

Student Accident & Sickness Coverage

2016-2017
School Year



Despite best efforts to protect them, children get hurt...sometimes seriously. Obtaining the care they need can be expensive.

Your school has arranged for these valuable plans to assist you with the expense of unexpected emergencies.

Even if your child has other coverage, our plans can help cover the large deductibles, co-pays and other uncovered expenses so common to many other plans today.

With Our Plans

- Use the doctor or hospital you want...no restrictions
- Emergency Room (room & supplies) and Ambulance covered at 100% of UC* charges!
- Rates are affordable
- Enrollment is easy - mail, fax and online

PROTECT YOUR CHILD TODAY!

Arranged and Administered by:



myers | stevens | toohey

*Usual and customary

Determine the Plan(s) you want to purchase

You may go to the doctor or hospital of your choice!

Student Accident & Sickness Plan

Our Best Coverage!

Students (grades P-12) may enroll in this plan. Covers Injuries sustained and Sickness commencing 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**). Repatriation and Medical Evacuation benefits are included. This plan does not cover routine or preventative care.

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 day Myers-Stevens & Toohy & Co., Inc. (herein called "The Company") receives the completed coverage request form and the required premium. **Coverage ends at 11:59 p.m. on** the last day of the month for which payment has been made. Coverage may be continued for up to 12 calendar months, or through Sept. 30, 2017, whichever comes first, provided the required payments are made.

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

1st payment: 214.00

*(Covers remainder of month in which you enroll and 1 additional month)
Subsequent Payments: \$174.00 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 day the Company receives the completed coverage request form and the required premium. **Coverage ends at 11:59 p.m. on** the closing date of regular classes for the 2016-2017 School Year.

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:	\$409	\$307	\$230

Full-Time 24/7 Accident Plans

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

Coverage begins at 11:59 p.m. on the day the Company receives the completed coverage request form and the required premium. **Coverage ends at 12:01 a.m. on** the date School begins regularly scheduled classes for the 2017-2018 School Year.

NOTE – Participation in commercial camps or clinics may be covered under these plans.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$410	\$298	\$239

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 School 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 School 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 day the Company receives the completed coverage request form and the required premium. **Coverage ends at 11:59 p.m. on** the closing date of regular classes for the 2016-2017 School Year.

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:	\$104	\$87	\$67

Dental Accident Plan (\$75,000 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 and Customary Charge 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 renewed 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 day the Company receives the completed coverage request form and the required premium. **Coverage ends at 12:01 a.m. on** the date School begins regularly scheduled classes for the 2017-2018 School Year.

**\$16.00 purchased separately
\$12.00 when added to any plan(s) purchased**

Determine the benefit level that best fits your needs

We encourage you to consider the *Student Accident & Sickness* or the High Option plans.
Call us at 800-827-4695 for help.

Description of Benefits (Applies to all plans except the Dental Accident Plan)

We will pay benefits only for covered Injuries sustained or covered Sicknesses commencing while insured under this School Year's plan. Benefits payable will be based on the Usual and Customary Charge 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 Oregon are included in covered expenses. You may take your child to any provider you choose; however, seeking Treatment through a *First Health* contracted provider may reduce your out-of-pocket costs.

To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to www.myfirsthealth.com.

Covered Benefit Levels	Low Option	Mid Option	High Option	Student Accident & Sickness Plan
Plan Name	MAXIMUMS PER Accident			
Tackle Football Accident Plan	\$25,000	\$50,000	\$50,000	\$50,000 Maximum per Sickness \$200,000 Maximum per Accident
Full-Time 24/7 Accident Plan	\$50,000	\$100,000	\$150,000	
School-Time Accident Plan	\$25,000	\$50,000	\$50,000	
Deductible Per Covered Accident/Sickness	\$0	\$0	\$0	\$50
Covered Expenses	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board - Paid up to	60%	80%	100%	80%
Inpatient Hospital Miscellaneous Charges	\$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) incurred within 72 hours of an Injury	100%	100%	100%	100%
Outpatient Surgical (room & supplies)	\$600	\$900	\$1,500	80% to \$4,000
Doctor Non-Surgical Treatment & Exam (excluding Physical Therapy)				
First Visit	\$50	\$55	\$70	80%
Each Follow Up	\$30	\$40	\$50	80%
Consultation (when referred by attending doctor)	\$175	\$200	\$250	80%
Surgeon Services	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 doctor)	\$40/Visit to \$500	\$45/Visit to \$600	\$55/Visit to \$700	80% to \$2,000
X-Ray Examinations (including reading)	60% to \$500	70% to \$500	90% to \$500	80%
Diagnostic Imaging MRI, Cat Scan	80% to \$600	80% to \$700	80% to \$1,000	80%
Ambulance (from site of covered loss directly to hospital)	100%	100%	100%	100%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	60%	80%	100%	80%
Durable Medical Equipment	60% to \$400	80% to \$600	100% to \$800	80%
Out-Patient Prescription Drugs (for Injuries only)	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%
Emergency Medical Evacuation & Repatriation of Remains	\$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)

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 and Customary Charge of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to	\$ 5,000

Premiums Cannot Be Refunded Or Converted

2016 - 2017 Coverage Request Form

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

Student Name											
First	Middle	Last									
Student Birthdate											
Mailing Address											
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 this form. Your amount of charge will appear as **"M-S Student Insurance"** on your statement.

Card Number									
EXP. DATE		3 digit control #							
MO.	YR.								

\$ _____
Amount

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 \$348, plus a 3% processing fee, on the 5th of the month that my payment is due. This authorization will remain in effect for the 2016/2017 school year until I notify Myers-Stevens & Toohey in writing prior to the next payment date.

Instructions

Thank you for enrolling your child!

To avoid any delay in coverage, please follow these 3 easy steps below:

- 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).
- Complete** and detach the enrollment form on the reverse side or you may enroll online (see below). Please note, we are unable to accept enrollments over the phone.
- Purchase and Return**
Apply online at www.myers-stevens.com for IMMEDIATE processing!
We accept VISA and MasterCard online.
If online enrollment is not available, you may either:
 - Fax** both sides of the completed Enrollment Form to (949) 348-2630. You may pay by credit card by completing the payment area on reverse or fax a personal check made payable to Myers-Stevens & Toohey & Co., Inc. *Please do not mail original checks if faxing.* We cannot accept Money Orders by fax.
 - Email** a scanned image of the completed Enrollment Form to apply@myers-stevens.com. You may pay by credit card by completing the payment area on reverse or scan a personal check made payable to Myers-Stevens & Toohey & Co., Inc. *Please do not mail original checks if emailing.* We cannot accept Money Orders by email.
 - Mail** both sides of the completed Enrollment Form in the enclosed envelope. You may pay by credit card by completing the payment area on reverse or 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 \$214.00

You will be billed \$348.00 every 2 months thereafter.

Our Accident Plans

(One-Time Payment For Entire School Year)

PLANS:	High Option	Mid Option	Low Option
Tackle Football Only	<input type="checkbox"/> \$409.00	<input type="checkbox"/> \$307.00	<input type="checkbox"/> \$230.00
Full-Time (24/7)	<input type="checkbox"/> \$410.00	<input type="checkbox"/> \$298.00	<input type="checkbox"/> \$239.00
School-Time	<input type="checkbox"/> \$104.00	<input type="checkbox"/> \$87.00	<input type="checkbox"/> \$67.00
Dental Accident	<input type="checkbox"/> \$16.00 Purchased Separately <input type="checkbox"/> \$12.00 When added to any plan(s) purchased		

Total Amount Due

\$ _____

Print Parent or Guardian Name									
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I enroll for the coverage checked above. I understand premiums cannot be refunded or converted.

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

PREMIUMS CANNOT BE REFUNDED OR CONVERTED

How To File A Claim

1. Report School-related Injuries within 72 hours to the School office. To find a *First Health* provider nearest you, call 800-226-5116 or log on to www.myfirsthealth.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 your other family sickness and/or Accident carrier.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



Myers-Stevens & Toohy & 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)

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

*2015 Best Rated A++ (Superior)
(A.M. Best rating ranges from A++ to D)
This rating is an indication of the company's
financial strength and ability to meet
obligations to its insureds.*

This brochure is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in the states in which the policy is delivered under form numbers AH-11648a-OR and AH-29600-OR. Complete details may be found in the Policies on file at your School or district office. Certain provisions may be different if required by state law. Please keep this information as a reference.

Frequently Asked Questions...

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

We offer online enrollment at

www.myers-stevens.com.

Simply click the orange "Enroll Now" button on the home page, complete the enrollment process and your ID card will be emailed to you immediately!

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.

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.

Can I take my child to any doctor or hospital?

YES! However, your out-of-pocket costs could be less by using a *First Health* contracted provider. To find participating doctors/hospitals nearest you, call **800-226-5116** or log on to **www.myfirsthealth.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.

Exclusions

Benefits are not payable under the Policy for any of the following or loss that results there from:

1. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
2. War or any act of war, whether declared or not.
3. Participation in a riot or insurrection; fighting or brawling, except in self-defense; commission of or attempt to commit a felony; violating or attempting to violate any duly enacted law.
4. Suicide, attempted suicide or intentionally self-inflicted injury.
5. Injury caused by, attributed to or resulting from the Insured's being legally intoxicated as defined by the laws of the state in which the Accident occurs or use of illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the Insured's doctor.
6. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports. (Does not apply to the Dental Accident Plan.)
7. Injury covered by Worker's Compensation or Employer's Liability Laws, or similar occupational benefits.
8. Treatment, services or supplies provided by the School's infirmary or its employees, or doctors who work for the School, or by any member of the Covered Person's immediate family; Covered medical expenses for which the Insured would not be responsible for in the absence of this Policy. Any exclusion of benefits for expenses which the Insured is not legally required to pay does not apply to charges made by a Hospital owned or operated by the State of Oregon.
9. Mental or nervous disorders (unless provided in the policy)
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical 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. (Does not apply to the sickness only coverage under the Student Accident & Sickness Plan)
11. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
12. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled Motor Vehicle. (Does not apply to the Dental Accident Plan.)
13. Treatment of detached retina (unless directly caused by an Injury), osteomyelitis, or pathological fractures or hernia. (Does not apply to the sickness only coverage under the Student Accident & Sickness Plan)
14. Any expense related to the treatment of tonsils, adenoids, epilepsy, seizure disorder or congenital weakness.
15. Expenses payable by any automobile insurance policy without regard to Fault.

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 interscholastic High School Tackle Football Injuries must be reported to the School within 72 hours of the date of Injury. The first doctor's visit must be within 180 days after the Accident or Sickness. A claim form must be filed with Myers-Stevens & Toohy & 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 doctor's visit. 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.

Facility of Payment

Whenever payments that should have been made under the Policy are made by any other policy, the Company reserves the right to pay over to any plan making such other payments, any amounts the Company determines are warranted in order to satisfy the intent of this provision. The amounts paid are considered benefits paid under the Policy and, to the extent of such payments, the Company shall be fully discharged from liability under the Policy. In no event will the Company pay more than the benefits payable under the Policy for all policies providing the same or similar benefits issued to the Policyholder and underwritten by the Company.

Definitions

Covered Accident means an Accident that occurs while coverage is in force for an Insured and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable. **Injury** means accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **Medically Necessary** means a Treatment, service or supply that is: 1) required to treat an Injury; prescribed or ordered by a Doctor or furnished by a Hospital; 2) performed in the least costly setting required by the Insured's condition; and 3) consistent with the medical and surgical practices prevailing in the area for Treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or Treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense. **Sickness** means an illness, disease or condition that causes a loss for which an Insured incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **Usual and Customary Charge** means the average amount charged by most providers for Treatment, service or supplies in the geographic area where the Treatment, service or supply is provided. **School Activities** means any activity that is sponsored and under the direct, immediate supervision of the School that: (a) the School requires the Insured Person to attend; or (b) is under the sole control and supervision of School authorities. It does not include an activity related to athletics or cheerleading that is under joint sponsorship or supervision arrangement with any non-School group.

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 is covered by one or more of these plans and by any other valid insurance or health agreement, any amount payable or provided by the other coverages 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.

Premiums 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*