

2020-2021
School Year

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



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 coverages designed to further reduce your out-of-pocket expenses due to school-related injuries. These coverages 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 coverages include **24/7 Full-Time Accident**, the pay-as-you-go **Student Accident & Sickness** (\$50 deductible and provides the broadest level of coverage), and **Dental Accident** (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

Coverage Descriptions

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

School-Time Accident - 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, 2020 and ends at 11:59 p.m. on July 31, 2021.

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

Important!

PARENTS, if you'd like to cover your child beyond the school day, you can supplement the School-Time Accident Coverage above with either Full-Time (24/7) Accident or Student Accident & Sickness below.

Student Accident & Sickness

Students (age 4 through 22) may enroll in this. Covers Injuries sustained and Sickness commencing anywhere in the world, 24 hours a day, while your student is insured under this School Year's coverage (including interscholastic sports, except High School tackle football). Repatriation and Medical Evacuation benefits are included.

This coverage 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, 2021, whichever comes first, provided the required payments are made.

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

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 (\$100,000 Maximum)

Students (grades P-12 and School employees) may enroll in this coverage. 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 2021-2022 School Year.

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

The entire School Year for \$301.00

Interscholastic Tackle Football Accident

Students (grades 9-12) may enroll in this coverage. 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 2021-2022 School Year.

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

The entire School Year for \$132.00

Dental Accident (\$75,000 Maximum)

Students (grades P-12) may enroll in this coverage. 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 2021-2022 School Year.

The entire School Year for \$12.00

Affordable Rates

Call (800) 827-4695 With Questions

Coverage Benefits

(Applies to all coverages except Dental Accident)

We will pay benefits only for covered Injuries sustained or Covered Sickness while insured under this School Year's coverage. 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.



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 concussion 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.

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

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

Frequently Asked Questions...

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

Our coverages can expand your choice of providers for your child and can help cover high deductibles, high co-insurance and other cost-sharing obligations common to many of today's health coverages.

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

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

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 *Interscholastic Tackle Football* coverage.

Do the *Interscholastic Tackle Football* or *School-Time* coverages 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* coverages. Call us for guidance!

Still need help or have questions?

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



How To File A Claim

1. Report School-related Injuries within 72 hours to the School office. To find a *First 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 any other applicable insurance or Health Care Coverage.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



Myers-Stevens & Toohey Co., Inc.

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Mission Viejo, CA 92692-3203
800-827-4695 • Fax 949-348-2630
claims@myers-stevens.com
CA License #0425842

The Insurance Company

CHUBB®

ACE American Insurance Company

436 Walnut St., Philadelphia, PA 19106

This information is a brief description of the important features of this insurance coverage. 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 Dental Accident.)
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 Student Accident & Sickness)
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 coverage)
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 Dental Accident.)
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 coverage)
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 coverage 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. For School-Time and interscholastic high school tackle football injuries: The coverage pays for covered expenses incurred within up to 104 weeks from the date of injury. For Student Accident & Sickness, Full-Time (24/7) and Dental Accident injuries: The coverage pays for covered expenses incurred within up to 52 weeks from the date of first treatment (may be extended for certain Injuries). Each covered condition may be subject to a deductible - see coverage 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 coverage 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 coverages pay benefits on a non-duplicating basis. This means, if a person is covered by one or more of these coverages 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 Coverage provides short-term limited duration sickness benefits. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov.

All Premiums Are Fully Earned Upon Receipt and Cannot be Refunded or Converted

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