

**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 necessarily all, of the possible costs.

Because your school pays for this insurance, you are also eligible to enroll in our BEST coverages designed to further reduce your out-of-pocket expenses. These optional plans protect your child 24/7 and can even extend to sickness coverage.

Details regarding all of these plans are described in this brochure. PLEASE READ CAREFULLY!

*Arranged and Administered by:*



myers | stevens | toohey

711.DIO80





## WHY STUDENT INSURANCE IS MORE IMPORTANT THAN EVER

Many families have little or no financial resources to fall back on during an unexpected emergency. Uncovered costs of medical care following an injury or illness can be a serious problem for families!

### MYERS-STEVENS & TOOHEY CAN HELP!

This is why your school provides basic coverage for all of its students and, because that plan is in place, parents are eligible to take advantage of our low-cost optional coverages that provide further protection for children 24/7. These additional plans can even be used as “gap coverage” to assist with high deductibles, high co-insurance and other cost-sharing obligations common to many of today’s health plans.

### WITH OUR OPTIONAL FULL-TIME PLANS:

- Use the doctor or hospital you want...no restrictions!
- Enhanced concussion benefits are included
- Sickness benefits up to \$50,000 are available
- Rates are affordable
- Enrollment is easy - online, mail and fax
- Every enrollee receives personalized ID cards as proof of coverage



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# THIS PLAN IS PAID FOR BY YOUR SCHOOL

## School-Time Accident Plan

This will cover 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 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.
- ✓ While participating in or attending School-sponsored and directly supervised activities including interscholastic athletic activities.

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

**Coverage begins** at 12:01 a.m. on August 01, 2020.

**Coverage ends** at 11:59 pm on July 31, 2021

## Plan Benefits

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, Customary and Reasonable 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- see page 10 for details. To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com).

**\$25,000 Maximum per Accident | \$5,000 Maximum per Felonious Assault | \$2,500 Maximum per Emergency Sickness  
\$0 Deductible Per Covered Accident**

COVERED EXPENSES	BENEFIT MAXIMUMS
<b>Hospital Room &amp; Board</b> - Semi Private Room Rate	<b>80%</b>
<b>Inpatient Hospital Miscellaneous Charges</b>	<b>80%</b>
<b>Intensive Care Unit</b>	<b>80%</b>
<b>Hospital Emergency Room</b> (room & supplies) incurred within 72 hours of an Injury	<b>100%</b>
<b>Emergency Room Physician Charges</b>	<b>100%</b>
<b>Outpatient Surgical</b> (room & supplies)	<b>80%</b>
<b>Physician Non-Surgical Treatment &amp; Exam</b> (excluding Physical Therapy) Including consultation (when referred by attending Physician)	<b>80%</b>
<b>Surgeon Services</b>	<b>80%</b>
<b>Assistant Surgeon Services</b>	<b>80%</b>
<b>Anesthesiologist Services</b>	<b>80%</b>

COVERED EXPENSES	BENEFIT MAXIMUMS
<b>Physiotherapy</b> (includes related office visits) when prescribed by a Physician	<b>80% to \$2,000</b>
<b>X-Ray Examinations</b> (including reading)	<b>80%</b>
<b>Diagnostic Imaging</b> MRI, Cat Scan	<b>80%</b>
<b>Ambulance</b> (from site of an emergency directly to hospital)	<b>100%</b>
<b>Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces</b>	<b>80%</b>
<b>Durable Medical Equipment</b>	<b>80%</b>
<b>Out-Patient Prescription Drugs</b> (for Injuries only)	<b>80%</b>
<b>Dental Services</b> (including dental x-rays) for Treatment due to a covered Accident	<b>80%</b>
<b>Eyeglass Replacement</b> (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	<b>80%</b>
<b>Medical Evacuation &amp; Repatriation</b>	<b>\$0</b>

**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.

**Felonious Assault** for psychiatric or psychological counseling. “Felonious Assault” is an act of violence directed against a student, which results in a bodily Injury for which a student requires and seeks medical Treatment, and the School files a written report with the police within 24 hours of the assault.

**Additional benefits to this plan may be found on Page 7!**

## OPTIONAL PLANS FOR OUR BEST COVERAGE

**IMPORTANT:** If you'd like to cover your child beyond the school day, you can supplement the School-Time Accident Plan in the previous page with either the Student Accident & Sickness Plan below or the Full-Time (24/7) Accident Plan on page 6.

### Student Accident & Sickness Plan

In these challenging times, we are pleased to offer your students 24-hour coverage anywhere in the world for both injuries **AND sickness**.



#### 1st payment: \$208.00

(Covers remainder of month in which you enroll and 1 additional month)

Subsequent Payments: \$169.00 a month, billed every 2 months.

**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**). This plan does not cover routine or preventative care.

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

**Coverage begins** at 11:59 pm on the day that the Company receives a completed enrollment form and payment of premium.  
**Coverage ends** at 11:59 pm 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 September 30, 2021, whichever comes first, provided the required payments are made.

### Plan Benefits

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, Customary and Reasonable 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- see page 10 for details. To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com).

**\$50,000 Maximum per Sickness**

**\$200,000 Maximum per Accident**

**\$50 Deductible Per Covered Accident or Sickness**

COVERED EXPENSES	BENEFIT MAXIMUMS
Hospital Room & Board - Semi Private Room Rate	80%
Inpatient Hospital Miscellaneous Charges	80% to \$4,000/Day
Intensive Care Unit	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	100%
Emergency Room Physician Charges	100%
Outpatient Surgical (room & supplies)	80% to \$4,000
Physician Non-Surgical Treatment & Exam (excluding Physical Therapy) Including consultation (when referred by attending Physician)	80%
Surgeon Services	80%
Assistant Surgeon Services	80%
Anesthesiologist Services	80%

COVERED EXPENSES	BENEFIT MAXIMUMS
Physiotherapy (includes related office visits) when prescribed by a Physician	80% to \$2,000
X-Ray Examinations (including reading)	80%
Diagnostic Imaging MRI, Cat Scan	80%
Ambulance (from site of an emergency directly to hospital)	100%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	80%
Durable Medical Equipment	80%
Out-Patient Prescription Drugs (for Injuries only)	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	80%
Medical Evacuation & Repatriation	100% to \$10,000

Additional benefits to this plan may be found on Page 7!

## OPTIONAL PLANS (CONT.)

### Full-Time (24/7) Accident Plan

This plan will offer your students coverage for **accidental injuries**:

- ✓ Both in and out of school
- ✓ 24 hours a day, 7 days a week
- ✓ Anywhere in the world
- ✓ While participating in all interscholastic sports (**except high school tackle football**)

**Rate for the Entire School Year: \$265.00**

**NOTE** – Students (grades P-12) and school employees may enroll in this plan. Participation in commercial camps or clinics may be covered under this plan.

**Coverage begins** at 11:59 pm on the day that the Company receives a completed enrollment form and payment of premium.  
**Coverage ends** at 12:01 am on the date School begins regularly scheduled classes for the 2021-2022 School Year.

### Plan Benefits

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, Customary and Reasonable 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- see page 10 for details. To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com).

#### \$100,000 Maximum per Accident

#### \$0 Deductible Per Covered Accident

COVERED EXPENSES	BENEFIT MAXIMUMS
Hospital Room & Board - Semi Private Room Rate	100%
Inpatient Hospital Miscellaneous Charges	100%
Intensive Care Unit	100%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	100%
Emergency Room Physician Charges	100%
Outpatient Surgical (room & supplies)	100%
Physician Non-Surgical Treatment & Exam (excluding Physical Therapy) Including consultation (when referred by attending Physician)	100%
Surgeon Services	100%
Assistant Surgeon Services	100%
Anesthesiologist Services	100%

COVERED EXPENSES	BENEFIT MAXIMUMS
Physiotherapy (includes related office visits) when prescribed by a Physician	100%
X-Ray Examinations (including reading)	100%
Diagnostic Imaging MRI, Cat Scan	100%
Ambulance (from site of an emergency directly to hospital)	100%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	100%
Durable Medical Equipment	100%
Out-Patient Prescription Drugs (for Injuries only)	100%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	100%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	\$500
Medical Evacuation & Repatriation	\$0

Additional benefits to this plan may be found on Page 7!

## OPTIONAL PLANS (CONT.)



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

- 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, Customary and Reasonable 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.

**Rate for the Entire School Year: \$12.00**



### Pharmacy SmartCard™

- Available to students, their families and school staff through our partnership with CastiaRx, 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, CastiaRx 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.castiarx.com.com](http://www.castiarx.com.com) or call 800-546-5677. The SmartCard is not an insurance product and is not insured by ACE American Insurance Company.

**\$36.00 for the entire family!**

**Coverage Begins** at 11:59 pm on the day that the Company receives a completed enrollment form and payment of premium.

- Coverage Ends**
- **Dental** at 12:01 am on the date School begins regularly scheduled classes for the 2021-2022 School Year.
  - **SmartCard** one full year from the date of purchase.

## ADDITIONAL BENEFITS

*(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)*



### CONCUSSION:

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.



### ACCIDENTAL DEATH, DISMEMBERMENT, LOSS OF SIGHT, PARALYSIS AND COUNSELING:

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	\$25,000
Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia	\$50,000
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

# HOW TO ENROLL IN OUR OPTIONAL PLANS



For IMMEDIATE confirmation of enrollment, skip the steps below and [click here](#) to apply online

Thank you for enrolling your child! To avoid any delay in coverage, please follow these 3 easy steps below:

**Select** the plan(s) you wish to purchase below:

- The Student Accident & Sickness Plan will provide our highest level of coverage.
- Our Accident Plans may be purchased on an individual basis or combined with additional coverage (for example, Full-Time Accident + Dental).

**Complete** the enrollment form below. Please note, we are unable to accept enrollments over the phone.

**Purchase and Return** You may either:

-  • Fax both sides of the completed Enrollment Form to **(949) 348-2630**. You must pay by credit card by completing the payment area below. **Sorry, we cannot accept personal checks or Money Orders by fax.**
-  • Mail both sides of the completed Enrollment Form to Myers-Stevens & Toohey, 26101 Marguerite Pkwy, Mission Viejo, CA 92692. You may pay by credit card by completing the payment area below or enclose a check or Money Order made payable to Myers-Stevens & Toohey.

**PLEASE DO NOT SEND CASH**

**2020-2021 Enrollment Form** Complete all information (please print) and return to Myers-Stevens & Toohey Co., Inc.

## Our BEST Plan

**Student Accident & Sickness - 1st Payment**  \$208.00

You will be billed \$338.00 every 2 months thereafter. Coverage cannot exceed 12 calendar months or run past Sept. 30, 2021.

## Our Accident Plans

(One-Time Payment For Entire School Year)

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

**Total Amount Due** \$

Print Parent or Guardian Name

First Name

Last Name

I enroll for the coverage checked above. I understand premiums cannot be refunded or converted.

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

Student Name First Middle Last

Student Birthdate Month Day Year

Mailing Address Apt. #

City State Zip Code

Parent Daytime Phone Number

Parent Email Address

Diocese Name

School Name Grade

**ALL PREMIUMS ARE FULLY EARNED UPON RECEIPT AND 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 this form. Your amount of charge will appear as "MYERS-STEVENS & TOOHEY 800-827-4695 CA" on your statement.



\$ \_\_\_\_\_ - - - - -  
 Amount Card Number Exp. Date MO. YR. 3 Digit Control #

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 2020/2021 school year until I notify Myers-Stevens & Toohey in writing prior to the next payment date.

## 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 high deductibles, high co-insurance and other cost-sharing obligations common to many of today's health plans.

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

The *Student Accident & Sickness Plan* is our broadest, best option. Next best is the *Full-Time 24/7 Accident Plan*.

### **Under the optional full-time 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 (see next page). To find participating doctors/hospitals nearest you, call **800-226-5116** or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com)

### **Are accident-only 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, from one to two years depending on the plan) no further benefits for that injury or sickness will be made. The *Dental Accident Plan* is the only exception. See this brochure for details.

### **Do the 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.



## OUR NETWORK PROVIDER

### Maximum choice - maximum savings!

When an accident or sickness occurs, access to providers is important to our students and their families. In the current healthcare environment, plan choices are becoming more limited as the network provider lists continue to contract. Our plans generally allow you to seek treatment for your children from the provider or facility of their choice.

In addition, we partner with First Health, a very extensive provider networks that allow for deep discounts on billed charges (averaging over 40%). This can further reduce your out-of-pocket costs.



### The network provides:

- Over 5,000 hospitals, 90,000 ancillary facilities, and 1 million health care professional service locations nationwide
- 98% of the U.S. population with access to a network provider
- Electronic web directories which enable members to find network providers, office hours, languages spoken, hospital affiliation and driving directions

## HOW TO FILE A CLAIM

Each claim is assigned to one of our experienced examiners who will diligently guide family members, school staff, medical providers and any other parties involved throughout the entire process from A to Z. Our examiners apply their specific and highly technical knowledge to ensure accurate and expedited processing.

Should an accident or sickness occur, please follow these 4 easy steps:

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 any other applicable insurance or Health Care Plan.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



**Myers-Stevens & Toohey & Co., Inc.**  
26101 Marguerite Parkway  
Mission Viejo, CA 92692-3203  
**Office 800-827-4695** | Fax 949-348-2630  
[claims@myers-stevens.com](mailto:claims@myers-stevens.com)  
CA License #0425842

**The Insurance Company**

*(Does not apply to the SmartCard)*

**CHUBB®**

**ACE American Insurance Company**

436 Walnut St., Philadelphia, PA 19106

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. Complete details may be found in the policies which can be found on file with the district office. 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 loss that results there from:

1. Dental care or Treatment. This exclusion does not apply to care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under the Policy, and rendered within 12 months of the Accident.
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 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.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including but not limited to, the payment of claims.

### Requirements and Limitations

Aggravations of injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a Motor Vehicle are limited to a \$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 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. For School-Time and interscholastic high school tackle football injuries: The plan 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 plan pays for covered expenses incurred within up to 52 weeks from the date of first treatment (may be extended for certain Injuries). 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 this 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 symptoms 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 the Sickness-Only coverage under the Student Accident & Sickness Plan.)

**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](http://www.HealthCare.gov).

**ALL PREMIUMS ARE FULLY EARNED UPON RECEIPT AND 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*