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Reading Public Schools

Instilling a joy of learning and inspiring the innovative leaders of tomorrow

Dear Parent or Guardian:

The School Department has authorized ISI New England, a division of Insurance Specialists, Inc., to offer student accident and dental insurance to students for the 2020-2021 school year. The costs are as follows:

School-Time Accident Coverage (Medical) Plan	\$10.00
24-Hour Accident Coverage (Medical) Plan	\$70.00
Extended Dental Coverage	\$ 8.00
School-Time Accident Coverage (Medical) including Extended Dental	\$18.00
24-Hour Accident Coverage (Medical) Plan including Extended Dental	\$78.00

For an informational brochure and enrollment form, please go to <https://www.isi1959.com/Products-Services/Student-Accident-Insurance.aspx>

The plan provides a maximum of \$1,000,000 medical expense coverage. As stated in the brochure, coverage “provides for payment of Usual and Customary (U&C) Expenses incurred for treatment of an injury caused by a covered accident subject to the maximums stated in the policy. Treatment must be medically necessary and the first expense must be incurred within 90 days following the covered accident.”

The brochure also states: “Benefits are payable for covered expenses that are not recoverable from another Health Care Plan, to the applicable medical maximum. If the Insured is not covered by another Plan, benefits are payable on a primary basis up to the limits described in this brochure.”

ISI New England’s plan covers interscholastic sports **excluding** interscholastic football.

If you want insurance, parents should mail the enrollment form and premium payment directly to ISI New England’s Administrative Center.

If you are **not interested** in the insurance **you need to sign and return the following form to your child’s school office for their records.**

Sincerely,

Gail S. Dowd
Gail Dowd
Chief Financial Officer

I have reviewed the materials on student accident insurance from ISI New England and I am not interested in this coverage for the 2020-2021 school year.

Signature

Date

Son/Daughter’s Name