doctors.

To help you meet this responsibility, we offer a **PLAN from United Health Care that provides primary insurance** for those of you who do not have any coverage or for those of you whose present insurance does not protect your son outside of your geographical area. This policy will cover students during a full 12 month period (8/15/11 - 8/15/12) anywhere in the world for an **annual premium of \$1,640; the cost for the 10 month plan is \$1,490**. This plan was designed especially for private schools and meets the mandated requirements of Massachusetts state law.

Any uninsured domestic students who do not have coverage with a company based in the United States must enroll in this plan.

Many USA parents who are insured in some type of HMO, PPO or in any form of a managed care network program, should consider this plan. In many cases, local doctors, hospitals and clinics do not accept such "network plans." In all cases your up-front deductibles and co-payments will increase substantially, so much so that you may want to have primary first dollar benefits under this plan.

The basic provisions and exclusions of the plan are outlined on the back of this sheet.

OVER-→

A certificate with further details will be issued to every participant along with a personal identification card.

If the Health Center (617-630-2306) does not receive your completed health forms by August 31, 2011 regarding existing health insurance coverage, your son will be automatically enrolled in the plan and the \$1,490 10-month premium will be charged on the September bill. If you wish to enroll in the plan, please indicate below.

QUESTIONS? Please call Michael Dylingowski in the Business Office at 617-630-2357 or e-mail him at mdylingowski@fessenden.org.

2011-12 STUDENT ACCIDENT & SICKNESS PLAN

If you wish to enroll, please check ONE box below, include student's name, sign your name, date and return to the Business Office with the enrollment contract.

Please enroll _____ (student's name) in the **PLAN** (check ONE either 'a' or 'b'):

- a. for a full 12 months (8/15/11 to 8/15/12) for an annual premium of \$1,640.
b. for a full 10 months (8/15/11 to 6/15/12) for an annual premium of \$1,490.

SIGNATURE OF PARENT OR GUARDIAN

DATE

(12/28/10)