

# Student Accident Insurance is Now More Important Than Ever!



School Year  
2019-2020



Despite your best efforts to protect them, children get hurt and out-of-pocket expenses for medical care can be significant.

- *Is your child already covered?*
- *Does your plan have large deductibles and co-insurance?*
- *Do you want to be able to see the doctor that YOU choose?*

Arranged and Administered by:



myers | stevens | toohey

## Our Plans Can Help!

# Determine the Plan(s) you want to purchase

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

## Student Accident & Sickness Plan

### Our Best Coverage!

**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**). 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

**Coverage begins at 11:59 p.m. on** the day Myers-Stevens & Toohey & Co., Inc. (herein called "The Company") receives the completed coverage request form and the required premium. **Coverage ends at 11:59 p.m. on** the last day of the month for which payment has been made. Coverage may be continued for up to 12 calendar months, or through Sept. 30, 2020, whichever comes first, provided the required payments are made.

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

**1st payment: 239.00**

*(Covers remainder of month in which you enroll and 1 additional month)  
Subsequent Payments: \$194.00 a 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 coverage request form and the required premium. **Coverage ends at 11:59 p.m. on** the closing date of regular classes for the 2019-2020 School Year.

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

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$434	\$325	\$244

## Full-Time 24/7 Accident Plans

**Students (grades P-12 and school employees) may enroll in these plans.** Covers Injuries caused by Accidents occurring 24 hours a day, anywhere in the world, **except while participating in interscholastic tackle football.**

**Coverage begins at 11:59 p.m. on** the day the Company receives the completed coverage request form and the required premium. **Coverage ends at 12:01 a.m. on** the date School begins regularly scheduled classes for the 2020-2021 School Year.

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

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$435	\$316	\$253

## 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 School 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 School 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 coverage request form and the required premium. **Coverage ends at 11:59 p.m. on** the closing date of regular classes for the 2019-2020 School Year.

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

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$110	\$93	\$71

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

**Students (grades P-12) may enroll in these plans.** Covers Injuries to teeth caused by covered Accidents occurring 24 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 Charge 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 coverage request form and the required premium. **Coverage ends at 12:01 a.m. on** the date School begins regularly scheduled classes for the 2020-2021 School Year.

**\$16.00 purchased separately  
\$12.00 when added to any plan(s) purchased**



**Affordable Rates**

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

# Determine the benefit level that best fits your needs

If your child has no other insurance, we recommend the **Student Accident & Sickness Plan** or the **High Option** plans.

## Description of Benefits

(Applies to all plans except the Dental Accident Plan)

We will pay benefits only for covered Injuries sustained or covered Sicknesses commencing while insured under this School Year's plan. Benefits payable will be based on the Usual and Customary Charge 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 Oregon are included in covered expenses. You may take your child to any provider you choose; however, seeking Treatment through a First Health contracted provider may reduce your out-of-pocket costs.

To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com).



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

Covered Benefit Levels	Low Option	Mid Option	High Option	Student Accident & Sickness 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
<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>	\$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	100%			100%
<b>Emergency Room Physician Services</b>	100%			100%
<b>Outpatient Surgical</b> (room & supplies)	\$600	\$900	\$1,500	80% to \$4,000
<b>Doctor Non-Surgical Treatment &amp; Exam</b> (excluding Physical Therapy)				
First Visit	\$50	\$55	\$70	80%
Each Follow Up	\$30	\$40	\$50	80%
Consultation (when referred by attending doctor)	\$175	\$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 doctor	\$40/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 \$600	80% to \$700	80% to \$1,000	80%
<b>Ambulance</b> (from site of covered loss directly to hospital)	100%			100%
<b>Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces</b>	60%	80%	100%	80%
<b>Durable Medical Equipment</b>	60% to \$400	80% to \$600	100% to \$800	80%
<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	\$400	\$500	80%
<b>Emergency Medical Evacuation &amp; Repatriation of Remains</b>	\$0	\$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 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 and Customary cost of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to **\$ 5,000**

## Choose Your Own Doctor and Hospital

# Instructions

# 2019 - 2020 Coverage Request Form

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

- 1 Select** the plan(s) you wish to purchase below:
  - The Student Accident & Sickness Plan will provide our highest level of coverage.
  - Our Accident Plans may be purchased on an individual basis or combined with additional coverage (for example, Full-Time Accident + Dental).
- 2 Complete** and detach the enrollment form on the right side or you may enroll online (see below). Please note, we are unable to accept enrollments over the phone.
- 3 Purchase and Return**  
Click [HERE](#) to enroll online for IMMEDIATE processing!  
We accept VISA and MasterCard.  
  
If online enrollment is not available, you may either:
  - **Fax** the completed Enrollment Form to (949) 348-2630. You must pay by credit or debit card by completing the payment area on this page. We cannot accept Checks or Money Orders by fax.
  - **Email** a scanned image of the completed Enrollment Form to [apply@myers-stevens.com](mailto:apply@myers-stevens.com). You must pay by credit card by completing the payment area on this page. We cannot accept Checks or Money Orders by email.
  - **Mail** both sides of the completed Enrollment Form in the enclosed envelope. You may pay by credit card by completing the payment area on the right side enclose a check or Money Order made payable to Myers-Stevens & Toohy & Co., Inc.

**PLEASE DO NOT SEND CASH**

## Our BEST Plan

### Student Accident & Sickness

1st Payment  \$239.00

You will be billed \$388.00 every 2 months thereafter.

## Our Accident Plans

(One-Time Payment For Entire School Year)

PLANS:	High Option	Mid Option	Low Option
Tackle Football Only	<input type="checkbox"/> \$434.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$244.00
Full-Time (24/7)	<input type="checkbox"/> \$435.00	<input type="checkbox"/> \$316.00	<input type="checkbox"/> \$253.00
School-Time	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$93.00	<input type="checkbox"/> \$71.00
Dental Accident	<input type="checkbox"/> \$16.00 Purchased Separately <input type="checkbox"/> \$12.00 When added to any plan(s) purchased		

**Total Amount Due**

\$

Print Parent or Guardian Name

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

**WARNING:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

X

Parent or Guardian Signature

Date

**PREMIUMS CANNOT BE REFUNDED OR CONVERTED**

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

Student Name			
First	Middle	Last	
-	-		
Student Birthdate			
Mailing Address			Apt.#
City	State	Zip Code	
-	-		
Parent Daytime Phone Number			
Parent E-mail Address			
District Name			
School Name			Grade

### Method of Payment

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

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



**Important:** If paying by credit card, complete below. Charge will appear as "MYERS-STEVENS & TOOHEY 800-827-4695 CA" on your statement.

Card Number

\$

Amount

EXP. DATE  
MO. YR.

3 digit  
control #

Print Name of Cardholder

Zip Code

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

564.OR

*Easy Enrollment*

## Frequently Asked Questions...

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

Our plans can expand your choice of providers for your child and can help cover deductibles, co-pays and other out-of-pocket expenses.

### I'm in a hurry! What is the **quickest** way to enroll?

Click [HERE](#) to enroll online and you will receive immediate proof of coverage as soon as your payment is processed.

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

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

### 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](http://www.myfirsthealth.com)

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

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

### Can interscholastic high school tackle football be covered?

**YES!** But only under the *Interscholastic Tackle Football Plan*. "High Option" benefits are recommended.

### Do the *Interscholastic Tackle Football* or *School-Time* plans cover camps and clinics sponsored and organized by groups other than my child's school?

**NO!** However, such camps and clinics may be covered under our *Full-Time 24/7* or *Student Accident & Sickness* plans. Call us for guidance!

### Still need help or have questions?

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

## How To File A Claim

1. Report School-related Injuries within 72 hours to the School office. To find a *First Health* provider nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com).
2. Obtain a claim form from the School or the Company. Claim forms must be filed with the Company within 90 days after the date of first Treatment.
3. At the same time, please file a claim with your other family sickness and/or Accident carrier.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



**Myers-Stevens & Toohy & Co., Inc.**

26101 Marguerite Parkway  
Mission Viejo, CA 92692-3203

**949-348-0656 or 800-827-4695**

Fax 949-348-2630

CA License #0425842

## The Insurance Company

**CHUBB®**

**ACE American Insurance Company**

436 Walnut St., Philadelphia, PA 19106

*2018 Best Rated A++ (Superior)  
(A.M. Best rating ranges from A++ to D)  
This rating is an indication of the company's  
financial strength and ability to meet  
obligations to its insureds.*

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

# Exclusions

Benefits are not payable under the Policy for any of the following or 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, whether declared or not.
3. Participation in a riot or insurrection; fighting or brawling, except in self-defense; commission of or attempt to commit a felony; violating or attempting to violate any duly enacted law.
4. Suicide, attempted suicide or intentionally self-inflicted injury.
5. Injury caused by, attributed to or resulting from the Insured's being legally intoxicated as defined by the laws of the state in which the Accident occurs or use of illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the Insured's doctor.
6. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports. (Does not apply to the Dental Accident Plan.)
7. Injury covered by Worker's Compensation or Employer's Liability Laws, or similar occupational benefits.
8. Treatment, services or supplies provided by the School's infirmary or its employees, or doctors who work for the School, or by any member of the Covered Person's immediate family; Covered medical expenses for which the Insured would not be responsible for in the absence of this Policy. Any exclusion of benefits for expenses which the Insured is not legally required to pay does not apply to charges made by a Hospital owned or operated by the State of Oregon.
9. Mental or nervous disorders (unless provided in the policy)
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food. (Does not apply to the sickness only coverage under the Student Accident & Sickness Plan)
11. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
12. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled Motor Vehicle. (Does not apply to the Dental Accident Plan.)
13. Treatment of detached retina (unless directly caused by an Injury), osteomyelitis, or pathological fractures or hernia. (Does not apply to the sickness only coverage under the Student Accident & Sickness Plan)
14. Any expense related to the treatment of tonsils, adenoids, epilepsy, seizure disorder or 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 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 doctor's visit must be within 180 days after the Accident or Sickness. 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 School-Time, Tackle Football and Full-Time (24/7) plans pay for covered expenses incurred within up to 104 weeks from the date of injury. The Student Accident & Sickness and Dental Accident plans pay for covered expenses incurred within up to 52 weeks from the date of first treatment, however, should the Injury sustained under the Student Accident & Sickness plan 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 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; 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 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. **School Activities** means any activity that is sponsored and under the direct, immediate supervision of the School that: (a) the School requires the Insured Person to attend; or (b) is under the sole control and supervision of School authorities. It does not include an activity related to athletics or cheerleading that is under joint sponsorship or supervision arrangement with any non-School group.

## Excess Provision

In order to keep premiums as affordable as possible, these plans pay benefits on a non-duplicating basis. This means, if a person is covered by one or more of these plans and by any other valid insurance or health agreement, any amount payable or provided by the other coverages will be subtracted from the covered expenses and we will pay benefits based on the remaining amount.

**IMPORTANT NOTICE:** This Plan provides short-term limited duration sickness benefits. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to [www.HealthCare.gov](http://www.HealthCare.gov).

## Premiums Cannot be Refunded or Converted

*Para un folleto en Español, o para asistencia en Español, por favor llame a 800-827-4695*

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