2020-2021
School Year

Student Accident & Sickness Insurance- Now More Important Than Ever!

Despite your best efforts to protect them, children get hurt and out-of-pocket expenses for medical care can be significant.

- *Is your child already covered?*
- *Does your plan have large deductibles and co-insurance?*
- *Do you want to be able to see the doctor that YOU choose?*

Our Plans Can Help!

Arranged and Administered by:

myers | stevens | toohey

Determine the Plan(s) you want to purchase

Student Accident & Sickness Plan

Our Best Coverage!

Any students attending a participating school or school district may enroll in this plan. Covers Accidents and Sickness anywhere in the world, 24 hours a day, while your student is insured under this School Year's plan (including interscholastic sports, **except high school tackle football**). Remains Repatriation and Emergency Medical Evacuation benefits are included. This plan does not cover routine or preventative care except as mandated by state law.

Benefits are payable according to the "Description of Benefits" up to $50,000 per Covered Sickness and $200,000 per Covered Accident.

There is a $50 deductible per Covered Accident or Covered Sickness.

Coverage begins at 11:59 p.m. on the latest of the following dates: the day Myers-Stevens & Toohey Co., Inc. (herein called *the Company*) receives the completed enrollment form, and the required premium is paid, or August 01, 2020, provided the company receives the completed enrollment form and the required premium is paid. Coverage ends at 11:59 p.m. on July 31, 2021 provided the required payments are made.

NOTE – Participation in commercial camps or clinics may be covered under this plan.

1st payment: $139.00

(Covers remainder of month in which you enroll and 1 additional month)
Subsequent Payments: $119.00 a month, billed every 2 months

Interscholastic Tackle Football Accident Plans

Students (grades 9-12) may enroll in these plans. Covers Injuries caused by covered accidents occurring

- While practicing or playing in interscholastic high school tackle football activities which are School-sponsored and directly supervised, including spring practice and summer conditioning, weight training and passing league
- While traveling for football in a School Vehicle or traveling directly and without interruption between School and off-campus site for such activities provided travel is arranged by and is at the direction of the School

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2020, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2021.

NOTE – Participation in commercial camps or clinics is not covered under these plans. See "Full-Time 24/7" plans. Practice or playing of football must be conducted under the regulations and jurisdiction of the applicable sports governing body.

Benefit Levels:	High	Mid	Low
Rates per School Year:	$280	$174	$134

Full-Time 24/7 Accident Plans

Students (grades P-12 and school employees) may enroll in these plans. Covers Injuries caused by covered Accidents occurring 24 hours a day, anywhere in the world and while participating in all interscholastic sports except **interscholastic high school tackle football**.

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2020, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2021.

NOTE – Participation in commercial camps or clinics may be covered under this plan.

Benefit Levels:	High	Mid	Low
Rates per School Year:	$273	$171	$117

School-Time Accident Plans

Students (grades P-12) may enroll in these plans. Covers Injuries caused by covered Accidents occurring

- On School premises during the hours and on days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while continuously on the School premises
- While participating in or attending School-sponsored and directly supervised activities including interscholastic athletic activities and non-contact spring football **(except interscholastic high school tackle football)**
- While traveling directly and without interruption to or from residence and School for regular attendance; or School and off-campus site to participate in School-sponsored and directly supervised activities, provided travel is arranged by and is at the direction of the School; and while traveling in School Vehicles at any time.

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2020, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2021.

NOTE – Participation in commercial camps or clinics is not covered under these plans. See "Full-Time 24/7" plans.

Benefit Levels:	High	Mid	Low
Rates per School Year:	$68	$50	$32

Dental Accident Plan *($150,000 Maximum)*

Students (grades P-12) may enroll in these plans. Covers Injuries to teeth caused by covered Accidents occurring 24 hours a day, anywhere in the world, including participation in all sports and all forms of transportation.

Benefits are payable at 100% of the Usual, Customary and Reasonable charges for Treatment of injured teeth, including repair or replacement of existing caps or crowns. We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.

The coverage provides a "Benefit Period" of Accident dental benefits for up to one year from the date of first Treatment. The benefit period for an Injury may be extended each year, provided that: coverage is secured prior to October 1, the student remains enrolled in grades P-12, and written notice is received by the Company at the time of Injury that further Treatment will be deferred to a later date.

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2020, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2021.

$21.00 purchased separately
$17.00 when added to any plan(s) purchased

Pharmacy SmartCard™

Available to students, their families and school staff through our partnership with CastiaRx, the SmartCard offers savings of up to **95%** of prescription drug costs and is accepted at over **63,000** pharmacies nationwide.

In addition, the program can provide "Instant Alerts" to potential medication interactions to better protect your family along with unique "Proof of Savings" reports mailed directly to you every six months.

After your payment has been processed, CastiaRx will send you your ID card. Present your card each time you or a family member needs a prescription filled to receive your savings. For more detailed information, go to **www.castiarx.com** or call **800-546-5677**.

The SmartCard is not an insurance product and is not insured by ACE American Insurance Company.

$36.00 for entire family, for one full year!

Determine the benefit level that best fits your needs

Description of Benefits *(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)*

We will pay benefits only for covered Injuries sustained (or covered Sickness if this coverage is purchased) while insured under this School Year's plan. Benefits payable will be based on the Usual, Customary and Reasonable Charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements and limitations. We do not pay for a service or supply unless it is Medically Necessary and listed in the Description of Benefits below. Applicable benefits mandated by Washington will be included in the covered expenses. The covered person may go to any licensed provider of their choice however, seeking Treatment through a *First Choice* contracted provider may reduce your out-of-pocket costs.

To find participating *First Choice* medical providers nearest you, call 800-231-6935 or log on to www.fchn.com.

Covered Benefit Levels	Low Option	Mid Option	High Option	Student Accident & Sickness Plan
Plan Name	**MAXIMUMS PER ACCIDENT**			**$50,000 Maximum per Sickness**
Tackle Football Accident Plan	$25,000	$50,000	$50,000	
Full-Time 24/7 Accident Plan	$50,000	$100,000	$150,000	**$200,000 Maximum per Accident**
School-Time Accident Plan	$25,000	$50,000	$50,000	
Deductible Per Covered Accident/Sickness	**$0**			**$50**
Covered Expenses	**BENEFIT MAXIMUMS**			**BENEFIT MAXIMUMS**
Hospital Room & Board (semi private room rate) Paid up to:	60%	80%	100%	80%
Inpatient Hospital Miscellaneous Charges All other miscellaneous charges - Paid up to	$600/Day	$900/Day	$1,600/Day	80% to $4,000/Day
Intensive Care Unit - Paid up to	$1,500/Day	$1,800/Day	$2,500/Day	80%
Hospital Emergency Room (room & supplies)	100%			80%
Outpatient Surgery, Misc. (room & supplies)	$600	$900	$1,500	80% to $4,000
Physician Non-Surgical Treatment & Exam (excluding Physical Therapy)				
First Visit	$40	$50	$70	80%
Each Follow Up	$25	$35	$45	80%
Consultation (when referred by attending Physician)	$150	$200	$250	80%
Surgery	50% to $12,000	70% to $12,000	90% to $12,000	80%
Assistant Surgeon Services	25% of Surgical Allowance			80%
Anesthesiologist Services	25% of Surgical Allowance			80%
Physiotherapy (includes related office visits) when prescribed by a Physician	$30/Visit to $500	$45/Visit to $600	$60/Visit to $700	80% to $2,000
Diagnostic X-Ray Examinations	60% to $500	70% to $500	90% to $500	80%
Diagnostic Imaging MRI, Cat Scan	80% to $500	80% to $700	80% to $1,000	80%
Ambulance (from site of covered loss directly to hospital)	100%			80%
Laboratory Procedures and Registered Nurse Services	60%	80%	100%	80%
Braces and Appliances	60% to $300	80% to $500	100% to $700	80% to $1,000
Prescription Drugs	60%	80%	100%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	60%	80%	90%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	$300	$300	$300	80%
Medical Evacuation & Repatriation	$0	$0	$0	100% to $10,000

Benefits for Accidental Death, Dismemberment, Loss of Sight, Paralysis and Psychiatric/Psychological Counseling

(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)

In addition to medical benefits, if, within 365 days from the date of Accident covered by the policy, bodily Injuries result in any of the following losses, we will pay the benefit set opposite such loss. Only one such benefit (the largest) will be paid for all such losses due to any one Accident.

- Accidental Death **$10,000**
- Single dismemberment or entire loss of sight in one eye **$20,000**
- Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia **$30,000**

Counseling - In addition to the AD&D benefits, we will pay 100% of the Usual, Customary and Reasonable costs of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to **$ 5,000**

Choose Your Own Doctor and Hospital

Instructions

2020 - 2021 Enrollment Form

Thank you for enrolling your child!
To avoid any delay in coverage, please follow these 3 easy steps below:

1. **Select** the plan(s) you wish to purchase below:
   - The Student Accident & Sickness Plan will provide our highest level of coverage.
   - Our Accident Plans may be purchased on an individual basis or combined with additional coverage (for example, Full-Time Accident + Dental).
2. **Complete** and detach the enrollment form on the right side or you may enroll online (see below). Please note, we are unable to accept enrollments over the phone.
3. **Purchase and Return**

CLICK HERE to enroll online for IMMEDIATE processing!
We accept VISA and MasterCard.

If online enrollment is not available, you may either:

Fax the completed Enrollment Form to (949) 348-2630. You must pay by credit or debit card by completing the payment area on this page. We cannot accept Checks or Money Orders by fax.

Mail both sides of the completed Enrollment Form in the enclosed envelope. You may pay by credit card by completing the payment area on the right side enclose a check or Money Order made payable to Myers-Stevens & Toohey & Co., Inc.

PLEASE DO NOT SEND CASH

Our BEST Plan

Student Accident & Sickness

1st Payment ☐ **$139.00**

You will be billed $238.00 every 2 months thereafter.

Our Accident Plans

(One-Time Payment For Entire School Year)

PLANS:	High Option	Mid Option	Low Option
Tackle Football Only	☐ $280.00	☐ $174.00	☐ $134.00
Full-Time (24/7)	☐ $273.00	☐ $171.00	☐ $117.00
School-Time	☐ $68.00	☐ $50.00	☐ $32.00
Dental Accident	☐ $21.00 Purchased Separately ☐ $17.00 When added to any plan(s) purchased		
Pharmacy Smart-Card	☐ $36.00		

Total Amount Due $

Print Parent or Guardian Name

I enroll for the coverage checked below. I understand premiums cannot be refunded or converted and the Student Accident & Sickness Plan contains a Pre-Existing Conditions limitation.

WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

X _____

Parent or Guardian Signature Date

ALL PREMIUMS ARE FULLY EARNED UPON RECEIPT AND CANNOT BE REFUNDED OR CONVERTED

AH-29546

Complete all information (please print)
and return to Myers-Stevens & Toohey Co., Inc.

Student Name First Middle Last

Student Birthdate - -

Mailing Address Apt.#

City State Zip Code

Parent Daytime Phone Number - -

Parent E-mail Address

District Name

School Name Grade

Method of Payment

Note: $25.00 service charge for Returned Checks and declined Credit Cards

☐ **Check/Money Order** (Make payable to: Myers-Stevens & Toohey Co., Inc.) **or**

☐ **Mastercard® or Visa®**

Important: If paying by credit card, complete below. Charge will appear as **"MYERS-STEVENS & TOOHEY 800-827-4695 CA"** on your statement.

Card Number - - -

$ _____ Amount

EXP. DATE MO. YR.

3 digit control #

Print Name of Cardholder Zip Code

I authorize Myers-Stevens & Toohey Co. Inc. to deduct the premium payment, plus a 3% processing fee, from my credit card. If enrolling in the *Student Accident & Sickness Plan,* I am authorizing the initial premium payment and understand that I will be invoiced every 2 months for the subsequent payments.

X _____

Signature of Cardholder

Auto-Charge Option

Available for your convenience is the option to have your bi-monthly payments automatically charged to your credit card.

By initialing here _____, I hereby authorize Myers-Stevens & Toohey to charge the above credit card $238, plus a 3% processing fee, on the 5th of the month that my payment is due. This authorization will remain in effect for the 2020/2021 school year until I notify Myers-Stevens & Toohey in writing prior to the next payment date.

570.WA

Easy Enrollment

Frequently Asked Questions...

If I have other insurance, why do I need this coverage?

Our plans can expand your choice of providers for your child and can help cover deductibles, co-pays and other out-of-pocket expenses.

I'm in a hurry! What is the quickest way to enroll?

Click **HERE** to enroll online and you will receive immediate proof of coverage as soon as your payment is processed.

If my child has no other insurance, what's my best buy?

Unless you need coverage for high school tackle football, the *Student Accident & Sickness Plan* is our broadest, best option. Next best is the *Full-Time 24/7 Accident Plan* with "High Option" benefits.

Can I take my child to any doctor or hospital?

YES! However, your out-of-pocket costs could be less by using a *First Choice* contracted provider. To find participating doctors/hospitals nearest you, call **800-231-6935** or log on to **www.fchn.com**

Are accident-only rates paid every month?

NO! Accident-only rates are one-time charges for the entire School Year.

Can interscholastic high school tackle football be covered?

YES! But only under the *Interscholastic Tackle Football Plan*. "High Option" benefits are recommended.

Do the *Interscholastic Tackle Football* or *School-Time* plans cover camps and clinics sponsored and organized by groups other than my child's school?

NO! However, such camps and clinics may be covered under our *Full-Time 24/7* or *Student Accident & Sickness* plans. Call us for guidance!

Still need help or have questions?

Go to www.myers-stevens.com or call us for prompt, personalized assistance at (800) 827-4695.

How To File A Claim

1. Report School-related Injuries within 72 hours to the School office. To find a *First Choice* provider nearest you, call 800-231-6935 or log on to www.fchn.com.
2. Obtain a claim form from the School or the Company. Claim forms must be filed with the Company within 90 days after the date of first Treatment.
3. At the same time, please file a claim with any other applicable insurance or Health Care Plan.
4. Follow ALL claim form instructions, attach all itemized bills and send to:

Myers-Stevens & Toohey Co., Inc.
26101 Marguerite Parkway
Mission Viejo, CA 92692-3203
949-348-0656 or 800-827-4695
Fax 949-348-2630
CA License #0425842

The Insurance Company

(Does not apply to the SmartCard)

CHUBB

ACE American Insurance Company
436 Walnut St., Philadelphia, PA 19106

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

Exclusions

We will not pay benefits for any loss or Injury that is caused by, or results from:

1. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
2. War or any act of war, declared or undeclared.
3. Commission of or active participation in a riot or insurrection; fighting or brawling, except in self-defense; commission of or attempt to commit a felony; or other illegal activity.
4. Suicide, attempted suicide or intentionally self-inflicted injury.
5. Treatment by persons employed or retained by a School, or by any Immediate Family or member of the Insured's household; or covered medical expenses for which the Insured would not be responsible for in the absence of the Policy.
6. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports.
7. Injury covered by Worker's Compensation, Employer's Liability Laws, or similar occupational benefits; expenses payable by any automobile insurance policy without regard to fault.
8. 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.
9. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled motor vehicle not designed primarily for use on public streets and highways.
10. Treatment of detached retina (unless directly caused by an Injury), osteomyelitis, or pathological fractures.
11. Treatment of hernia.

In addition to the General Exclusions listed in the Policy, the following exclusions may apply to the 24-Hour Sickness Benefit Rider:

1. The diagnosis and treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
2. Any expenses related to the treatment of tonsils, adenoids, or congenital weakness; or expenses for Treatment of congenital anomalies and conditions arising or resulting directly there from.
3. Benefits are not payable for a Sickness that is a "Pre-existing Condition" (a condition for which the Insured received medical treatment, care or advice within 3 months before being insured under the Policy). But, this exclusion does not apply after the Insured has been insured under the Policy for 3 straight months or was insured under prior creditable coverage.

In addition to the General Exclusions listed in the Policy, the following exclusions may also apply to the 24-Hour Dental Accident Benefit Rider:

1. Aggravation or reinjury of a condition existing prior to the Accident.
2. Infection, except a pyogenic infection through an open wound caused by a Covered Accident.
3. Orthodontic treatment for any purpose, unless necessitated by a covered Injury.

Student Accident & Sickness benefits are subject to a pre-existing condition limitation. Refer to Policy for definitions. This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including but not limited to, the payment of claims.

Requirements and Limitations

Aggravations of Injuries which did not occur while insured under this plan are paid up to $500 maximum benefit per policy term. Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a motor vehicle are limited to a $5,000 maximum benefit (up to $10,000 if vehicle is a School Vehicle). Some motor vehicle Injuries are not covered - see exclusions above for details. School-time and high school tackle football injuries must be reported to the School within 72 hours of the date of Injury. The first Physician's visit must be within 365 days after the Accident occurs or Sickness commences. A claim form must be filed with Myers-Stevens & Toohey Co., Inc. within 90 days after the date of loss or as soon as reasonably possible. The plan pays for covered expenses incurred within up to a year from the date of the first Treatment. However, should the Injury sustained require the removal of surgical pins, continued Treatment for serious burns, or Treatment of a non-union or mal-union fracture, the benefit period will be extended to 104 weeks. Each covered condition may be subject to a deductible - see plan details.

Definitions

Accident means a sudden, unexpected and unintended incident. "**Covered Accident**" means an Accident that results in Injury or loss covered by the Policy. **Injury** means accidental bodily harm sustained by the Insured that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. The Injury must be caused solely through accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **Medically Necessary** or **Medical Necessity** means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury and that, as determined by Us, are: (1) consistent with the symptom or diagnosis and Treatment of Injury; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured; and (4) the most appropriate supply or level of service that can be safely provided. When applied to the care of an Inpatient, it further means that the Insured's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **Sickness** means illness or disease contracted by and causing loss to the Insured Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Sickness. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Usual, Customary and Reasonable Charges – "**Usual**" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury. "**Customary**" means those charges made by the majority of providers in the area for the same or similar services or supplies. "**Reasonable**" means those charges that do not exceed the majority of the prevailing fees in the area for the same or similar services or supplies. "**Area**" means a county or larger geographically significant area as determined by Us. "**School Activities**" means an event or activity that is sponsored, authorized, and supervised by the School and is an official part of the School's curriculum or program.

Excess Provision

In order to keep premiums as affordable as possible, these plans pay benefits on a non-duplicating basis. This means, if a person sustains a loss covered under these plans that is covered under any other valid and collectable insurance, any amount payable or provided by the other coverage will be subtracted from the covered expenses, and we will pay benefits based on the remaining amount

IMPORTANT NOTICE: This Plan provides short-term limited duration sickness benefits. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov.

ALL PREMIUMS ARE FULLY EARNED UPON RECEIPT AND CANNOT BE REFUNDED OR CONVERTED

For a brochure in Spanish, or for assistance in Spanish, please call 800-827-4695
Para un folleto en Español, o para asistencia en Español, por favor llame a 800-827-4695

Call (800) 827-4695 With Questions