

# Willington Public Schools 2023 - 2024 Calendar

**August/September 2023 (21)**

| M  | T  | W  | Th | F  |
|----|----|----|----|----|
| SD | SD | 30 | 31 | 1  |
| H  | 5  | 6  | 7  | 8  |
| 11 | 12 | 13 | 14 | 15 |
| 18 | 19 | 20 | 21 | 22 |
| 25 | 26 | 27 | 28 | 29 |

**August**  
 28-29 Staff development....Schools closed for students  
 30 Meet & Greet.....Schools closed for students  
 31 First day for students

**February 2024 (19)**

| M  | T  | W  | Th | F  |
|----|----|----|----|----|
|    |    |    | 1  | 2  |
| 5  | 6  | 7  | 8  | 9  |
| 12 | 13 | 14 | 15 | SD |
| H  | V  | 21 | 22 | 23 |
| 26 | 27 | 28 | 29 |    |

**September**  
 4 Labor day.....Schools closed  
 15 Student early dismissal, 1/2 Staff development

**March 2024 (20)**

| M  | T  | W  | Th | F  |
|----|----|----|----|----|
|    |    |    |    | 1  |
| 4  | 5  | 6  | 7  | 8  |
| 11 | 12 | 13 | 14 | 15 |
| 18 | 19 | 20 | 21 | 22 |
| 25 | 26 | 27 | 28 | H  |

**October**  
 6 Student early dismissal, 1/2 Staff development  
 9 Columbus Day.....Schools closed  
 10 Staff development .....Schools closed for students

**October 2023 (20)**

| M  | T  | W  | Th | F  |
|----|----|----|----|----|
|    |    |    |    | 6  |
| H  | SD | 11 | 12 | 13 |
| 16 | 17 | 18 | 19 | 20 |
| 23 | 24 | 25 | 26 | 27 |
| 30 | 31 |    |    |    |

**November**  
 20-21 Parent Conferences, student early dismissal  
 22 Early dismissal  
 23-24 Thanksgiving recess.....Schools closed

**April 2024 (17)**

| M  | T  | W  | Th | F  |
|----|----|----|----|----|
|    |    |    |    |    |
| 1  | 2  | 3  | 4  | 5  |
| 8  | 9  | 10 | 11 | 12 |
| V  | V  | V  | V  | V  |
| 22 | 23 | 24 | 25 | 26 |
| 29 | 30 |    |    |    |

**December**  
 1 Student early dismissal, 1/2 Staff development  
 22-29 Winter recess.....Schools closed

**November 2023 (20)**

| M  | T  | W  | Th | F  |
|----|----|----|----|----|
|    |    | 1  | 2  | 3  |
| 6  | 7  | 8  | 9  | 10 |
| 13 | 14 | 15 | 16 | 17 |
| 20 | 21 | 22 | H  | H  |
| 27 | 28 | 29 | 30 |    |

**January**  
 1 New Years' Day.....Schools closed  
 15 Martin Luther King Day.....Schools closed

**May 2024 (22)**

| M  | T  | W  | Th | F  |
|----|----|----|----|----|
|    |    |    |    |    |
|    |    | 1  | 2  | 3  |
| 6  | 7  | 8  | 9  | 10 |
| 13 | 14 | 15 | 16 | 17 |
| 20 | 21 | 22 | 23 | 24 |
| H  | 28 | 29 | 30 | 31 |

**February**  
 15 Student early dismissal, 1/2 Staff development  
 16 Staff development....Schools closed for students  
 19 Presidents' Day.....Schools closed  
 20 Vacation Day.....Schools closed

**December 2023 (15)**

| M  | T  | W  | Th | F  |
|----|----|----|----|----|
|    |    |    |    | 1  |
| 4  | 5  | 6  | 7  | 8  |
| 11 | 12 | 13 | 14 | 15 |
| 18 | 19 | 20 | 21 | V  |
| V  | V  | V  | V  | V  |

**March**  
 15 Student early dismissal  
 29 Good Friday.....Schools closed

**June 2024 (7)**

| M  | T  | W  | Th | F  |
|----|----|----|----|----|
|    |    |    |    |    |
| 3  | 4  | 5  | 6  | 7  |
| 10 | 11 | 12 | 13 | 14 |
| 17 | 18 | 19 | 20 | 21 |
| 24 | 25 | 26 | 27 | 28 |

**April**  
 15-19 Spring Recess.....Schools closed

**May**  
 24 Student early dismissal, 1/2 Staff development  
 27 Memorial Day.....Schools closed

**January 2024 (21)**

| M  | T  | W  | Th | F  |
|----|----|----|----|----|
| H  | 2  | 3  | 4  | 5  |
| 8  | 9  | 10 | 11 | 12 |
| H  | 16 | 17 | 18 | 19 |
| 22 | 23 | 24 | 25 | 26 |
| 29 | 30 | 31 |    |    |

**June**  
 11 Last day of school, early dismissal for students  
 12 Teacher work day

Childcare provided on the following early release days...  
 9/15/23, 10/6/23, 12/1/23, 2/15/24, 3/15/24, 5/24/24

June 12-28 Days reserved as makeup days if needed due to weather related closings  
 Approved 2.14.2023

# I SCREAM, YOU SCREAM, WE ALL SCREAM FOR ICE CREAM

Who: Udder Delights Ice Cream Truck

What: Annual PTA Ice Cream Social

When: Friday, September 8th - 5:30-6:30pm

Where: Center School Lower Parking Lot

Why: To celebrate the beginning of a new school year together





# WHAT'S GOING ON THIS YEAR?



'23-'24

Use this as a quick glance to all the fun things planned this year by the PTA!

## AUGUST

30: Meet & Greet! Center 9am-10am; Hall 10:30am-11:30am  
 31: FIRST DAY of SCHOOL!  
 31: Local Fundraiser! 10% of purchases at Lotus Nutrition go to PTA!

*Lotus Nutrition*

**Back to SCHOOL**

## September

1: Local Fundraiser! 10% of purchases at Lotus Nutrition go to PTA!  
 8: Ice Cream Social  
 14: PTA Meeting (Hybrid)  
 15: Early Release

## OCTOBER

1-16: Holiday Dessert Fundraiser! Info to Come!  
 2-6: Penny Wars  
 6: Early Release  
 12: PTA Meeting  
 27: Trunk or Treat!

## November

1-23: Scrips Fundraiser! Get your Holiday Gift Cards!  
 7: Election Day Bake Sale  
 9: PTA Meeting

## DECEMBER

4-8: Holiday Shop  
 14: PTA Meeting

Town Tree Lighting! Date pending! Stay Tuned

## JANUARY

11: PTA Meeting (Hybrid)

## February

8: PTA meeting  
 23: Family Formal Gala

Munson's Fundraiser to Start! More info to come!

## MARCH

2-6 Read Across America Week! More info to come on a Read-a-Thon for your students!  
 14: PTA meeting

## APRIL

11: PTA Meeting & Family BINGO Night!  
 15-19: Spring Break!

## May

6-10: Teacher Appreciation Week  
 9: PTA Meeting (Hybrid)  
 25: Fun Run & Silent Auction

## JUNE

6: Final '23-'24 PTA Meeting  
 11: Tentative LAST DAY OF SCHOOL

Last Day of School Celebration! Info to Come!

## OTHER INFO

Meetings are scheduled for 6pm at the Willington Public Library  
 Additional events may be added! Follow us on Facebook to stay up to date!

\*most dates are final but some dates may change



# PTA of Willington



## Guilt Free Alternative Fundraiser / Membership Drive

- \$12.00 - I would love to be a member and have a hand at bettering my student's education and school experience
- \$15.00 - I want to be a member but I don't want to bake cupcakes, so here's the money I would have spent on cupcakes.
- \$25.00 - I want to be a member, but I don't want to hit up friends and family for money, so here's the money I would have spent on cookie dough.
- \$50.00 - I want to be a member but I don't want to walk, run, or swim, in any "-thon", so here's the money I would have spent on my "free" shirt.
- \$75.00 - I want to be a member but I don't want to hit up any local businesses to sponsor a gift basket for a silent auction, so here's the money I would have spent on gas, cellophane, gift cards, and ribbon.
- \$100.00 - I want to be a member but I really wouldn't have helped anyway, so here's \$100 to forget my name.
- \$\_\_\_\_\_ - Here's my donation to express my gratitude for not having to buy, make, sell, or do anything other than fill out this paper.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

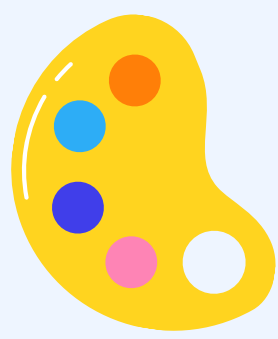
**Student :** \_\_\_\_\_ **Grade/Teacher:** \_\_\_\_\_

**Student :** \_\_\_\_\_ **Grade/Teacher:** \_\_\_\_\_

**Student :** \_\_\_\_\_ **Grade/Teacher:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Cash/Check/Amount Enclosed:** \_\_\_\_\_



# Willington PTA Needs You!

## Did you know...

The PTA fundraises to purchase spirit wear, cover the cost of field trips, provide fun family events, staff appreciation, campus & playground upgrades, give away a yearly scholarship and

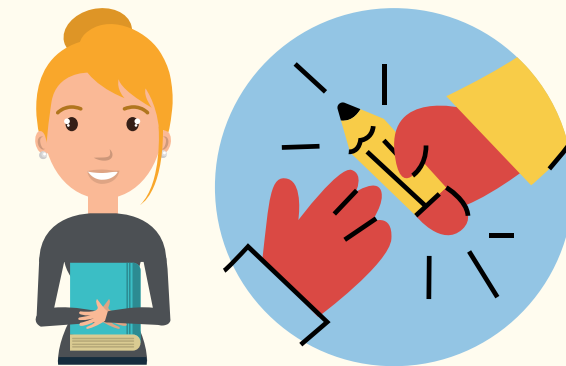
**SO MUCH MORE!**



## Why Join...

**Get Connected!** There's no better way to know what's going on in your child's school than being involved in the PTA

**Be a Role Model!** Demonstrate to your child the importance you place on their education



**Make a Difference!** By working together, PTA members improve the education, health and well-being of all children.

**PTA membership is open to everybody!**

**Please contact us at:  
[membership.willingtonpta@gmail.com](mailto:membership.willingtonpta@gmail.com)**



# 2021–2022 Interscholastic Sports Accident Plan

## Notice to parents

Your school board has purchased, at no cost to you, a Sports Accident Medical Insurance Plan to help cover medical expenses resulting from -interscholastic sport injuries.

All players, coaches and managers of every -interscholastic sport (including cheerleading) are covered throughout the entire school year. The program covers accidental bodily injuries occurring to a covered person while participating in or traveling, while under the supervision of proper school authority, to or from any regularly scheduled game or practice of an interscholastic sport.

The Plan your school has purchased may have a Deductible. Please check with your school or the Connecticut Representative listed in this brochure.

## Benefits

The *Schedule of Benefits* provides a brief outline of the coverage and benefits provided by this plan. Please see the Certificate for full details.

Coverage is non-contributory to the **Covered Person**.

### COVERED PERSONS:

#### Eligible Class(es) of Covered Persons

Class 1 (Sports)

#### Description of Class

all Sports participants, coaches and managers of the policyholder stated on the application

| ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS     |                                  |
|---|----------------------------------|
| Principal Sum                                   | \$10,000                         |
| Loss must occur within                          | 365 days of the covered accident |
| SCHEDULE OF COVERED LOSSES                      |                                  |
| Covered Loss                                    | Benefit                          |
| Loss of Life                                    | Principal Sum                    |
| Loss of Both Hands or Both Feet                 | Principal Sum                    |
| Loss of One Hand and One Foot                   | Principal Sum                    |
| Loss of Sight of Both Eyes                      | Principal Sum                    |
| Loss of One Hand or foot and Sight of One Eye   | 50% of Principal Sum             |
| Loss of One Hand or One Foot                    | 50% of Principal Sum             |
| Loss of Thumb and Index Finger of the Same Hand | 50% of Principal Sum             |
| Loss of all Four Fingers of the Same Hand       | 50% of Principal Sum             |
| Loss of all the Toes of the Same Foot           | 50% of Principal Sum             |
| Loss of Thumb                                   | 25% of Principal Sum             |
| Loss of Sight in One Eye                        | 50% of the Principal Sum         |
| Loss of Speech and Hearing (in both ears)       | Principal Sum                    |
| Loss of Speech                                  | 50% of the Principal Sum         |
| Loss of Hearing in both ears                    | 50% of the Principal Sum         |

## ACCIDENT MEDICAL BENEFITS

Any benefit limits and coinsurances for *Accident Medical Benefits* apply, unless otherwise specified, on a per covered accident basis. Any applicable deductibles must be satisfied within the time periods specified before benefits are payable.

The **covered injury** must result directly and independently of all other causes from a **covered accident**.

Covered Expenses for which benefits are payable are outlined below. Unless otherwise indicated, benefits are payable as a percentage of usual and reasonable charges.

### SCOPE OF COVERAGE APPLICABLE TO ACCIDENT MEDICAL BENEFITS

|   |  |
|---|--|
| Full Excess Medical Maximum   | \$1,000,000 per <b>covered accident</b>                |
| <b>Accident Medical Coinsurance</b>   | 100% of <b>usual and reasonable charges</b>            |
| Individual <b>disappearing</b> Medical <b>deductible</b>  | \$0  |
| <b>Benefit Period</b><br>- Individual must be covered under this plan at the time of the <b>accident</b> causing the loss | 104 weeks from the date of the <b>covered accident</b> |
| Treatment window:<br>- First <b>covered expenses</b> must be <b>incurred</b> within                                       | 90 days of the <b>covered accident</b>                 |

### ACCIDENT MEDICAL BENEFITS

| Covered Expenses   | Coverage and Other Limits   |
|--|---|
| <b>Inpatient Hospital Services</b>   |   |
| Hospital Room & Board Expenses and miscellaneous services and supplies.<br>Subject to Semi-Private room rate unless intensive care unit is required.                                     | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| <b>Skilled nursing facility</b>  | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| Minimum <b>Inpatient hospital stay</b> prior to confinement in <b>Skilled nursing facility</b> .   | 3 consecutive days per <b>covered accident</b>  |
| Maximum Number of <b>Skilled nursing facility</b> days   | 120   |
| <b>Outpatient Facilities</b>   |   |
| <b>Ambulatory Medical or Surgical Center</b>   | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| <b>Outpatient Hospital Services</b>  | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| Emergency Room Expenses  | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| <b>Home Health Care</b>  | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| Minimum <b>Inpatient hospital stay</b> , including <b>inpatient hospital stays</b> in a <b>skilled nursing or rehabilitation facility</b> , prior to receiving Home Health Care services | 3 consecutive days  |
| <b>Home health care</b> must begin within  | 10 consecutive days after the Minimum <b>Inpatient hospital stay</b>                            |
| Maximum Number of <b>home health care</b> visits   | 120 per <b>covered accident</b>   |
| <b>Rehabilitation Facility</b>   | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| Maximum Number of days   | 90 per <b>covered accident</b>  |

| <b>Physician Services</b>  |   |
|--|---|
| Surgery  | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| Assistant Surgeon  | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| Urgent Care Expenses   | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| Second Opinion or Consultation   | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| Physician Assistant  | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| Anesthesia and its Administration  | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| In-Hospital or Office Visits   | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| <b>Outpatient X-ray, CT Scan, MRI and Laboratory Tests</b>                 |   |
| <b>Outpatient X-Rays, CT Scans &amp; MRIs and Laboratory Tests</b>         | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| <b>Outpatient Services and Supplies</b>                                    |   |
| <b>Outpatient Physical Therapy</b>   | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| Maximum Visits Per Day   | 1   |
| Maximum <b>physical therapy</b> visits                                     | 20 per <b>covered accident</b>  |
| <b>Outpatient Occupational and Speech Therapy</b>                          | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| Maximum Visits Per Day   | 1   |
| Maximum <b>Occupational and Speech Therapy</b> visits combined             | 20 per <b>covered accident</b> combined   |
| <b>Nursing Services- Private Duty Nursing</b>                              | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| <b>Ambulance Services</b>  | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| <b>Durable Medical Equipment and Orthopedic Braces and Appliances</b>      | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| Medical Services and Supplies  | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| <b>Prosthetic Devices</b>  | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| <b>Dental Services</b>   | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| <b>Prescription Drugs</b>  | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| <b>Eyeglasses, Contact Lenses, Hearing Aids, Artificial Dental Devices</b> | The <b>coinsurance amount</b> shown above after the Individual medical <b>deductible</b> is met |
| <b>Accidental Ingestion of Controlled Drugs</b>                            | The <b>coinsurance amount</b> shown above up to a maximum of \$500                              |
| <b>Other benefits</b>  |   |
| <b>Expanded Medical Benefit for Covered Sports Conditions</b>              | Same as any other <b>covered loss</b> , subject to the limitations described in the benefit     |



|   |   |
|---|---|
| Covered Sports Conditions                         | bursitis; sprains; hernia; muscle tears; tendonitis; stress fractures; shin splints; injury to joints and surrounding muscle and tissue; tennis elbow; and repetitive motion injuries |
| <b>Heart and Circulatory Conditions</b>           | Same as any other <b>covered loss</b> , subject to the limitations described in the benefit   |
| Covered Heart and Circulatory Conditions          | heat exhaustion   |
| First symptoms must be medically diagnosed within | 24 hours of participation in a <b>covered activity</b>  |

## General Exclusions

In addition to any benefit-specific exclusion, benefits will not be paid for any **covered injury**, **covered loss** or **covered expense** which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the **certificate**:

1. Any service, treatment or supply that is not considered **medically necessary** as defined in the **certificate**.
2. Expenses **incurred** after the end of the **Benefit Period**, even if **incurred** for continuing services or treatment of a **covered injury**.
3. Benefits provided by a Government plan (except Medicaid and other public assistance plans).
4. Injuries compensable under Workers' Compensation law or any similar law.
5. Declared or undeclared **war** or act of **war**.
6. Commission or attempt to commit a felony or an assault.
7. Commission of or active participation in a riot or insurrection. "Active Participation" means voluntarily taking part. "Riot" means a civil disturbance with the intent of causing personal injury and/or property damage to nonparticipants.
8. Treatment of a **pre-existing condition** as defined herein.
9. Aggravation, during a **covered activity**, of an injury the **covered person** suffered before participating in that **covered activity**, unless **we** receive a written medical release from the **covered person's physician**.
10. Practice or play in any sports activity, including travel to and from the activity and practice except as specifically listed in the Schedule of Benefits.
11. Flight in, boarding or alighting from an aircraft, except as:
  - a. A fare-paying passenger on a regularly scheduled commercial or charter airline;
  - b. A passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
12. Travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle.
13. An **accident** if the **covered person** is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) The **covered person** holds a valid learner's permit and (b) The **covered person** is receiving instruction from a Driver's Education Instructor.
14. **Sickness**, disease, bodily or mental infirmity, bacterial or viral infection or medical or **surgical** treatment thereof, except for any bacterial infection resulting from an **accidental** external cut or wound or **accidental** ingestion of contaminated food.
15. Travel or activity outside the contiguous United States, Alaska, Hawaii and the territories and possessions of the United States except as provided for qualified **covered activity**.
16. **Voluntary** use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed or taken under the direction of a **physician** and taken in accordance with the prescribed dosage.
17. An **accident** that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon **Our** receipt of proof of service, **we** will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
18. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.

19. Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses except due to a **covered accident** as described elsewhere in the certificate.
20. Hearing aids, or purchase, repair or replacement of, except due to a **covered accident** as described elsewhere in the certificate.
21. Wheelchairs, braces, appliances, orthopedic braces, or orthotic devices, except due to a **covered accident** as described elsewhere in the certificate.
22. A cardiovascular **accident** or stroke resulting, directly and in dependently of all other causes, from exertion, as verified by a **physician**.
23. Operating any type of vehicle while under the influence of alcohol. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the **covered accident** occurred.
24. Rest cures, long-term care or custodial care.
25. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
  - a. Cosmetic surgery resulting from a **covered accident**, if the **covered person's** initial treatment had begun within 12 months of the date of the **covered accident**;
  - b. Reconstruction incidental to or following surgery resulting from a **covered accident**;
  - c. Any unplanned and unintended adverse consequences that may result during the treatment of a **covered accident**.
26. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) Are deemed to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
27. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
28. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
29. Treatment or services provided by the **covered person's immediate family**.
30. Personal services, or comfort/convenience items such as television and telephone or transportation.
31. Orthopedic appliances used mainly to protect an injury.
32. Expenses payable by any automobile insurance **policy** without regard to fault.
33. Services or treatment provided by an infirmary operated by the **policyholder**.
34. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the **covered activity**.
35. Treatment or service provided by a private duty **nurse**.
36. Charges for hot or cold packs.
37. Custodial Care service and supplies.
38. Expenses that are not recommended and approved by a **physician**.
39. Repair or replacement of existing artificial limbs, eyes and larynx, unless damaged or destroyed in a **covered accident**.
40. Treatment of an injury resulting from or contributed to by frostbite, fainting or seizures.
41. Participation in any sports activity not specifically authorized, sponsored and supervised by the **school** whether or not it takes place on **policyholder** premises.
42. Any expenses in excess of **usual and reasonable charges** except as provided in the certificate.
43. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning or, any professional sport.
44. Racing or speed contests, skin diving, or sky diving, mountaineering (where ropes or guides are customarily used), parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles), or other hazardous sport or hobby.
45. Non-physical, occupational, speech therapies (art, dance, etc.).
46. Modifications made to dwellings.
47. General fitness, exercise programs.

48. Acupuncture charges.
49. Chiropractic care of spinal manipulation charges.

## **BENEFIT SPECIFIC EXCLUSIONS**

In addition to any general exclusion, benefits will not be paid for any **covered injury, covered loss or covered expense** which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the certificate:

### **Heart and Circulatory Conditions**

**Exclusions:** The benefits will not be payable if, in the 12 months immediately preceding the **covered accident**, the **covered person** was medically diagnosed as having, or received treatment for:

1. a **heart or circulatory malfunction**; or
2. hypertension, angina or other heart or circulatory condition.

## **Important Notice . . . This is an Excess Plan**

### **Full Excess Medical Expense**

The Company will pay **covered expenses**, up to the Full Excess Medical Benefit shown in the *Schedule of Benefits* after the **covered person** satisfies any **deductible**, secondary to any **other health care plan** the **covered person** may have. Benefits payable will be limited to that part of the **covered expense**, if any, which is in excess of the total benefit payable for the same injury under any **other health care plan**:

1. After the **covered person** satisfies any applicable **deductible**; and
2. Without regard to any Coordination of Benefits provision in any **other health care plan**.

If the **other health care plan** also provides benefits on a full excess basis, benefits under the certificate will be matched with the **other health care plan** to allow 50% of any **covered expenses** up to the Full Excess Medical Benefit shown in the *schedule of benefits*. Benefits paid under the certificate will not exceed:

1. Any applicable maximum; and
2. 100% of the **covered expense** incurred when combined with benefits paid by any **other health care plan**.

A **covered person's** entitlement to any **other health care plan** will be determined as if the **certificate** did not exist and will not depend on whether timely application for benefits from any **other health care plan** is made by or on behalf of the **covered person**.

Benefits under the **certificate** will be reduced to the extent that benefits for **covered expenses** are covered by any **other health care plan** whether or not a claim is made for such benefits.

## **Claims Procedures**

Parents will be supplied with claim forms. When injuries are reported the claim form should be completed and sent within 30 days of loss, or as soon thereafter as reasonably possible to: Wellfleet Insurance Company, c/o Wellfleet Group, LLC, PO Box 15369, Springfield, MA 01115-5369.

### ***accident only insurance, does not cover sickness***

**If you have any questions call: Colonna Insurance Services, LLC ☎ (203) 288-5936**

***Important: This brochure is a summary of benefits. Complete provisions pertaining to this plan are contained in the master policy on file at the school.***

*This document is meant to highlight some, but not all the features Wellfleet Coverage provides. It is not an insurance contract.*

*Wellfleet Special Risk provides limited benefits and is not a substitute for mandated ACA healthcare coverage. Like most supplemental offerings these benefits may have state-specific variations, and some product offerings and details may not be available in all states. Rates are subject to change. Wellfleet reserves the right to raise premium rates with proper notice as noted in the policy and proposal. For complete details contact your Wellfleet Sales Representative.*

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**As Policy Form Series:**  
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