

# Student Accident & Sickness Coverage

**2016-2017**  
**School Year**



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 you may have. This **School-Time Accident** insurance is designed to cover some, but not all, of the possible costs. Details regarding this insurance are in the accompanying brochure. **PLEASE READ AND REVIEW IT CAREFULLY!**

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

The optional plans will become effective for your child as soon as your coverage request form and payment are received by the plan administrator, Myers-Stevens & Toohey & Co., Inc. If you have any questions, please call Myers-Stevens & Toohey at 800-827-4695. Please keep this brochure in a safe place for future reference.

Arranged and Administered by:



**PROTECT YOUR CHILD TODAY!**

## The School-Time Accident Coverage is paid for by your School

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

### School-Time Accident Plan (\$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.

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

Coverage begins at 12:01 a.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or September 01, 2016. Coverage ends at 11:59 p.m. on August 31, 2017.

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

## Optional Coverages

Parents, you may want to purchase these optional plans to ensure your child is protected 24 hours a day!

### Student Accident & Sickness Plan

Any student attending a participating school or school district may enroll in this plan. Covers Accidents 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 law.

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 latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or September 01, 2016. Coverage ends at 11:59 p.m. on August 31, 2017.

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

**1st Payment: \$139.00**

*(Covers remainder of month in which you enroll and 1 additional month)  
Subsequent Payments: \$238, 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, Customary and Reasonable amount with no deductibles or co-pay.

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or September 01, 2016. Coverage ends at 11:59 p.m. on August 31, 2017.

**NOTE** – Participation in commercial camps or clinics may be covered under these plans.

**The entire School Year for \$190.00**

### 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, 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 up to an additional year, provided that: coverage is secured 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 latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or September 01, 2016. Coverage ends at 11:59 p.m. on August 31, 2017.

**The entire School Year for \$17.00**

### Pharmacy SmartCard™

Available to students, their families and school staff through our partnership with National Pharmaceutical Services (NPS), the SmartCard offers savings of up to **95%** of prescription drug costs and is accepted at over **63,000** pharmacies nationwide.

In addition, the program can provide "Instant Alerts" to potential medication interactions to better protect your family along with unique "Proof of Savings" reports mailed directly to you every six months.

After your payment has been processed, NPS will send you your ID card. Present your card each time you or a family member needs a prescription filled to receive your savings. For more detailed information, go to [www.pti-nps.com](http://www.pti-nps.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 entire family, for one full year!**

## 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 if this coverage is purchased) 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 Washington will be included in the covered expenses. The covered person may go to any licensed provider of their choice however, seeking Treatment through a *First Choice* contracted provider may reduce your out-of-pocket costs.

To find participating *First Choice* medical providers nearest you, call 800-231-6935 or log on to [www.fchn.com](http://www.fchn.com).

Plan Names	Base Plan	Full-Time (24/7)	Student Accident & Sickness Plan
<b>Covered Benefit Levels</b>	<b>MAXIMUMS PER ACCIDENT</b>		<b>MAXIMUMS PER ACCIDENT/SICKNESS</b>
<b>Per Emergency Sickness</b>	\$1,000	N/A	\$50,000 Maximum per Sickness \$200,000 Maximum per Accident
<b>Per Accident</b>	\$25,000	\$100,000	
<b>Deductible - per condition</b>	\$0	\$0	\$50
<b>Covered Expenses</b>	<b>BENEFIT MAXIMUMS</b>		<b>BENEFIT MAXIMUMS</b>
<b>Hospital Room &amp; Board</b> - Semi-Private Room Rate	80%	100%	80%
<b>Inpatient Hospital Miscellaneous Charges</b>	80%	100%	80% to \$4,000/Day
<b>Intensive Care Unit</b> - Paid up to	80%	100%	80%
<b>Hospital Emergency Room</b> (room & supplies)	80%	100%	80%
<b>Outpatient Surgery Misc.</b> (room & supplies)	80%	100%	80% to \$4,000
<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%	100%	80%
<b>Surgery</b>	80%	100%	80%
<b>Assistant Surgeon Services</b>	25% of Surgical Maximum	100%	80%
<b>Anesthesiologist Services</b>	80%	100%	80%
<b>Physiotherapy</b> (includes related office visits) when prescribed by a Physician	80% to \$1,000	100%	80% to \$2,000
<b>Diagnostic X-Ray Examinations</b>	80%	100%	80%
<b>Diagnostic Imaging</b> MRI, Cat Scan	80% to \$1,000	100%	80%
<b>Ambulance</b> (from site of an emergency directly to hospital)	80%	100%	80%
<b>Laboratory Procedures, Registered Nurse Services</b>	80%	100%	80%
<b>Braces &amp; Appliances</b>	80%	100%	80% to \$1,000
<b>Prescription Drugs</b>	80%	100%	80%
<b>Dental Services</b> (including dental x-rays) for Treatment due to a covered Accident	80%	100%	80%
<b>Eyeglass Replacement</b> (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	\$300	\$300	80%
<b>Medical Evacuation &amp; Repatriation</b>	\$0	\$0	100% to \$10,000

### 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	\$20,000
• Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia	\$30,000
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

**Premiums Cannot Be Refunded Or Converted**



## How To File A Claim

1. Report School-related Injuries within 72 hours or as soon as reasonably possible to the School office. You may go to the provider or the facility of your choice. The first Physician's visit must be within 365 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 or as soon as reasonably possible.
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

*2015 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 under form numbers AH-29540. Complete details may be found in the Policies on file at your School or district office. Please keep this information as a reference.

## 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.

### Can I take my child to any doctor or hospital?

**YES!** However, your out-of-pocket costs could be less by using a *First Choice* contracted provider. To find participating doctors/hospitals nearest you, call **800-226-5116** or log on to **[www.myfirstthealth.com](http://www.myfirstthealth.com)**

### Are accident-only rates paid every month?

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

### Does the *School-Time* plan 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.

## 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 other illegal activity.
4. Suicide, attempted suicide or intentionally self-inflicted injury.
5. 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 Plan)
6. 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.
7. Treatment by persons employed or retained by a School, or by any Immediate Family or member of the Insured's household; or covered medical expenses for which the Insured would not be responsible for in the absence of the Policy.
8. Mental or nervous disorders. (Applies to Accident only plans)
9. 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 and Sickness Plan)
10. The diagnosis and treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
11. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled motor vehicle not designed primarily for use on public streets and highways. (Does not apply to Dental Accident Plan)
12. Treatment of detached retina (unless directly caused by an Injury), osteomyelitis, or pathological fractures. (Does not apply to the sickness only coverage under the Student Accident and Sickness Plan)
13. Any Expenses related to the treatment of hernia, tonsils, adenoids, epilepsy, seizure disorder or weakness.
14. Benefits are not payable for a Sickness that is a "Pre-existing Condition" (a condition for which the Covered Person received medical treatment, care or advice within 3 months before being insured under the Policy). But, this exclusion does not apply after the Insured has been insured under the Policy for 3 straight months or was insured under prior creditable coverage.

This insurance does not apply to the extent that trade or economic sanctions or other laws, or regulations prohibit the Company 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 interscholastic High School tackle football injuries must be reported to the School within 365 days of the date of Injury. The first treatment must be within 365 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 Physician's visit or as soon as reasonably possible. The plan pays for covered expenses incurred within up to a year from the date of the first treatment (may be extended for certain Injuries and plans). Each covered condition may be subject to a deductible - see plan details.

## Definitions

**"Accident"** means a sudden, unexpected and unintended incident. **"Covered Accident"** means an Accident that results in Injury or loss covered by the Policy. **"Injury"** means accidental bodily harm sustained by the Insured that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. The Injury must be caused solely through accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **"Medically Necessary"** or **"Medical Necessity"** means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury and that, as determined by Us, are: (1) consistent with the symptom or diagnosis and Treatment of Injury; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured; and (4) the most appropriate supply or level of service that can be safely provided. When applied to the care of an Inpatient, it further means that the Insured's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **"Sickness"** means 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. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **"Usual, Customary and Reasonable Charges"** - "Usual" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury. "Customary" means those charges made by the majority of providers in the area for the same or similar services or supplies. "Reasonable" means those charges that do not exceed the majority of the prevailing fees in the area for the same or similar services or supplies. "Area" means a county or larger geographically significant area as determined by Us. **"School Activities"** means an event or activity that is sponsored, authorized, and supervised by the School and is an official part of the School's curriculum or program.

## 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*