

# Student Accident Insurance is Now More Important Than Ever!



School Year  
2019-2020

Dear Parent:

Along with providing a quality Catholic education, 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 or health coverage your child may have. This **School-Time Accident** insurance is designed to cover many, but not all, of the possible costs. Details regarding this insurance are described within. PLEASE READ CAREFULLY!



This brochure also offers a number of optional plans designed to further reduce your out-of-pocket expenses due to school-related injuries. These plans protect your child 24/7, may be used on a stand-alone basis or as a low cost supplement to help cover the high deductible and co-pay features so common to many other plans today.

These optional plans include a **24/7 Full-Time Accident Plan**, the pay-as-you-go **Student Accident & Sickness Plan** (\$50 deductible and provides the broadest level of coverage), and a **Dental Accident Plan** (only \$12 for the entire school year).

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

Arranged and Administered by:



myers | stevens | toohey

# Plan Descriptions

Plans showing  include enhanced Concussion Benefit - See next page for details

## School-Time Accident Plan - paid for by you school (\$25,000 Maximum)

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; and
- 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); and
- 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.

Coverage also includes a

- \$2,500 Emergency Sickness Benefit
- \$1,500 Felonious Assault Benefit

Coverage begins at 12:01 a.m. on August 01, 2019 and ends at 11:59 p.m. on July 31, 2020.

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

## Important!

If your child has limited or no other insurance coverage we recommend that you supplement the School-Time Accident Plan with either the Full-Time (24/7) Accident Plan or Student Accident & Sickness Plan below.

## Student Accident & Sickness Plan

Students (age 4 through 22) 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, except as mandated by state laws.

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 & Toohey & Co., Inc. (hereinafter 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, 2020, whichever comes first, provided the required payments are made.

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

**1st Payment: \$239.00**

(Covers remainder of month in which you enroll and 1 additional month)  
Subsequent Payments: \$194 per month, billed every 2 months

## Full-Time 24/7 Accident Plan (\$100,000 Maximum)

Students (grades P-12 and School employees) may enroll in this plan. Covers injuries caused by Accidents occurring 24 hours a day, anywhere in the world and while participating in all interscholastic sports except High School tackle football. Benefits paid at 100% Usual and Customary amount with no deductibles or co-pay.

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 2020-2021 School Year.

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

**The entire School Year for \$289.00**

## Interscholastic Tackle Football Accident Plan

**Students (grades 9-12) may enroll in this 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 12:01 a.m. on the date School begins regularly scheduled classes for the 2020-2021 School Year.

**NOTE** – Participation in commercial camps or clinics is not covered under this plan. 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.

**The entire School Year for \$127.00**

## Dental Accident Plan (\$75,000 Maximum)

Students (grades P-12) may enroll in these plans. Covers Injuries to teeth caused by covered Accidents occurring 24/7, anywhere in the world, including participation in all sports and all forms of transportation.

Benefits are payable at 100% of the Usual 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 up to an additional 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 2020-2021 School Year.

**The entire School Year for \$12.00**

**Affordable Rates**

**Call (800) 827-4695 With Questions**

# Plan Benefits

(Applies to all plans except the Dental Accident Plan)

We will pay benefits only for covered Injuries sustained or Covered Sickness while insured under this School Year's plan. Benefits payable will be based on the Usual 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 in Oregon 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](http://www.myfirsthealth.com).



**ENHANCED CONCUSSION BENEFIT:** When a student is diagnosed with a concussion as a result of an injury received while participating in a Covered Activity, and as a result is prohibited from participation in interscholastic sports under the School's formal concussion protocol, benefits for the treatment of that injury will be paid at 100% of the Usual, Customary and Reasonable charges with no deductible, subject to all other terms and conditions of the plan.

Plan Names	School-Time Accident Plan	Tackle Football Accident Plan	Full-Time (24/7) Accident Plan	Student Accident & Sickness Plan
	<b>MAXIMUMS PER ACCIDENT</b>			<b>MAXIMUMS PER ACCIDENT/SICKNESS</b>
<b>Per Emergency Sickness</b>	\$2,500	n/a	n/a	<b>\$50,000 Maximum per Sickness \$200,000 Maximum per Accident</b>
<b>Per Accident</b>	\$25,000	\$25,000	\$100,000	
<b>Deductible - per condition</b>	\$0	\$0	\$0	<b>\$50</b>
<b>Covered Expenses</b>	<b>BENEFIT MAXIMUMS</b>			<b>BENEFIT MAXIMUMS</b>
<b>Hospital Room &amp; Board</b> - Semi-Private Room Rate	80%	80%	100%	80%
<b>Inpatient Hospital Miscellaneous Charges</b> Services described below are paid as scheduled. All other miscellaneous charges - Paid up to	80%	80%	100%	<b>80% to \$4,000/Day</b>
<b>Intensive Care Unit</b> - Paid up to	80%	80%	100%	80%
<b>Hospital Emergency Room</b> (room & supplies) incurred within 72 hours of an Injury				<b>100%</b>
<b>Emergency Room Physician Services</b>	80%	80%	100%	<b>100%</b>
<b>Outpatient Surgical</b> (room & supplies)	80%	80%	100%	<b>80% to \$4,000</b>
<b>Physician Non-Surgical Treatment &amp; Examination</b> (excluding Physical Therapy) First visit, each follow up visit, and consultation (when referred by attending Physician)	80%	80%	100%	<b>80%</b>
<b>Surgeon Services</b>	80%	80%	100%	<b>80%</b>
<b>Assistant Surgeon Services</b>	80%	80%	100%	<b>80%</b>
<b>Anesthesiologist Services</b>	80%	80%	100%	<b>80%</b>
<b>Physiotherapy</b> (includes related office visits) when prescribed by a doctor	80%	80%	100%	<b>80% to \$2,000</b>
<b>X-Ray Examinations</b> (including reading)	80%	80%	100%	<b>80%</b>
<b>Diagnostic Imaging</b> MRI, Cat Scan	80%	80%	100%	<b>80%</b>
<b>Ambulance</b> (from site of an emergency directly to hospital)				<b>100%</b>
<b>Laboratory Procedures, Registered Nurse Services, Rehabilitative Braces</b>	80%	80%	100%	<b>80%</b>
<b>Durable Medical Equipment</b>	80%	80%	100%	<b>80% to \$1,000</b>
<b>Out-Patient Prescription Drugs</b> (for Injuries only)	80%	80%	100%	<b>80%</b>
<b>Dental Services</b> (including dental x-rays) for Treatment due to a covered Accident	80%	80%	100%	<b>80%</b>
<b>Eyeglass Replacement</b> (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	80%	80%	\$300	<b>80%</b>
<b>Emergency Medical Evacuation &amp; Repatriation of Remains</b>	\$0	\$0	\$0	<b>100% to \$10,000</b>

## 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 accident & sickness 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	\$25,000
• Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia	\$50,000
Psychiatric/Psychological Counseling - In addition to the AD&D benefits, we will pay 100% of the Usual, Customary and Reasonable Charges of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to	\$ 5,000

## Choose Your Own Doctor and Hospital

# Instructions

# 2019 - 2020 Coverage Request 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 reverse side or you may enroll online (see below). Please note, we are unable to accept enrollments over the phone.
- 3 Purchase and Return**
  -  **Fax** both sides of the completed Enrollment Form to (949) 348-2630. You may pay by credit card by completing the payment area on this page. We cannot accept Money Orders by fax.
  -  **Email** a scanned image of the completed Enrollment Form to [apply@myers-stevens.com](mailto:apply@myers-stevens.com). You may pay by credit card by completing the payment area on this page. 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**

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

**Our BEST Plan**

**Student Accident & Sickness**

1st Payment  \$239.00

You will be billed \$388.00 every 2 months thereafter.  
Coverage cannot exceed 12 calendar months or run past September 30, 2020.

**Our Accident Plans**

(One-Time Payment For Entire School Year)

PLANS:	PREMIUM:
Full-Time (24/7) Accident Plan	<input type="checkbox"/> \$289.00
Tackle Football Accident Plan	<input type="checkbox"/> \$127.00
Dental Accident Plan	<input type="checkbox"/> \$12.00

**Total Amount Due** \$ \_\_\_\_\_

\_\_\_\_\_

Print Parent or Guardian Name

I enroll for the coverage checked above.

**Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

**X** \_\_\_\_\_

Parent or Guardian Signature Date

**PREMIUMS CANNOT BE REFUNDED OR CONVERTED**

**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 #

\_\_\_\_\_

\_\_\_\_\_ 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 \$388, plus a 3% processing fee, on the 5th of the month that my payment is due. This authorization will remain in effect for the 2019/2020 school year until I notify Myers-Stevens & Toohey in writing prior to the next payment date.

Form #AH-29600-OR

*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.

## 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*.

## 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*.

## 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](http://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 Health* provider nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://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  
800-827-4695 • Fax 949-348-2630  
[claims@myers-stevens.com](mailto:claims@myers-stevens.com)  
CA License #0425842

## The Insurance Company

# CHUBB®

### ACE American Insurance Company

436 Walnut St., Philadelphia, PA 19106

2018 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 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

Benefits are not payable under the Policy for any of the following or losses 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. 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 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 or Sickness covered by Worker's Compensation Employer's Liability Laws, or similar occupational benefits.
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. (Does not apply to the sickness only coverage under the Student Accident & Sickness Plan)
10. 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. (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, hernia or pathological fractures. (Does not apply to the sickness only coverage under the Student Accident & Sickness Plan)
14. Any expenses related to epilepsy, seizure disorder and 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 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 \$25,000 maximum benefit. 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 occurs or Sickness commences. A claim form must be filed with Myers-Stevens & Toohy & Co., Inc. within 90 days after the date of first doctor's visit or as soon as reasonably possible. The plan pays for covered expenses incurred within up to 104 weeks from the date of the first doctor's visit (may be extended for certain Injuries and plans). 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. An **"Injury"** is defined as 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; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Insured's condition; and 4) consistent with the medical and surgical practices prevailing in the area for the 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) eyeglass 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 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 on 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](http://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*

**Call (800) 827-4695 With Questions**