Re: Student Injuries and Insurance
2025-2026 School Year

Dear Parent/Legal Guardian:

The safety of our students is of critical importance to all of us and we want to protect them from injury. Even so, accidents do happen (at school and elsewhere) and required medical care can be expensive. Please know that your school **does not** assume responsibility for such costs but does offer you access to several student accident insurance plans for voluntary purchase. Details can be found in the accompanying brochure/enrollment form.

Options are available to cover your child 24/7, anywhere in the world or you can limit coverage to school-related injuries only. The plans do not restrict your choice of doctors or hospitals. However, you'll also have access to an extensive network of providers with discounted fees. Seeking care through contracted providers may further reduce your out-of-pocket costs, particularly if your child needs surgery or hospitalization.

Also offered is the pay-as-you-go *Student Accident & Sickness Plan* which covers sickness as well as injury, in and out of school. The *Dental Accident* plan can be of particular value with younger students as final treatment to injured teeth often needs to be deferred until after they mature.

Common emergency benefits – Regardless of the benefit level selected, all of the accident medical plans and the *Student Accident & Sickness Plan* will cover eligible charges for *Ambulance, Emergency Room and Emergency Room Physician* at 100% of Usual, Customary and Reasonable charges (UCR) up to plan limits.

Enhanced benefits for qualified concussions – If an insured student suffers a concussion while participating in any covered, sports activity and is consequently removed from play from his/her interscholastic sport per the school's formal concussion protocols, then any deductible or inside limit features of the plan are waived and eligible charges for the evaluation and treatment of the concussion are paid at 100% of UCR subject to remaining policy terms and conditions.

Interscholastic Sports – Please know that all plans offered (other than the Dental Accident Plan) may be used to comply with applicable state and local insurance requirements for participation in interscholastic sports (coverage for high school tackle football is offered on a stand-alone basis).

You are strongly encouraged to carefully review the information provided. If your child already has health coverage, the student insurance plans offered can also be used to expand your choice of providers and help cover the high deductibles and 30% to 40% cost-sharing obligations imposed by many health plans today.

To enroll, please visit www.myers-stevens.com; instructions for enrollment are available on the website. While your child is eligible to enroll at any time, one-time-pay rates for the accident medical plans and Dental Accident Plan are the same regardless of enrollment date. As such, you are encouraged to consider enrollment now in order to include coverage for this summer and the full 2025-2026 School Year. Once processing is completed, an ID card verifying coverage will be mailed home to you.

If you have any questions concerning the coverages available or need help with enrollment, please call Myers-Stevens & Toohey at (800) 827-4695. Bilingual representatives are available for parents who need assistance in Spanish.

Sincerely,

Risk Management Department

Conejo Valley Unified School District

2025–2026

Student Accident & Sickness Insurance

Enroll online at
www.myers-stevens.com





Arranged and Administered by

myers | stevens | toohey

640.VOL-NBP_MB
AK/AZ/CA/IN/KS/MO/NV



WHY STUDENT INSURANCE IS IMPORTANT

Unexpected expenses for medical care may be a serious problem for families. This insurance can help alleviate the unexpected cost associated with an accident or injury.

MYERS-STEVENS & TOOHEY CAN HELP!

Our plans can provide useful insurance protection for your children. They can even be used to assist with the high co-insurance, deductibles and other cost sharing requirements common to many of today's health plans. To assist you during unforeseen emergencies and help expand your choice of provider, your school has partnered with us to offer voluntary coverage for accidents or illnesses.

WITH OUR PLANS:

- Use the doctor or hospital you want...no restrictions!
- Enhanced Concussion Benefits added
- Enrollment is easy - online, mail and fax
- Every enrollee receives personalized ID cards as proof of coverage



Our Best Plan 4

Our Accident Plans 5

Compare Plans 5

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OUR BEST PLAN



Student Accident & Sickness Plan

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

$50,000 Maximum per Sickness $200,000 Maximum per Accident
$50 Deductible (Disappearing*) Per Condition



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 Myers-Stevens & Toohey Co., Inc. (herein called *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, 2026, whichever comes first, provided the required payments are made.

1st payment: $208
(Covers remainder of month in which you enroll and 1 additional month) Subsequent Payments: $169 a month, billed every 2 months.

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.

COVERED EXPENSES	BENEFIT MAXIMUMS
Hospital Room & Board - Semi Private Room Rate	**80%**
Ancillary Hospital Expenses	**80% to $4,000/Day**
Intensive Care Unit	**80%**
Hospital Emergency Room (room & supplies)	**100%**
Emergency Room Physician Charges	**100%**
Outpatient Surgical (room & supplies)	**80% to $5,000**
Doctor Non-Surgical Treatment & Exam/ Telemedicine (excluding Physical Therapy) Including consultation (when referred by attending Doctor)	**80%**
Doctor's Surgical Expense	**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**
Diagnostic Testing, X-Ray Examinations, MRI and Cat Scans	**80%**
Ambulance Expenses Ground or Air (from site of an emergency directly to hospital)	**100%**
Registered Nurse Services and Laboratory Procedures	**80%**
Rehabilitative Braces and Appliances	**80%**
Out-Patient Prescription Drugs (for Injuries only)	**80%**
Dental Services (including dental x-rays) made necessary by Injury to whole, sound, and natural teeth 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)	**100% to $750**
Aggravations or Re-Injury of an Injury	**$500**

* May be satisfied by other primary insurance.

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

OUR ACCIDENT PLANS* **Premiums for these plans are paid only ONCE for the entire school-year.**



Full-Time 24/7 Accident Plans cover 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)**

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

Benefit Levels:	**Low**	**High**		
Rates per School Year:	**$225**	**$328**	⇨	*Compare these levels on page 6*

School-Time Accident Plans cover injuries

- ✓ 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; and while traveling in School Vehicles at any time

NOTE – Students (grades P-12) may enroll in these plans. Participation in commercial camps or clinics is not covered under these plans. See "Full-Time 24/7" plans.

Benefit Levels:	**Low**	**High**		
Rates per School Year:	**$53**	**$79**	⇨	*Compare these levels on page 6*

Interscholastic High School Tackle Football Accident Plans cover 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

NOTE – Students (grades 9-12) may enroll in these plans. Participation in commercial camps or clinics is not covered under these plans. See "Full-Time 24/7" plans.

Benefit Levels:	**Low**	**High**		
Rates per School Year:	**$235**	**$339**	⇨	*Compare these levels on page 6*

Additional benefits to these plans may be found on Page 7!

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

Coverage Ends

- ***Full-Time (24/7)*** at 12:01 am on the date School begins regularly scheduled classes for the 2026-2027 School Year.
- ***School-Time*** and ***Interscholastic High School Tackle Football*** at 11:59 pm on the closing date of regular classes for the 2025-2026 School Year.

WHICH PLAN(S) BEST FITS YOUR NEEDS?

	Covers Sickness 24/7 anywhere in the world	Covers Accidents in school, excluding Tackle Football grades 9-12	Covers Accidents 24/7 anwhere in the world, excluding Tackle Football grades 9-12	Covers Interscholastic Tackle Football grades P-8	Covers Interscholastic Tackle Football grades 9-12
Student Accident & Sickness Plan	✓	✓	✓	✓	
Full-Time (24/7) Accident Plan		✓	✓	✓	
School-Time Accident Plan		✓		✓	
Interscholastic High School Tackle Football Plan					✓

*Plans 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).

**See Definitions on page 10 for more details concerning "School Activities".

ACCIDENT PLAN BENEFITS- WHICH OPTION BEST FITS YOUR NEEDS?

We will pay benefits only for Covered Injuries sustained 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. To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to www.myfirsthealth.com.

Covered Benefit Levels	**Low Option**	**High Option**
Plan Name	***MAXIMUMS PER ACCIDENT***	
Tackle Football Accident Plan	$25,000	$75,000
Full-Time 24/7 Accident Plan	$50,000	$150,000
School-Time Accident Plan	$25,000	$75,000
Deductible (disappearing*) - per condition	$100	$0
Covered Expenses	***BENEFIT MAXIMUMS***	
Hospital Room & Board - Semi-Private Room Rate	80%	100%
Ancillary Hospital Expenses	80% to $2,000/Day	90% to $3,000/Day
Intensive Care Unit	80%	100% up to $5,000/Day
Hospital Emergency Room (room & supplies)	100%	
Emergency Room Physician Charges	100%	
Outpatient Surgical (room & supplies)	80% to $2,500	90% to $5,000
Doctor Non-Surgical Treatment & Exam/Telemedicine (excluding Physical Therapy) Including consultation (when referred by attending Doctor)	80%	90%
Doctor's Surgical Expense	80%	90%
Assistant Surgeon Services	80%	90%
Anesthesiologist Services	80%	90%
Physiotherapy (includes related office visits) when prescribed by a Doctor	80% to $500	90% to $2,000
Diagnostic Testing, X-Ray Examinations, MRI and Cat Scans	80%	100%
Ambulance Expenses Ground or Air (from site of an emergency directly to hospital)	100%	
Registered Nurse Services and Laboratory Procedures	80%	100%
Rehabilitative Braces and Appliances	80%	100%
Out-Patient Prescription Drugs (for Injuries only)	80%	90%
Dental Services (including dental x-rays) made necessary by Injury to whole, sound, and natural teeth for Treatment due to a covered Accident	80%	90%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	100% to $750	100% to $1,000
Aggravations or Re-Injury of an Injury	$500	

* May be satisfied by other primary insurance.



Even if your child has other coverage, our plans can expand the choice of providers and can be used to help with uncovered expenses and cost-sharing requirements (e.g. large deductibles, coinsurance and co-pays) common to many health plans today.



ADDITIONAL PLAN AND FEATURES



Dental Accident Plan ($75,000 Maximum)

Students (Grades P-12) may enroll in this plan.

- 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.

$16 purchased separately or $12 when added to any plan(s) purchased

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 2026-2027 School Year.



ENHANCED COVERAGE FOR CONCUSSION

(Applies to all plans except Dental Accident)

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.



ACCIDENTAL DEATH, DISMEMBERMENT, LOSS OF SIGHT, PARALYSIS, COUNSELING, AND HEART OR CIRCULATORY MALFUNCTION

(Applies to all plans 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, Customary and Reasonable costs of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to	$5,000
Heart or circulatory malfunction death benefit payable for Loss of Life due to Heart, Circulatory or Pulmonary Malfunction that occurs within 72 hours of participation in a covered activity that is causally connected to such Malfunction	$10,000

HOW TO ENROLL IN OUR OPTIONAL PLANS

For IMMEDIATE confirmation of enrollment, apply online at www.myers-stevens.com and skip the steps below

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

2025-2026 Enrollment Form Complete all information (please print) and return to Myers-Stevens & Toohey Co., Inc.

Our BEST Plan

Student Accident & Sickness - 1st Payment ☐ $208

You will be billed $338 every 2 months thereafter.
Coverage cannot exceed 12 calendar months or run past Sept. 30, 2026.

Our Accident Plans

(One-Time Payment For Entire School Year)

PLANS:	High Option	Low Option
Tackle Football Only	☐ $339	☐ $235
Full-Time (24/7)	☐ $328	☐ $225
School-Time	☐ $79	☐ $53
Dental Accident	☐ $16 Purchased separately	
	☐ $12 When added to any plan(s) purchased	

Total Amount Due $

Print Parent or Guardian Name

First Name Last Name

For Residents of California: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Alaska, Arizona, Illinois, Kansas, Missouri, and Nevada: 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 COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

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

District 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 2025/2026 school year until I notify Myers-Stevens & Toohey in writing prior to the next payment date.

FREQUENTLY ASKED QUESTIONS

I'm in a hurry! What is the quickest way to enroll?
Click **HERE** (or visit www.myers-stevens.com) to enroll online, complete the enrollment process and your ID card will be emailed to you immediately!

If I have other insurance, why do I need this coverage?
Our plans can expand your choice of providers for your child and can be used to help cover high deductibles, high co-insurance and other cost-sharing obligations common to many of today's health plans.

Can I take my child to any doctor or hospital?
YES! However, your out-of-pocket costs could be less using a *First Health* contracted provider. To find participating doctors/hospitals nearest you, call **800-226-5116** or log on to **www.myfirsthealth.com** and click the "Start Here" link.

If my child has a covered injury or sickness, will benefits for that same injury or sickness be extended if they re-enroll 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.

Are accident-only rates paid every month?
NO! Accident-only rates are one-time charges for the entire School Year.

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!

Can interscholastic high school tackle football be covered?
YES! But only under the *Interscholastic Tackle Football Plan*. "High Option" benefits are recommended.

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

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 (or 60 days if you reside in California).
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 loss.
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

26101 Marguerite Parkway
Mission Viejo, CA 92692-3203
Office 800-827-4695 | Fax 949-348-2630 | claims@myers-stevens.com
CA License #0425842

The Insurance Company

ACE American Insurance Company
436 Walnut St., Philadelphia, PA 19106

CHUBB®

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at http://www.chubb.com. Insurance provided by ACE American Insurance Company and its U.S. based Chubb underwriting company affiliates. All products may not be available in all states. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. 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-57720. Surplus lines insurance sold only through licensed surplus lines producers. Chubb, 202 Hall's Mill Road, Whitehouse Station, NJ 08889-1600.

EXCLUSIONS

1. Routine physical examinations and routine testing; preventive testing or treatment; screening examinations or testing in the absence of Injury.
2. Dental care or treatment including damage to or loss of dentures or bridges or damage to existing orthodontic equipment. 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.
3. War or any act of war, declared or undeclared
4. Participation in a Riot; 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. "Riot" means a public disturbance involving an assemblage of five (5) or more persons which by tumultuous and violent conduct or the threat thereof creates grave danger of damage or injury to property or persons. An exclusion for Riot shall apply only when a person willfully engages in a Riot or willfully incites or urges other persons to engage in a Riot.
   Applicable to Nevada only: Participation in a Riot; fighting or brawling, except in self-defense; commission of or attempt to commit a felony (except domestic violence), which results in a conviction. This exclusion does not apply to a Covered Person who is a victim of domestic violence regardless of whether the Covered Person contributed to any loss or injury.
   Applicable in Alaska and Kansas only: 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.
5. Intentionally self-inflicted Injury, suicide or attempted suicide.
6. 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 Doctor. (Not applicable in Nevada)
   Applicable in Alaska only: Injury or Sickness caused by the use of alcohol or drugs unless taken in the dosage and for the purpose prescribed by the Covered Person's Doctor.
7. Participation in or practice for interscholastic tackle football; intercollegiate sports; semi-professional sports; professional sports. (except as specified in the Coverage Descriptions) (does not apply to the Dental Accident Plan)
8. Any Injury that is caused by: Flight in, boarding or alighting from an Aircraft, except as a fare-paying passenger or School chartered aircraft, Military Airlift Command or JROTC Program.
9. Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
10. Treatment, care or services rendered for an Injury covered by Workers' Compensation Employers' Liability or similar occupational laws. Expenses payable by any automobile insurance policy without regard to fault.
11. Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
12. Treatment, services or supplies provided by the School's infirmary or its employees, or by medical providers Doctors, or Other Medical Care Providers who work for the School or are contracted or retained by the School. Treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of the Covered Person's household.
13. Treatment, services or supplies provided or paid for by any governmental program or law, except Medicaid, Medicare or Tricare.
14. Mental or Nervous Disorders.
15. 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, except as provided by the Policy.
16. Supplies, except as otherwise provided in the Policy.
17. Treatment of osteomyelitis.
18. Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy).

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

Requirements and Limitations

Aggravations of injuries which did not occur while insured under this plan are paid up to $500 maximum benefit per policy term. School-time and high school tackle football injuries must be reported to the School within 72 hours (or 60 days if you live in California) of the date of Injury. The first Physician's visit must be within 120 days after the Accident occurs. A claim form must be filed with Myers-Stevens & Toohey Co., Inc. within 90 days after the date of loss. 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

Accident means a sudden, unexpected and unintended incident. **Covered Accident** means an Accident that results in Injury or loss covered by the Policy. **Coinsurance** means the percentage of Covered Expenses after any Deductible is applied, that are payable under this Policy. **Covered Expenses** means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. **Covered Loss** or **"Covered Losses"** means an accidental death, dismemberment or other Injury covered under the Policy. **Disappearing Deductible** means the dollar amount of Covered Expenses the Covered Person must incur before We pay any benefits. The Deductible may be satisfied by Other Valid and Collectible Insurance. The Disappearing Deductible is shown on the Schedule of benefits. **Emergency Sickness** means a Sickness of such a nature that failure to get immediate medical care could put the person's life in danger or cause serious harm to the person's bodily functions. **Injury** means accidental bodily harm sustained by a Covered Person 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 external, violent and 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, Doctor, or other provider that are required to identify or treat an Injury and that, as determined by The Company, are: (1) consistent with the symptom or diagnosis and treatment of Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; 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 Person's medical symptoms or condition requires that the services cannot be safely provided as an outpatient. The fact that a Doctor may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Policy. **Other Valid and Collectible Insurance** means any: 1) group plan, program, or insurance policy; 2) any other group hospital, surgical or medical benefit plan; or 3) union welfare plans or group employer or employee benefit programs. Other Valid and Collectible Insurance will not include benefits provided by the United States Social Security Act, any individual health insurance plans or any individual disability insurance plans. **School Activity** means any activity that is sponsored and supervised by the School. It does not include camps or clinics relating to athletics or cheerleading that are sponsored, controlled and, or organized by any non-School group. **Sickness** means an illness, disease or infection commencing while coverage under the Policy is in force. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **Usual, Customary and Reasonable Charge** means the prevailing amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

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 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-11648a in Alaska and Missouri; AH-57720 in Arizona, California, Indiana, and Nevada; and AH-11648a-KS in Kansas Complete details may be found in the policies. CERTAIN INSURANCE PLANS DESCRIBED HEREIN 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

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

myers | stevens | toohey

Student Accident & Sickness Insurance
CLAIM FILING INSTRUCTIONS

FOR PARENTS/LEGAL GUARDIANS (or students of legal age)

Coverage terms and conditions

Prior to an injury or sickness occurring or as soon as possible thereafter, please familiarize yourself with the terms and conditions of coverage including: what activities are covered; benefits; exclusions; requirements and limitations; important deadlines, etc. Coverage summaries may be obtained from school/parish authorities, printed brochures used to secure coverage, online, or by contacting us directly at (800) 827-4695.

Claim form and reporting

Report school/parish related injuries immediately to school officials, providing as much detail as possible.

Request a Student Accident & Sickness Insurance claim form from the school/parish and ask an authorized school/parish official to ***completely and clearly*** fill out Part A of the form. If the reported injury is not school/parish-related, you may fill out Part A yourself. Only one claim form is required per injury or condition.

Completely and clearly fill out Part B (missing fields will cause delays) provide signatures where requested, date and return to our office along with your itemized bills and Explanations of Benefits (EOBs) from any other applicable insurance or health plan.

Finding a health provider

You are free to take your child to any properly licensed health provider but out-of-pocket costs may be reduced if you seek care from providers who are contracted under the *First Health Network* or *First Choice Health Network* (WA only). Contracted providers may be found at www.myfirsthealth.com (800) 226-5116 or (in the State of Washington only) www.fchn.com (800) 231-6935. If your child also has coverage through an HMO, please know that benefits under many of our school/parish-paid blanket plans may be reduced if you seek out-of-network services that are not preauthorized by your HMO. This potential benefit limitation does not apply to any of our individually purchased plans and does not apply to emergency care.

When treatment is sought

- Give the provider's billing/admissions department your primary insurance/health plan information (if applicable).
- If you purchased one of our individual plans for your child, present your student insurance ID Card. If your child is covered under a blanket plan that is paid for by the school/parish, let the billing department know that and identify the district, Diocese or other school system involved and the specific school/parish. In either case, explain that your child has medical expense insurance that provides benefits on an excess or secondary basis and that it is NOT what is sometimes referred to as "third party" insurance. The student is the insured.
- Request the billing department to add Myers-Stevens & Toohey into their system as a payor and to either send us the itemized bills described above directly (preferred!) or to send you those same bills to be forwarded to us. Letting the provider know that you are assigning benefits to them may help smooth the process. If you have difficulty, please contact us and we'll be happy to help.

If your child has other insurance or health coverage

File a claim with that primary plan (except Medicaid) and send us copies of their "Explanation of Benefits" or "EOBs" once processed.

What we need from the providers who see your child*

In order to evaluate your claim and provide benefits, we will need fully itemized bills from any providers seen. These are known as HCFA 1500 or CMS 1500 forms from providers such as doctors and as a UB04 form from facilities such as hospitals and surgery centers. They contain the following required information:

- Date(s) of Service
- Billed Charges
- Diagnostic Codes - these tell us what is wrong with your child
- Procedural or Revenue Codes - these tell us what was done to evaluate/treat the problem
- Provider Tax ID Number - needed to issue W-9s when benefits are assigned to providers
- National Provider Identifier (NPI) - needed to comply with Federal regulations

NOTE – we are not able to use "statements" from providers, primary health plan EOBs or a receipt of payment in lieu of the required itemized billings as described above.

**If you have Kaiser, request "courtesy statements" from Kaiser Member Services that include the information listed above. Please make sure the documentation submitted indicates what portion of the charges, if any, you are obligated to pay out of your own pocket.*

Final Steps

Send: 1) Completed claim form; 2) Itemized bills; 3) Other insurance/health plan EOBs (when applicable) to:

MYERS-STEVENS & TOOHEY
Attn: Claims Department
26101 Marguerite Parkway
Mission Viejo, CA 92692

OR **Fax: (949) 348-9350** *OR* **Email: claimsinfo@myers-stevens.com**

Need more help? Call us at (800) 827-4695

myers | stevens | toohey

STUDENT ACCIDENT & SICKNESS INSURANCE CLAIM FORM

PART A SCHOOL/PARISH STATEMENT

(Parent or legal guardian may complete Part A if injury is not school/parish-related)

NAME OF CLAIMANT FIRST MI LAST | AGE | GRADE | ☐ FEMALE ☐ MALE | DATE OF BIRTH MO DAY YR

ADDRESS OF CLAIMANT CITY STATE ZIP CODE

IS THE CLAIMANT A: ☐ STUDENT ☐ STAFF ☐ VOLUNTEER ☐ OTHER _____ | ID # FROM ID CARD (If applicable)

NAME OF SCHOOL/PARISH | NAME OF DISTRICT, DIOCESE OR OTHER SCHOOL SYSTEM

SCHOOL/PARISH MAILING ADDRESS CITY STATE ZIP CODE

DURING WHAT ACTIVITY DID THE INJURY OCCUR? ☐ INTERSCHOLASTIC PRACTICE ☐ INTERSCHOLASTIC GAME ☐ P.E. ☐ CLASSROOM ☐ PLAYGROUND ☐ TRAVEL ☐ AT HOME ☐ FIELD TRIP ☐ RELIGIOUS EDUCATION ☐ CONFIRMATION ☐ YOUTH MINISTRY ☐ YOUNG ADULT MINISTRY ☐ CYO ☐ PAL ☐ OTHER _____

WAS THE CLAIMANT PARTICIPATING IN A SPORT NOT SCHOOL/PARISH-SPONSORED AND SUPERVISED? ☐ YES ☐ NO
IF YES, LIST NAME OF SPORTS ORGANIZATION: | TYPE OF SPORT: | DOES THE SCHOOL/PARISH HAVE ANY RECORD OF ANY HEALTH COVERAGE FOR THE CLAIMANT? ☐ YES ☐ NO If YES, name of plan:

DATE OF INJURY/SICKNESS | TIME OF INJURY A.M. / P.M. (Circle One) | WHAT **PART** AND/OR **AREA** OF THE BODY WAS INJURED? (Additional details may be provided below) ☐ RIGHT _____ ☐ LEFT _____ | HAS THE CLAIMANT SUFFERED FROM SAME OR SIMILAR CONDITION BEFORE? ☐ YES ☐ NO IF YES, WHEN?

PROVIDE DETAILS ON HOW AND WHERE THE INJURY OR ILLNESS OCCURRED. PLEASE BE SPECIFIC

NAME AND TITLE OF SUPERVISING OFFICIAL AT TIME OF INJURY | WAS HE/SHE A WITNESS TO THE ACCIDENT? ☐ YES ☐ NO | DATE SCHOOL/PARISH WAS NOTIFIED

NAME AND TITLE OF OFFICIAL COMPLETING FORM | SIGNATURE X | DATE SIGNED | SCHOOL/PARISH TELEPHONE NUMBER

PART B PARENT OR LEGAL GUARDIAN INFORMATION

NAME OF CLAIMANT'S PRIMARY PHYSICIAN | ADDRESS | PHONE NUMBER

IS THE CLAIMANT COVERED, DIRECTLY AND/OR AS A DEPENDENT UNDER ANY OTHER INSURANCE OR HEALTH PLAN(S)? ☐ YES ☐ NO
IF YES, NAME OF PLAN(S) | POLICY NUMBER(S) | **IS THE CLAIMANT A MEDICARE BENEFICIARY? ☐ YES ☐ NO**

NAME OF CLAIMANT'S EMPLOYER (if applicable) | ADDRESS | PHONE NUMBER

NAME OF FATHER OR LEGAL MALE GUARDIAN | MOBILE TELEPHONE NO. | HOME TELEPHONE NO.

ADDRESS CITY STATE ZIP CODE

NAME OF EMPLOYER ☐ Self Employed ☐ Part Time ☐ Unemployed | WORK TELEPHONE

ADDRESS OF EMPLOYER CITY STATE ZIP CODE

NAME OF MOTHER OR LEGAL FEMALE GUARDIAN | MOBILE TELEPHONE NO. | HOME TELEPHONE NO.

ADDRESS CITY STATE ZIP CODE

NAME OF EMPLOYER ☐ Self Employed ☐ Part Time ☐ Unemployed | WORK TELEPHONE

ADDRESS OF EMPLOYER CITY STATE ZIP CODE

AUTHORIZATION: I hereby authorize any School, Participating Organization, Policyholder, trust, employer, insurance company, health plan, medical/dental provider or other person or entity to release any information/documentation needed to process this claim to Myers-Stevens & Toohey Co., Inc. (MST) or its insuring company when requested by them to do so. This may include but is not limited to: details of the reported loss; identification of witnesses and supervisors; verification of other insurance or health coverage; coverage terms; explanations of benefits; complete health records including those involving mental/emotional disorders and substance abuse; prescription drug history and fully itemized bills in the form of CMS/HCFA 1500s and UB04s. If the claim is reportedly the result of participating in a School, Participating Organization or Policyholder activity, I authorize MST to share information concerning this claim as necessary with representatives of the School, Participating Organization or Policyholder as applicable. I understand that the authorization to release claim-related information/documentation to MST will terminate two years from the date of signature unless terminated in writing on an earlier date by me. A photo static/digital copy of this authorization shall be considered as valid and effective as the original.

NAME _____ RELATIONSHIP TO CLAIMANT _____ SIGNATURE X _____ DATE _____

ASSIGNMENT OF BENEFITS: I authorize the payment of benefits directly to the provider(s) of services and/or supplies associated with this claim.

NAME _____ RELATIONSHIP TO CLAIMANT _____ SIGNATURE X _____ DATE _____

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and/or civil penalties.
I have read and acknowledge the General Fraud Warning above and the specific version for my state on the reverse side.

NAME _____ RELATIONSHIP TO CLAIMANT _____ SIGNATURE X _____ DATE _____

STATE-SPECIFIC FRAUD WARNINGS

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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Underwritten by: ACE *American Insurance Company*

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