

**2024–2025**

# Student Accident & Sickness Insurance

Some families have little or no financial resources to fall back on during an unexpected emergency. Uncovered costs of medical care following an injury or illness may be a serious problem for families.

## **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**

# Determine the Plan(s)\* you want to purchase

## Student Accident & Sickness Plan

### Our Best Coverage!

Any students attending a participating school or school district 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 except as mandated by state law.

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 (disappearing) per Covered Accident or Covered Sickness.

Coverage begins at 11:59 p.m. on the latest of the following dates: the day Myers-Stevens & Toohey Co., Inc. (herein called *the Company*) receives the completed enrollment form, and the required premium is paid, or August 01, 2023, provided the company receives the completed enrollment form and the required premium is paid. Coverage ends at 11:59 p.m. on July 31, 2025 provided the required payments are made.

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

**1st payment: \$139**

(Covers remainder of month in which you enroll and 1 additional month)  
Subsequent Payments: \$119 a month, billed every 2 months

## Interscholastic Tackle Football Accident Plans

Students (grades 9-12) may enroll in these plans. Covers Injuries caused by covered accidents occurring

- While practicing or playing in interscholastic high school tackle football activities which are School-sponsored and directly supervised, including spring practice and summer conditioning, weight training and passing league
- While traveling for football in a School Vehicle or traveling directly and without interruption between School and off-campus site for such activities provided travel is arranged by and is at the direction of the School

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2024, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2025.

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

<b>Benefit Levels:</b>	<b>High</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$280</b>	<b>\$134</b>

## Full-Time 24/7 Accident Plans

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

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2024, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2025.

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

<b>Benefit Levels:</b>	<b>High</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$273</b>	<b>\$117</b>

## School-Time Accident Plans

Students (grades P-12) may enroll in these plans. Covers Injuries caused by covered Accidents occurring

- On School premises during the hours and on days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while continuously on the School premises
- While participating in or attending School-sponsored and directly supervised 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 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 latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2024, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2025.

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

<b>Benefit Levels:</b>	<b>High</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$68</b>	<b>\$32</b>

## Dental Accident Plan (\$150,000 Maximum)

Students (grades P-12) may enroll in these plans. Covers Injuries to teeth caused by covered Accidents occurring 24 hours a day, anywhere in the world, including participation in all sports and all forms of transportation.

Benefits are payable at 100% of the Usual, 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 secured 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 latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2024, provided the company receives the completed enrollment form and premium is paid. Coverage ends at 11:59 p.m. on July 31, 2025.

**\$21 purchased separately**  
**\$17 when added to any plan(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 plans except the Dental Accident Plan)

We will pay benefits only for covered Injuries sustained (or covered Sickness if this coverage is purchased) 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 Washington will be included in the covered expenses. The covered person may go to any licensed provider of their choice however, seeking Treatment through a *First Choice* contracted provider may reduce your out-of-pocket costs.

To find participating *First Choice* medical providers nearest you, call 800-231-6935 or log on to [www.fchn.com](http://www.fchn.com).

Covered Benefit Levels	Low Option	High Option	Student Accident & Sickness Plan
Plan Name	MAXIMUMS PER ACCIDENT		
<b>Tackle Football Accident Plan</b>	\$25,000	\$50,000	\$50,000 Maximum per Sickness
<b>Full-Time 24/7 Accident Plan</b>	\$50,000	\$150,000	\$200,000 Maximum per Accident
<b>School-Time Accident Plan</b>	\$25,000	\$50,000	
<b>Deductible (Disappearing*) Per Covered Accident/Sickness</b>	\$0		\$50
Covered Expenses	BENEFIT MAXIMUMS		BENEFIT MAXIMUMS
<b>Hospital Room &amp; Board</b> (semi private room rate) - Paid up to:	60%	100%	80%
<b>Inpatient Hospital Miscellaneous Charges</b> All other miscellaneous charges - Paid up to	\$600/Day	\$1,600/Day	80% to \$4,000/Day
<b>Intensive Care Unit</b> - Paid up to	\$1,500/Day	\$2,500/Day	80%
<b>Hospital Emergency Room</b> (room & supplies)	100%		80%
<b>Outpatient Surgery, Misc.</b> (room & supplies)	\$600	\$1,500	80% to \$4,000
<b>Physician Non-Surgical Treatment &amp; Exam</b> (excluding Physical Therapy)			
First Visit	\$40	\$70	80%
Each Follow Up	\$25	\$45	80%
Consultation (when referred by attending Physician)	\$150	\$250	80%
<b>Surgery</b>	50% to \$12,000	90% to \$12,000	80%
<b>Assistant Surgeon Services</b>	25% of Surgical Allowance		80%
<b>Anesthesiologist Services</b>	25% of Surgical Allowance		80%
<b>Physiotherapy</b> (includes related office visits) when prescribed by a Physician	\$30/Visit to \$500	\$60/Visit to \$700	80% to \$2,000
<b>Diagnostic X-Ray Examinations</b>	60% to \$500	90% to \$500	80%
<b>Diagnostic Imaging</b> MRI, Cat Scan	80% to \$500	80% to \$1,000	80%
<b>Ambulance</b> (from site of covered loss directly to hospital)	100%		80%
<b>Laboratory Procedures and Registered Nurse Services</b>	60%	100%	80%
<b>Braces and Appliances</b>	60% to \$300	100% to \$700	80% to \$1,000
<b>Prescription Drugs</b>	60%	100%	80%
<b>Dental Services</b> (including dental x-rays) for Treatment due to a covered Accident	60%	90%	80%
<b>Eyeglass Replacement</b> (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	\$300	\$300	80%

\* May be satisfied by other primary insurance.

## 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	\$20,000
• Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia	\$30,000
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

## Choose Your Own Doctor and Hospital

# Instructions

# 2024 - 2025 Enrollment 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 Plan

### Student Accident & Sickness

**1st Payment** ☐ \$139

You will be billed \$238 every 2 months thereafter.

## Our Accident Plans

*(One-Time Payment For Entire School Year)*

PLANS:	High Option	Low Option
Tackle Football Only	<input type="checkbox"/> \$280	<input type="checkbox"/> \$134
Full-Time (24/7)	<input type="checkbox"/> \$273	<input type="checkbox"/> \$117
School-Time	<input type="checkbox"/> \$68	<input type="checkbox"/> \$32
Dental Accident	<input type="checkbox"/> \$21 Purchased separately <input type="checkbox"/> \$17 When added to any plan(s) purchased	

**Total Amount Due**

**\$**

Print Parent or Guardian Name

I enroll for the coverage checked below. 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.

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

### 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 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 \$238, plus a 3% processing fee, on the 5th of the month that my payment is due. This authorization will remain in effect for the 2024/2025 school year until I notify Myers-Stevens & Toohey in writing prior to the next payment date.

570.WA

## Frequently Asked Questions...

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

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

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

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

### Can I take my child to any doctor or hospital?

**YES!** However, your out-of-pocket costs could be less by using a *First Choice* contracted provider. To find participating doctors/hospitals nearest you, call **800-231-6935** or log on to [www.fchn.com](http://www.fchn.com)

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

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

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

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

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

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

### Still need help or have questions?

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



## How To File A Claim

1. Report School-related Injuries within 72 hours to the School office.
2. To find a *First Choice* provider nearest you
  - Call 800-231-6935 or
  - Log on to [www.fchn.com](http://www.fchn.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](mailto:claims@myers-stevens.com)  
CA License #0425842

## The Insurance Company

**CHUBB®**

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

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-29540. Surplus lines insurance sold only through licensed surplus lines producers. Chubb, 202 Hall's Mill Road, Whitehouse Station, NJ 08889-1600.

# Exclusions

1. 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, and rendered within 12 months of the Accident.
2. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment
3. War or any act of war, declared or undeclared.
4. Commission of or active participation in a riot or insurrection; fighting or brawling, except in self-defense; commission of or attempt to commit a felony; or other illegal activity.
5. Suicide, attempted suicide or intentionally self-inflicted injury.
6. Treatment by persons employed or retained by a School, or by any Immediate Family or member of the Insured's household; or covered medical expenses for which the Insured would not be responsible for in the absence of the Policy.
7. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports.
8. Injury covered by Worker's Compensation, Employer's Liability Laws, or similar occupational benefits; expenses payable by any automobile insurance policy without regard to fault.
9. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical Treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food. (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
10. Treatment of detached retina (unless directly caused by an Injury), osteomyelitis, or pathological fractures.
11. Treatment of hernia. (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)

In addition to the General Exclusions listed in the Policy, the following exclusions may apply to the 24-Hour Sickness Benefit Rider:

1. The diagnosis and treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
2. Any expenses related to the treatment of tonsils, adenoids, or congenital weakness; or expenses for Treatment of congenital anomalies and conditions arising or resulting directly there from.
3. Benefits are not payable for a Sickness that is a "Pre-existing Condition" (a condition for which the Insured received medical treatment, care or advice within 3 months before being insured under the Policy). But, this exclusion does not apply after the Insured has been insured under the Policy for 3 straight months or was insured under prior creditable coverage.

In addition to the General Exclusions listed in the Policy, the following exclusions may also apply to the 24-Hour Dental Accident Benefit Rider:

1. Aggravation or reinjury of a condition existing prior to the Accident.
2. Infection, except a pyogenic infection through an open wound caused by a Covered Accident.
3. Orthodontic treatment for any purpose, unless necessitated by a covered Injury.

Student Accident & Sickness benefits are subject to a pre-existing condition limitation. Refer to Policy for definitions. This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including but not limited to, the payment of claims.

## Requirements and Limitations

Aggravations of Injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. School-time and high school tackle football injuries must be reported to the School within 72 hours of the date of Injury. The first Physician's visit must be within 365 days after the Accident occurs or Sickness commences. A claim form must be filed with Myers-Stevens & Toohy Co., Inc. within 90 days after the date of loss or as soon as reasonably possible. The plan pays for covered expenses incurred within up to a year from the date of the first Treatment. However, should the Injury sustained 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.

## Definitions

**Accident** means a sudden, unexpected and unintended incident. "**Covered Accident**" means an Accident that results in Injury or loss covered by the Policy. **Injury** means accidental bodily harm sustained by the Insured 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 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, Physician, or other provider that are required to identify or treat an Injury and that, as determined by Us, are: (1) consistent with the symptom or diagnosis and Treatment of Injury; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured; 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 Insured's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **Sickness** means illness or disease contracted by and causing loss to the Insured Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Sickness. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Usual, Customary and Reasonable Charges – "**Usual**" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury. "**Customary**" means those charges made by the majority of providers in the area for the same or similar services or supplies. "**Reasonable**" means those charges that do not exceed the majority of the prevailing fees in the area for the same or similar services or supplies.

"**Area**" means a county or larger geographically significant area as determined by Us. "**School Activities**" means an event or activity that is sponsored, authorized, and supervised by the School and is an official part of the School's curriculum or program.

## 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 sustains a loss covered under these plans that is covered under any other valid and collectable insurance, any amount payable or provided by the other coverage will be subtracted from the covered expenses, and we will pay benefits based on the remaining amount.

**IMPORTANT NOTICE:** This brochure contains a brief description of the benefits available under the insurance programs. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies delivered in the state under form numbers AH-29540. 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](http://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*

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