2026–2027

Student Accident & Sickness Insurance

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.

Arranged and Administered by

myers | stevens | toohey

566.NBP
OR

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**). 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, 2027, whichever comes first, provided the required payments are made.

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

1st payment: $208

(Covers remainder of month in which you enroll and 1 additional month)
Subsequent Payments: $169 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 2026-2027 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	Low
Rates per School Year:	$339	$235

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 2027-2028 School Year.

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

Benefit Levels:	High	Low
Rates per School Year:	$328	$225

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 2026-2027 School Year.

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

Benefit Levels:	High	Low
Rates per School Year:	$79	$53

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 2027-2028 School Year.

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

Call (800) 827-4695 With Questions

*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).

Determine the benefit level that best fits your needs

(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	High Option	Student Accident & Sickness
Coverage Name	**MAXIMUMS PER Accident**		
Tackle Football Accident	$25,000	$75,000	**$50,000 Maximum per Sickness**
Full-Time 24/7 Accident	$50,000	$150,000	**$200,000 Maximum per Accident**
School-Time Accident	$25,000	$75,000	
Deductible Per Covered Accident/Sickness	$100	$0	**$50**
Covered Expenses	**BENEFIT MAXIMUMS**		**BENEFIT MAXIMUMS**
Hospital Room & Board - Semi-Private Room Rate	80%	100%	**80%**
Inpatient Hospital Miscellaneous Charges	80% to $2,000/Day	90% to $3,000/Day	**80% to $4,000/Day**
Intensive Care Unit	80% to $2,000/Day	100% to $5,000/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)	80% to $2,000	90% to $5,000	**80% to $5,000**
Doctor Non-Surgical Treatment & Exam/Telemedicine (excluding Physical Therapy) Including consultation (when referred by attending doctor)	80%	90%	**80%**
Surgeon Services	80%	90%	**80%**
Assistant Surgeon Services	80%	90%	**80%**
Anesthesiologist Services	80%	90%	**80%**
Physiotherapy (includes related office visits) when prescribed by a doctor	80% to $500	90% to $2,000	**80% to $2,000**
X-Ray Examinations (including reading)	80% to $500	90% to $1,000	**80%**
Diagnostic Imaging MRI, Cat Scan	80%	90%	**80%**
Ambulance (from site of covered loss directly to hospital)	100%		**100%**
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	80%	90%	**80%**
Durable Medical Equipment	80% to $500	90% to $1,000	**80% to $1,000**
Out-Patient Prescription Drugs (for Injuries only)	80%	90%	**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	80%	90%	**80%**
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	**80% to $750**
Aggravations or Re-Injury of an Injury	$500		**$500**

Benefits for Accidental Death, Dismemberment, Loss of Sight, Paralysis and Psychiatric/Psychological Counseling

In addition to medical benefits, if, within 365 days from the date of Accident covered by the policy, bodily Injuries result in any of the following losses, we will pay the benefit set opposite such loss. Only one such benefit (the largest) will be paid for all such losses due to any one Accident.

- Accidental Death **$10,000**
- Single dismemberment or entire loss of sight in one eye **$25,000**
- Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia **$50,000**
- Counseling - In addition to the AD&D benefits, we will pay 100% of the Usual and Customary cost of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to **$ 5,000**

Choose Your Own Doctor and Hospital

Instructions

2026 - 2027 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.

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 & Toohey Co., Inc.

PLEASE DO NOT SEND CASH

Our BEST Coverage

Student Accident & Sickness

1st Payment ☐ **$208**

You will be billed $338 every 2 months thereafter.

Our Accident Coverages

(One-Time Payment For Entire School Year)

COVERAGES:	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 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 & Toohey 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 & Toohey 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 & Toohey 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 & 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 2026/2027 school year until I notify Myers-Stevens & Toohey in writing prior to the next payment date.

Easy Enrollment

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

26101 Marguerite Parkway
Mission Viejo, CA 92692-3203
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-11648b-OR. Surplus lines insurance sold only through licensed surplus lines producers. Chubb, 202 Hall's Mill Road, Whitehouse Station, NJ 08889-1600.

Exclusions

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.
5. Injury or Sickness contributed to by the use of alcohol or drugs unless taken in the dosage and for the purpose prescribed by the Covered Person's Doctor.
6. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or would 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. 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.
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 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.
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. Treatment of detached retina (unless caused by an Injury), osteomyelitis, or pathological fractures or hernia.
8. Expenses payable by any automobile insurance policy without regard to fault.
9. Any expense related to the treatment of tonsils, adenoids, epilepsy, seizure disorder or congenital weakness. (Applies to the sickness-only coverage in the Student Accident & Sickness Plan)
10. The diagnosis and treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing. (Applies to the sickness-only coverage in the Student Accident & Sickness Plan)

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. 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 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. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; and 4) escalators or elevators in private homes. 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 number AH-57720-BASE-OR. 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

Call (800) 827-4695 With Questions