

Student Accident & Sickness Coverage

2016-2017
School Year



Your School does its best to protect your child from injuries. Even so, accidents happen. Should your child get hurt during School activities, your School provides insurance to help with the cost of medical Treatment not covered by other insurance you may have. This “School-Time Accident” insurance is designed to cover some, but not all, of the possible costs. Details regarding this insurance are in this brochure. PLEASE READ AND REVIEW IT CAREFULLY!

This brochure also describes a number of optional plans designed to protect your child 24 hours a day, year round. The Student Accident & Sickness Plan is particularly recommended for children with no other insurance because it covers Sicknesses as well as Injuries. Please note: coverage under the optional plans can reduce your out-of-pocket expenses due to accidental Injuries.

IMPORTANT: Except for the Dental Plan and SmartCard, the insurance plans described in the brochure include a Provider Network Discount arrangement (PND) with *First Health*. While these plans allow you to use any doctor or hospital, seeking care through a *First Health* provider may reduce your costs. To find a provider nearest you, call 800-226-5116, or log on to www.myfirsthealth.com.

The optional plans will become effective for your child as soon as the plan administrator, Myers-Stevens & Toohey & Co., Inc., receives your enrollment form and payment.

If you have any questions, please call Myers-Stevens & Toohey at 800-827-4695.

Please keep this brochure in a safe place for future reference.

Sincerely,
Myers-Stevens & Toohey

Arranged and Administered by:



Determine the Plan(s) you want to purchase

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

The School-Time Accident Plan is paid by your School:

(Maximum: \$25,000)*

Covers Injuries caused by 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.
- While traveling directly and without interruption to or from home 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.

* Also covers Emergency Sickness up to \$1,000 maximum. "Emergency Sickness" means a Sickness of such nature that failure to get immediate medical care could put the person's life in danger or cause serious harm to bodily functions.

Coverage term is as stated on the application/participation agreement signed by your School/District.

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

Optional Coverages

PARENTS, YOU MAY WANT TO PURCHASE THESE OPTIONAL PLANS TO ENSURE YOUR CHILD IS PROTECTED 24 HOURS A DAY!

Student Accident & Sickness Plan

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.

You may go to any doctor or hospital, but use of *First Health* contracted providers may decrease out-of-pocket costs. Call (800) 226-5116 or log on to www.myfirsthealth.com to locate your nearest provider.

Coverage begins at 11:59 p.m. on the day Myers-Stevens & Toohey & Co., Inc. (herein after called "*The Company*") receives the completed enrollment form and 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** – Commercial camps or clinics may be covered under this plan.

1st payment: \$208.00 (Covers remainder of month in which you enroll and 1 additional month)

Subsequent Payments: **\$169.00 per month**, billed every 2 months

Full-Time 24/7 Accident Plan

Rate for entire School Year: **\$265.00**

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 high school tackle football.

Coverage begins at 11:59 p.m. on the day the Company receives the completed enrollment form and 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 this plan.

Dental Accident Plan (\$75,000 Maximum)

Rate for entire School Year: **\$12.00**

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, Reasonable and Customary 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 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 enrollment form and premium. **Coverage ends at 12:01 a.m. on** the date School begins regularly scheduled classes for the 2017-2018 School Year.

Pharmacy SmartCard™

Yearly rate for the entire family: **\$36.00**

Available to students, their families and school staff through our partnership with National Pharmaceutical Services (NPS), 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, NPS 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.pti-nps.com or call **800-546-5677**. The SmartCard is not an insurance product and is not insured by BCS Insurance Company.

Determine the benefit level that best fits your needs

We will pay benefits only for Covered Injuries sustained or Covered Sickness commencing while insured under this School Year's plan. Benefits payable will be based on the Usual, Reasonable and Customary 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 the state of residence will be included in the 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.

	School-Time Accident Plan (provided by school)	Full-Time (24/7) Accident Plan (optional)	Student Accident & Sickness Plan (optional)
	MAXIMUMS PER ACCIDENT		\$50,000 Maximum per Sickness
	\$25,000	\$100,000	\$200,000 Maximum per Accident
Deductible Per Covered Accident/Sickness	*	\$0	\$50
Hospital Room & Board - Semi-Private Room Rate	*	100%	80%
Inpatient Hospital Miscellaneous Charges Services described below are paid as scheduled. All other miscellaneous charges - Paid up to	*	100%	80% to \$4,000/Day
Intensive Care Unit - Paid up to	*	100%	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	*	100%	100%
Outpatient Surgical (room & supplies)	*	100%	80% to \$4,000
Physician Non-Surgical Treatment & Exam (excluding Physical Therapy)			
First Visit	*	100%	80%
Each Follow Up Visit	*	100%	80%
Consultation (when referred by attending Physician)	*	100%	80%
Surgeon Services	*	100%	80%
Assistant Surgeon Services	*	100%	80%
Anesthesiologist Services	*	100%	80%
Physiotherapy (includes related office visits) when prescribed by a Physician	*	100%	80% to \$2,000
X-Ray Examinations (including reading)	*	100%	80%
Diagnostic Imaging MRI, Cat Scan	*	100%	80%
Ambulance (from site of an emergency directly to hospital)	*	100%	100%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	*	100%	80%
Durable Medical Equipment	*	100%	80%
Out-Patient Prescription Drugs (for Injuries only)	*	100%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	*	100%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical attention)	*	100%	80%
Medical Evacuation & Repatriation	\$0	\$0	100% to \$10,000

**Depending upon which option was chosen by your School, the plan pays either 80% or 100%, up to the maximum, and a deductible may apply.*

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

Premiums Cannot Be Refunded Or Converted

2016-2017 Enrollment Form

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 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

EXP. DATE		3 digit control #	
MO.	YR.		

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 \$338, 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

If you decide to enroll in any of our Optional Coverages, 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. Please note, we are unable to accept enrollments over the phone.
- Purchase and Return**
We accept VISA, MasterCard and personal checks. 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 \$208.00

You will be billed \$338.00 every 2 months thereafter.

Our Accident Plans

(One-Time Payment For Entire School Year)

PLANS:	PREMIUM:
Full-Time (24/7) Accident Plan	<input type="checkbox"/> \$265.00
Dental Accident Plan	<input type="checkbox"/> \$12.00
Pharmacy SmartCard	<input type="checkbox"/> \$36.00

Total Amount Due

\$ _____

Print Parent or Guardian Name									
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I have enrolled for the coverage checked above as provided by the Family Insurance Trust where applicable. I understand premiums cannot be refunded or converted.

X _____
Parent or Guardian Signature Date

PREMIUMS CANNOT BE REFUNDED OR CONVERTED

Frequently Asked Questions...

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

The *Student Accident & Sickness Plan*, which covers injuries and sicknesses 24 hours a day.

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

Our plans can help fill the gaps - deductibles, copays, etc. - in other insurance plans.

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 plan rates paid every month?

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

If my child has a covered injury or sickness, will benefits for that same injury or sickness be extended if he/she re-enrolls next year?

Once maximum benefits have been paid or the benefit period ends (generally, one year) no further benefits for that injury or sickness will be made. The *Dental Accident Plan* is the only exception. See this brochure for details.

Still need help or have questions?

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

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)



BCS Insurance Company
Oakbrook Terrace, Illinois

Rated A- (Excellent) by A. M. Best,
an independent insurance company rating agency
Master Policy form # 28.203

This brochure contains a brief description of the benefits available. 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.

Policyholder: Family Insurance Trust,
Situated in District of Columbia

Exclusions

Benefits are not payable 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, declared or undeclared.
3. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony or violating or attempting to violate any duly enacted law.
4. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
5. Injury or Sickness contributed to by the use of alcohol or drugs unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician.
6. Practice or play in interscholastic high school tackle football, intercollegiate sports, semi-professional sports, or professional sports. (Does not apply to the *Dental Accident Plan*.)
7. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law including, but not limited to group, group type, and individual automobile "No Fault" coverage (excluding School Vehicle coverage).
8. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School, or by any member of the Covered Person's immediate family; or for which no charge is normally made.
9. Mental or nervous disorders (except as specifically provided by the Policy).
10. Treatment of Sickness, ailment, or infections (except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances). (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 osteomyelitis, pathological fractures and hernia. (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
14. Detached retina (unless directly caused by an Injury). (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
15. Any expenses related to the Treatment of tonsils, adenoids, epilepsy, or congenital weakness; or expenses for Treatment of congenital anomalies and conditions arising or resulting directly there from.
16. Supplies, except as otherwise provided in the Policy.

REQUIREMENTS & 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 Physician's visit must be within 120 days after the Accident occurs. This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit us from providing insurance, including but not limited to, the payment of claims. A claim form must be filed with Myers-Stevens & Toohey & Co., Inc. within 90 days after the date of first Physician's visit. The plan pays for covered expenses incurred within up to a year from the date of the first Physician's visit (may be extended for certain Injuries and plans). Covered expenses for Emergency Sickness under the School-Time Coverage must be incurred within 24 hours after onset. Each covered condition may be subject to a deductible - see plan details.

DEFINITIONS

An **Accident** is defined as a sudden, unexpected and unintended incident. **Covered Accident** means an Accident that results in injury or loss covered by the Policy. An **Injury** is defined as accidental bodily harm sustained by the Covered Person that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. **Medically Necessary** is defined as the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness and which, as determined by the Company, are: (1) consistent with the symptom or diagnosis and Treatment of the Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an Inpatient, it further means that the Insured Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **Sickness** is defined as 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. **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.

Non-Duplication of Benefits (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. (In Arizona: Does not apply to Sickness.) **IMPORTANT: Applicable to School-Time Accident Coverage Only-** If the Insured Person is covered by an HMO plan, and seeks Treatment (other than emergency care) from providers not authorized by that plan, we will pay 50% of the amount for such charges that we would otherwise pay if the Insured did not have such HMO coverage.

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 assistance in Spanish, please call 800-827-4695
Para asistencia en Español, por favor llame a 800-827-4695