

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!

This is why your school provides basic school-time accident coverage for all students. Plus, parents are eligible to take advantage of our optional coverages that provide further insurance protection for your children 24/7. 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.



WITH OUR OPTIONAL FULL-TIME 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

Arranged and Administered by

myers | stevens | toohey

610.100-0
AK/AZ/CA/IN/KS/MO/NV



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THE SCHOOL-TIME ACCIDENT PLAN PAID FOR BY YOUR SCHOOL



This will cover 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;
- ✓ Participating in school sponsored and supervised activities, including; all interscholastic athletics, Work Study programs and school-sponsored and approved Community Service.
- ✓ Participating in school-sponsored and supervised field trips within the U.S. regardless of duration provided that they remain under the general control of school staff and/or school designated adult chaperones.
- ✓ Traveling directly and without interruption to and from: home and school to attend regularly scheduled classes; school and off campus locations to participate in school sponsored and supervised activities; or in School Vehicles anytime.
- ✓ Coverage is also provided for school-designated volunteers and for children/youth who are not enrolled students while officially participating in school sponsored and supervised activities.

NOTE – Participation in commercial camps or clinics is not covered under this plan. See "Full-Time 24/7" plans. Coverage period is based on dates selected by the school/district.

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.

$25,000 Maximum per Accident | $5,000 Maximum per Felonious Assault | $3,000 Maximum per Emergency Sickness
$0 Deductible Per Covered Accident

COVERED EXPENSES	BENEFIT MAXIMUMS
Hospital Room & Board - Semi Private Room Rate	**100%**
Ancillary Hospital Expenses	**100%**
Intensive Care Unit	**100%**
Hospital Emergency Room (room & supplies)	**100%**
Emergency Room Physician Charges	**100%**
Outpatient Surgical (room & supplies)	**100%**
Doctor Non-Surgical Treatment & Exam/ Telemedicine (excluding Physical Therapy) Including consultation (when referred by attending Doctor)	**100%**
Doctor's Surgical Expense	**100%**
Assistant Surgeon Services	**100%**
Anesthesiologist Services	**100%**

COVERED EXPENSES	BENEFIT MAXIMUMS
Physiotherapy (includes related office visits) when prescribed by a Physician	**100%**
Diagnostic Testing, X-Ray Examinations, MRI and Cat Scans	**100%**
Ambulance Expenses Ground or Air (from site of an emergency directly to hospital)	**100%**
Registered Nurse Services	**100%**
Rehabilitative Braces and Appliances	**100%**
Out-Patient Prescription Drugs (for Injuries only)	**100%**
Dental Services (including dental x-rays) made necessary by Injury to whole, sound, and natural teeth for Treatment due to a covered Accident	**100%**
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**
Laboratory Procedures	**100%**

For Field Trip (Specified Trip) Coverage: Medical Evacuation - $25,000, Repatriation - $10,000

Additional benefits to this plan may be found on Page 6!

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..
Felonious Assault for psychiatric or psychological counseling. "Felonious Assault" is an act of violence directed against a student, which results in a bodily Injury for which a student requires and seeks medical Treatment, and the School files a written report with the police within 24 hours of the assault.

*Plan does 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).
** May be satisfied by other primary insurance.

OPTIONAL PLANS FOR OUR BEST COVERAGE

IMPORTANT: *If you'd like to cover your child beyond the school day, you can supplement the School-Time Accident Plan in the previous page with either the Student Accident & Sickness Plan below or the Full-Time (24/7) Accident Plan on the next page.*

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





1st payment: $190
(Covers remainder of month in which you enroll and 1 additional month)
Subsequent Payments: $154.00 a month, billed every 2 months.

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

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 6!

OPTIONAL PLANS (CONT.)



Full-Time (24/7) Accident Plan*

This plan will offer your students coverage for **accidental 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)

Rate for the Entire School Year: $125

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

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 2027-2028 School Year.

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.

$50,000 Maximum per Accident **$0 Deductible Per Condition**

COVERED EXPENSES	BENEFIT MAXIMUMS
Hospital Room & Board - Semi Private Room Rate	**100%**
Ancillary Hospital Expenses	**100%**
Intensive Care Unit	**100%**
Hospital Emergency Room (room & supplies)	**100%**
Emergency Room Physician Charges	**100%**
Outpatient Surgical (room & supplies)	**100%**
Physician Non-Surgical Treatment & Exam / Telemedicine (excluding Physical Therapy) Including consultation (when referred by attending Doctor)	**100%**
Doctor's Surgical Expense	**100%**
Assistant Surgeon Services	**100%**
Anesthesiologist Services	**100%**

COVERED EXPENSES	BENEFIT MAXIMUMS
Physiotherapy (includes related office visits) when prescribed by a Physician	**100%**
Diagnostic Testing, X-Ray Examinations, MRI and Cat Scans	**100%**
Ambulance Expenses Ground or Air (from site of an emergency directly to hospital)	**100%**
Registered Nurse Services and Laboratory Procedures	**100%**
Rehabilitative Braces and Appliances	**100%**
Out-Patient Prescription Drugs (for Injuries only)	**100%**
Dental Services (including dental x-rays) made necessary by Injury to whole, sound, and natural teeth for Treatment due to a covered Accident	**100%**
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	**100%**
Aggravations or Re-Injury of an Injury	**$500**

Additional benefits to this plan may be found on Page 6!

*Plan does 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).

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.

Rate for the Entire School Year: $11

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 2027-2028 School Year.



Applies to the School-Time Accident Plan:

EXPANDED MEDICAL BENEFIT

For sports conditions for Treatment of bursitis; sprains; hernia; strains; muscle tears; tendonitis; and repetitive motion injuries if these conditions are aggravated by participation in a Covered Activity



Applies to all plans except Dental Accident

ENHANCED COVERAGE FOR CONCUSSION

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.



Applies to all plans except Dental Accident

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

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, skip the steps below and apply online at www.myers-stevens.com



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

2026-2027 Enrollment Form

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

Our BEST Plan

Student Accident & Sickness - 1st Payment ☐$190

You will be billed $308 every 2 months thereafter.
Coverage cannot exceed 12 calendar months or run past Sept. 30, 2027.

Our Accident Plans

(One-Time Payment For Entire School Year)

PLANS:	PREMIUM:
Full-Time (24/7)	☐ $125
Dental Accident	☐ $11

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, Indiana, 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, may be subject to prosecution for insurance fraud.

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 $308, 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.

FREQUENTLY ASKED QUESTIONS

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

Along with expanding your choice of providers for your child, our plans can help offset high deductibles, high co-insurance and other cost-sharing obligations common to many of today's health plans.

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

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

Under the full-time 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 (see page 10). 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 he/she re-enrolls 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.

Does the School-Time plan cover camps and clinics sponsored and organized by groups other than my child's school?

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

Still need help or have questions?

Go to www.myers-stevens.com 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 live 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.
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)
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 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 interscholastic 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 first Physician's visit. For School-Time and interscholastic high school tackle football injuries: The plan pays for covered expenses incurred within up to 104 weeks from the date of injury. For Student Accident & Sickness, Full-Time (24/7) and Dental Accident injuries: The plan pays for covered expenses incurred within up to 52 weeks from the date of first treatment (may be extended for certain Injuries). Covered expenses for Emergency Sickness under the School-Time Coverage must be incurred within 24 hours after onset. Each covered condition may be subject to a deductible - see plan details.

Definitions

Accident means a sudden, unexpected and unintended incident. **Covered Accident** means an Accident that results in Injury or loss covered by the Policy. **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.

Non-Duplication of Benefits (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.)

PRIMARY COVERAGE WAIVER

Failure by a Covered Person to follow the terms and conditions of his or her primary coverage will result in a benefit reduction of Covered Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment.

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-57720. 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 assistance in Spanish, please call 800-827-4695 | Para asistencia en Español, por favor llame a 800-827-4695