

2022-2023
School Year

Student Accident & Sickness Insurance



Enroll online at
www.myers-stevens.com

Arranged and Administered by:



myers | stevens | toohey



Determine the Coverage(s) you want to purchase

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

Student Accident & Sickness

Our Best Coverage!

Students (grades P-12) may enroll in this coverage. 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.

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, 2023, 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

*(Covers remainder of month in which you enroll and 1 additional month)
Subsequent Payments: \$194 a month, billed every 2 months*

Interscholastic Tackle Football Accident

Students (grades 9-12) may enroll in these coverages. 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 2022-2023 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.

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

Full-Time 24/7 Accident

Students (grades P-12 and school employees) may enroll in these coverages. 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 2023-2024 School Year.

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

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

School-Time Accident

Students (grades P-12) may enroll in these coverages. 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 2022-2023 School Year.

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

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

Dental Accident (\$75,000 Maximum)

Students (grades P-12) may enroll in this coverage. 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 2023-2024 School Year.

**\$16 purchased separately
\$12 when added to any coverage(s) purchased**



Affordable Rates

Call (800) 827-4695 With Questions

Determine the benefit level that best fits your needs

Description of Benefits

(Applies to all coverages except Dental Accident)

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



ENHANCED CONCUSSION BENEFIT: If the Insured is diagnosed with a concussion as a result of an Injury received while participating in a Covered Activity, and the Insured is prohibited from participating in Interscholastic Sports as a result of 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.

Covered Benefit Levels	Low Option	Mid Option	High Option	Student Accident & Sickness
Coverage Name	MAXIMUMS PER Accident			
Tackle Football Accident	\$25,000	\$50,000	\$50,000	\$50,000 Maximum per Sickness
Full-Time 24/7 Accident	\$50,000	\$100,000	\$150,000	\$200,000 Maximum per Accident
School-Time Accident	\$25,000	\$50,000	\$50,000	
Deductible Per Covered Accident/Sickness	\$0			\$50
Covered Expenses	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board - Paid up to	60%	80%	100%	80%
Inpatient Hospital Miscellaneous Charges	\$600/Day	\$900/Day	\$1,600/Day	80% to \$4,000/Day
Intensive Care Unit - Paid up to	\$1,500/Day	\$1,800/Day	\$2,500/Day	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	100%			100%
Emergency Room Physician Services	100%			100%
Outpatient Surgical (room & supplies)	\$600	\$900	\$1,500	80% to \$5,000
Doctor Non-Surgical Treatment & Exam/Telemedicine (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%
Surgeon Services	50% to \$12,000	70% to \$12,000	90% to \$12,000	80%
Assistant Surgeon Services	25% of Surgical Allowance			80%
Anesthesiologist Services	25% of Surgical Allowance			80%
Physiotherapy (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
X-Ray Examinations (including reading)	60% to \$500	70% to \$500	90% to \$500	80%
Diagnostic Imaging MRI, Cat Scan	80% to \$600	80% to \$700	80% to \$1,000	80%
Ambulance (from site of covered loss directly to hospital)	100%			100%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	60%	80%	100%	80%
Durable Medical Equipment	60% to \$400	80% to \$600	100% to \$800	80%
Out-Patient Prescription Drugs (for Injuries only)	60%	80%	100%	80%
Dental Services (including dental x-rays) Injury to whole, sound, and natural teeth for Treatment due to a covered Accident for Treatment due to a covered Accident	60%	80%	90%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical treatment)	\$300	\$400	\$500	80%
Aggravations or Re-Injury of an Injury	\$500			\$500
Emergency Medical Evacuation & Repatriation of Remains	\$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 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

2022 - 2023 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 coverage(s) you wish to purchase below:
 - Student Accident & Sickness will provide our highest level of coverage.
 - Our accident-only coverages may be purchased on an individual basis or combined with additional coverage (for example, Full-Time (24/7) 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.
 - **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 Coverage

Student Accident & Sickness

1st Payment \$239

You will be billed \$388 every 2 months thereafter.

Our Accident Coverages

(One-Time Payment For Entire School Year)

Coverages:	High Option	Mid Option	Low Option
Tackle Football Only	<input type="checkbox"/> \$434	<input type="checkbox"/> \$325	<input type="checkbox"/> \$244
Full-Time (24/7)	<input type="checkbox"/> \$435	<input type="checkbox"/> \$316	<input type="checkbox"/> \$253
School-Time	<input type="checkbox"/> \$110	<input type="checkbox"/> \$93	<input type="checkbox"/> \$71
Dental Accident	<input type="checkbox"/> \$16 Purchased separately <input type="checkbox"/> \$12 When added to any coverage(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

**ALL PREMIUMS ARE FULLY EARNED UPON RECEIPT AND
CANNOT BE REFUNDED OR CONVERTED**

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

<input type="text"/>			
Student Name	First	Middle	Last
<input type="text"/>			
Student Birthdate			
<input type="text"/>			
Mailing Address		Apt.#	
<input type="text"/>		<input type="text"/>	
City	State	Zip Code	
<input type="text"/>			
Parent Daytime Phone Number			
<input type="text"/>			
Parent E-mail Address			
<input type="text"/>			
District Name			
<input type="text"/>			<input type="text"/>
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		3 digit control #
MO.	YR.	
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 *Student Accident & Sickness*, 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 2022/2023 school year until I notify Myers-Stevens & Toohy in writing prior to the next payment date.

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.

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

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* coverage. "High Option" benefits are recommended.

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 *Full-Time 24/7* or *Student Accident & Sickness*. 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.
2. To find a *First Health* provider nearest you
 - Call 800-226-5116 or
 - Log on to www.myfirsthealth.com.
3. 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.
4. At the same time, please file a claim with any other applicable insurance or Health Care Coverage.
5. 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

800-827-4695

Fax 949-348-2630

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. Coverage may not be available in all states or certain terms may be different where required by state law. The terms and conditions of coverage are set forth in the policies issued in the states in which the policy is delivered under form number AH-11648b-OR. Complete details may be found in the Policies on file at your School or district office. Please keep this information as a reference. 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

We will not pay benefits for any loss or Injury that is caused by, or results from:

1. Intentionally self-inflicted Injury.
2. Suicide or attempted suicide.
3. War or any act of war, whether declared or not.
4. Participation in a riot or civil disorder or brawling, except in self-defense; commission of or attempt to commit a felony; violating or attempting to violate any duly enacted law.
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 proscribed by the Insured's doctor.
6. 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.

In addition to the exclusions above, we will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
2. Practice or play in interscholastic high school tackle football (unless specifically covered under the Policy); intercollegiate sports; semi-professional sports; professional sports.
3. Injury or sickness covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits.
4. 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 Insured's Immediate Family.
5. 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.
6. Mental and Nervous Disorders (except as provided in the Policy).
7. Injury or death caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle.
8. Treatment of detached retina (unless caused by an Injury), osteomyelitis, or pathological fractures or hernia.
9. Any expenses related to epilepsy, seizure disorder and congenital weakness.
10. Expenses payable by any automobile insurance policy without regard to fault.
11. Any expense related to the treatment of tonsils, adenoids, epilepsy, seizure disorder or congenital weakness.
12. The diagnosis and treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.

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 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 or Sickness. A claim form must be filed with Myers-Stevens & Toohey 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) coverages pay for covered expenses incurred within up to 104 weeks from the date of injury. The Student Accident & Sickness and Dental Accident coverages pay for covered expenses incurred within up to 52 weeks from the date of first treatment, however, should the Injury sustained under Student Accident & Sickness 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 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

Accident means a sudden, unexpected and unintended incident. **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 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 brochure contains a brief description of the benefits available under the insurance programs. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies delivered in the state under form numbers AH-11648b-OR. Complete details may be found in the policies. CERTAIN INSURANCE PLANS DESCRIBED HERIN PROVIDE SHORT-TERM LIMITED DURATION SICKNESS BENEFITS. THEY DO NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE (OFTEN REFERRED TO AS "MAJOR MEDICAL COVERAGE") AND DO 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

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

Call (800) 827-4695 With Questions