

# 2009-2010 Accident & Health Insurance Program - Student Coverage

**Are you feeling the effects of the economy?**

**Here's your opportunity for AFFORDABLE cost coverage to protect your most valuable asset, your CHILD!**

Children have Accidents. Treatment can be expensive...sometimes, very expensive. That's why your School, and 1000's of others, are making affordable insurance coverage available for you and your child. These plans can help you be prepared for unexpected emergencies.

You have a variety of choices. Coverage can be for "School-related" Injuries only or you can protect your child 24/7. Our optimum **Student Health Care Plan** covers Accidents *and* Sickness. There's a **Dental Accident Plan** and even an option for your entire family's **Prescription Drug** needs. Even if you have other coverage, our plans can help "fill the gaps". Enroll today!

It's never too late to protect your most valuable asset, your CHILD!

**Are your kids protected?**

**Enrollment is Easy!**

Checks, Money Orders and Credit Cards accepted



**Myers-Stevens & Toohy & Co., Inc.**  
26101 Marguerite Parkway  
Mission Viejo, CA 92692-3203  
**949-348-0656 | 800-827-4695**  
fax 949-348-2630 | CA License #0425842

## Determine the Plan(s) you want to purchase

**Example:** If you decide that your student is in need of Sickness and Accident insurance, then the Student Health Care Plan may better fit your insurance needs. Whatever plan(s) you decide to purchase, **you may go to the doctor or hospital of your choice.**

### Premium Student Health Care Plan

#### Our Best Coverage

#### Includes Injuries and Sickness

Students (age 4-22) may enroll in this plan. Covers Injuries sustained 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). 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 if enrolling prior to December 1, 2009. If enrolling on or after December 1, the deductible per Sickness is increased to \$500 unless enrollment occurs within: 1) 30 days of student's transfer into a participating School; or 2) 30 days of loss of prior health coverage; or 3) 5 days of participation in the first official day of practice for any interscholastic sport. **Enroll Early!**

Coverage begins at 11:59 p.m. on the day Myers-Stevens & Toohy & Co., Inc. (here in 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, 2010, whichever comes first, provided the required payments are made.

**1st payment: \$120.00**

*(Covers remainder of month in which you enroll and 1 additional month)  
Subsequent Payments: \$119.00 per 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 enrollment form and premium. Coverage ends at 11:59 p.m. on the closing date of regular classes for the 2009-2010 School Year.

<b>Benefit Levels:</b>	<b>High</b>	<b>Mid</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$266</b>	<b>\$165</b>	<b>\$127</b>

### 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 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 2010-2011 School Year.

<b>Benefit Levels:</b>	<b>High</b>	<b>Mid</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$260</b>	<b>\$162</b>	<b>\$111</b>

### 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 day the Company receives the completed enrollment form and premium. Coverage ends at 11:59 p.m. on the closing date of regular classes for the 2009-2010 School Year.

<b>Benefit Levels:</b>	<b>High</b>	<b>Mid</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$64</b>	<b>\$47</b>	<b>\$30</b>

### 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 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 2010-2011 School Year.

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

### Pharmacy SmartCard

Enroll today and receive savings of 10% - 70% on prescription drugs available at local pharmacies! Anyone, at any age, may enroll! SmartCard services are provided through NPS.

The SmartCard is not an insurance product and is not insured by ACE American Insurance Company. For more information on NPS, log on to [www.pti-nps.com](http://www.pti-nps.com) or call **800-546-5677**.

An ID card will be sent separately by NPS after your payment has been processed.

In order to receive discounts, you must present your ID card to the pharmacy each time you need a prescription for you or your family.

**\$36.00 for entire family, for one full year!**

# Determine the benefit level that best fits your needs

We encourage you to consider the Student Health Care or the High Option plans, especially if your child has no other insurance. Call us at 800-827-4695 for help.

## 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 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 by Washington will be included in the covered expenses. The covered person may go to any provider of their choice.

Covered Benefit Levels	Low Option	Mid Option	High Option	Premium Student Health Care Plan
<b>Plan Name</b>	<b>MAXIMUMS PER ACCIDENT</b>			
<b>Tackle Football Accident Plan</b>	\$25,000	\$50,000	\$50,000	\$50,000 Maximum per Sickness
<b>Full-Time 24/7 Accident Plan</b>	\$50,000	\$100,000	\$150,000	\$200,000 Maximum per Accident
<b>School-Time Accident Plan</b>	\$25,000	\$50,000	\$50,000	
<b>Deductible Per Covered Accident/Sickness</b>	\$0	\$0	\$0	\$50/\$500*
<b>Covered Expenses</b>	<b>BENEFIT MAXIMUMS</b>			<b>BENEFIT MAXIMUMS</b>
<b>Hospital Room &amp; Board</b> - Paid up to	60%	80%	100%	80%
<b>Inpatient Hospital Miscellaneous Charges</b> Services described below are paid as scheduled. All other miscellaneous charges - Paid up to	\$600/Day	\$900/Day	\$1,600/Day	80% to \$4,000/Day
<b>Intensive Care Unit</b> - Paid up to	\$1,500/Day	\$1,800/Day	\$2,500/Day	80%
<b>Hospital Emergency Room</b> (room & supplies) incurred within 72 hours of an Injury	60%	80%	100%	80%
<b>Outpatient Surgical</b> (room & supplies)	\$600	\$900	\$1,500	80% to \$4,000
<b>Physician Non-Surgical Treatment &amp; Exam</b> (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%
<b>Surgeon Services</b>	50% to \$12,000	70% to \$12,000	90% to \$12,000	80%
<b>Assistant Surgeon Services</b>	25% of Surgical Allowance			80%
<b>Anesthesiologist Services</b>	25% of Surgical Allowance			80%
<b>Physiotherapy</b> (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
<b>X-Ray Examinations</b> (including reading)	60% to \$500	70% to \$500	90% to \$500	80%
<b>Diagnostic Imaging</b> MRI, Cat Scan	80% to \$500	80% to \$700	80% to \$1,000	80%
<b>Ambulance</b> (from site of covered loss directly to hospital)	60%	80%	100%	80%
<b>Laboratory Procedures, Registered Nurse Services, Rehabilitative Braces</b>	60%	80%	100%	80%
<b>Durable Medical Equipment</b>	60% to \$300	80% to \$500	100% to \$700	80% to \$1,000
<b>Out-Patient Prescription Drugs</b> (for Injuries only)	60%	80%	100%	80%
<b>Dental Services</b> (including dental x-rays) for Treatment due to a covered Accident	60%	80%	90%	80%
<b>Eyeglass Replacement</b> (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	\$300	\$300	\$300	80%
<b>Medical Evacuation &amp; Repatriation</b>	\$0	\$0	\$0	100% to \$10,000

\*If enrolling on or after Dec. 1, deductible per Sickness is increased to \$500. See Student Health Care description at left for exceptions.

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

Premiums Cannot Be Refunded Or Converted

WA MB 570 05/09

# 2009-2010 Enrollment Form

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

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Student Name - First

Last

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Student Birthdate

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Student Social Security Number

--

Mailing Address

Apt.#

--	--

City

**WA**  
State

--

Zip Code

--

Parent Daytime Phone Number

--

Parent E-mail Address

--

District Name

--	--

School Name

Grade

--

Print Parent or Guardian Name

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

**X**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Underwritten by: ACE American Insurance Company, Philadelphia, PA 19106

## OUR BEST PLAN

### Premium Student Health Care Plan (Covers Injuries & Sickness)

**1st Payment**     \$120.00

You will be billed \$238.00 every 2 months thereafter.  
Coverage cannot exceed 12 calendar months or run past Sept. 30, 2010.

### Accident Plans

(One-Time Payment For Entire School Year)

PLANS:	High Option	Mid Option	Low Option
Tackle Football Only	<input type="checkbox"/> \$266.00	<input type="checkbox"/> \$165.00	<input type="checkbox"/> \$127.00
Full-Time	<input type="checkbox"/> \$260.00	<input type="checkbox"/> \$162.00	<input type="checkbox"/> \$111.00
School-Time	<input type="checkbox"/> \$64.00	<input type="checkbox"/> \$47.00	<input type="checkbox"/> \$30.00
Dental	<input type="checkbox"/> \$21.00 Purchased Separately		
	<input type="checkbox"/> \$17.00 When added to any plan(s) purchased		
Pharmacy SmartCard	<input type="checkbox"/> \$36.00		

**Total Amount Due**    **\$**

**DO NOT SEND CASH**

#### Method of Payment *(check one)*

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

- Mastercard® or Visa®** (Payment form on back)
- Check/Money Order** (Make payable to: Myers-Stevens & Toohy & Co., Inc.)

Check No. #	Name on Check (Print)	Amount Enclosed \$
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## In Case of Accident or Sickness

1. Report School-related Injuries within 72 hours to the School office. You may go to the provider or the facility of your choice. The first Physician's visit must be within 120 days after the Accident or Sickness.
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 health 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

*2009 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. 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.

FROM	
SCHOOL DISTRICT NAME	
W/AMB 570	



First-Class Postage Required  
Post Office will not deliver without proper postage.

**PRIORITY HANDLING**  
Enrollment Form Enclosed

**MYERS • STEVENS & TOOHEY & CO., INC.**  
26101 MARGUERITE PARKWAY  
MISSION VIEJO, CALIFORNIA 92692-3203



## 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, declared or undeclared.
3. Commission of, or active participation in a riot or insurrection; commission of or attempt to commit a felony or other illegal activity.
4. Suicide, attempted suicide or intentionally self-inflicted Injury.
5. The Insured being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
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, Employer's Liability Laws, or similar occupational benefits; Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited.) (Does not apply to the Dental Accident Plan or Student Health Care Plan.)
8. Treatment by persons employed or retained by a school, or by any Immediate Family or member of the Covered Person's household; or covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
9. Mental or nervous disorders, except as 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 Student Health Care Plan.)
11. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing. (This is an exclusion under the Student Health Care Plan.)
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. (Applies to Accident-Only Plan.)
14. Any expenses related to the Treatment of tonsils, adenoids, or congenital weakness; or congenital anomalies and conditions arising or resulting directly there from. (This is an exclusion under the Student Health Care Plan.)
15. Treatment of hernia.
16. Benefits are not payable under the Student Health Care Plan for a Sickness that is a "Pre-existing Condition" (a condition for which the Covered Person received medical Treatment, care or advice within 3 consecutive months before being insured under the Policy). But, this exclusion does not apply after the Covered Person has been insured under the Policy for 3 consecutive months or was insured under prior creditable coverage. This limitation does not apply if the Covered Person had prior creditable coverage within 63 days of the Insured Person's effective date of coverage under the Policy.

Student Health Care benefits may be 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 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 120 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 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 Physician'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, at their sole discretion, 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.

## 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.

**IMPORTANT NOTICE:** If your child qualifies for Medicare, you must obtain a Medicare disclosure notice prior to applying for this insurance. Please contact our office for a copy of this notice.

### 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*

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