

2008-2009 School Year STUDENT ACCIDENT & HEALTH INSURANCE



Attention Parents!

Children have accidents. Treatment can be expensive... sometimes, very expensive. That's why your school (and 1,000s of others) makes affordable insurance coverage available to you and your child as described within. These plans can help you prepare for those emergencies that life throws at all of us.

You can choose from "School-Time only" or plans that protect your child 24/7. A Student Health Care plan (covers accidents and illness) and Dental Accident plan are also available. There's even an option for your entire family's prescription drug needs. Even if you have other coverage, these plans can still help you "fill in the gaps."

Your enrollment form is attached. Call us if you need help or have questions.

*Are your
kids ready
for School?*

- ✓ New Clothes
- ✓ Books
- ✓ Supplies
- ✓ INSURANCE

For Questions Call:



Myers-Stevens & Toohy & Co., Inc.

(800) 827-4695

CA License #0425842



EASY ENROLLMENT!

Checks, money orders or credit cards accepted.



OR SR 565 03/08

Determine the Plan(s) you want to purchase.

Example: If you decide that your student is in need of sickness and accident insurance, then the Student Health Care Plan may better fit your insurance needs. Whatever plan(s) you decide to purchase, **you may go to the doctor or hospital of your choice.**

STUDENT HEALTH CARE PLAN

Students (age 4-22) may enroll in this plan. Covers Injuries sustained and Sickness 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). Repatriation and Medical Evacuation benefits are included. This plan does not cover routine or preventative care, except as mandated by state laws.

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 if enrolling prior to December 1, 2008. If enrolling on or after December 1, the deductible per sickness is increased to \$500 unless enrollment occurs within: 1) 30 days of student's transfer into a participating school; or 2) 30 days of loss of prior health coverage; or 3) 5 days of participation in the first official day of practice for any interscholastic sport. ENROLL EARLY!

Our Best Plan

covers Injuries and Sickness

1st payment: \$120.00

**(covers remainder of month in which you enroll and 1 additional month)
Subsequent Payments: \$110.00 a month, billed every 2 months**

Coverage begins at 11:59 p.m. on the date the school receives a completed enrollment form and payment of premium, provided proper records are maintained by the School and enrollment form and premium are forwarded to and received by Myers-Stevens & Toohy & Co., Inc. (hereinafter called "The Company") within 15 calendar days. Otherwise, coverage begins on the day of receipt of the enrollment form and premium by the Company. **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, 2009, whichever comes first, provided the required payments are made.

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; and
- 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 at the direction of the School.

**Benefit Levels: High Mid Low
Rates for Entire School Year: \$273 \$197 \$148**

Coverage begins at 11:59 p.m. on the date the school receives a completed enrollment form and payment of premium, provided proper records are maintained by the School and enrollment form and premium are forwarded to and received by the Company within 15 calendar days. Otherwise, coverage begins on the day of receipt of the enrollment form and premium by the Company. **Coverage ends at 11:59 p.m.** on the closing date of regular classes for the 2008-2009 school year.

FULL-TIME (24-HOUR) 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 high school tackle football.

Coverage begins at 11:59 p.m. on the date the school receives a completed enrollment form and payment of premium, provided proper records are maintained by the School and enrollment form

**Benefit Levels: High Mid Low
Rates for Entire School Year: \$268 \$191 \$153**

and premium are forwarded to and received by the Company within 15 calendar days. Otherwise, coverage begins on the day of receipt of the enrollment form and premium by the Company. **Coverage ends at 12:01 a.m.** on the date school begins regularly scheduled classes for the 2009-2010 school year.

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; and
- 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); and
- while traveling directly and without interruption to or from residence and School for regular

**Benefit Levels: High Mid Low
Rates for Entire School Year: \$66 \$55 \$42**

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 date the school receives a completed enrollment form and payment of premium, provided proper records are maintained by the School and enrollment form and premium are forwarded to and received by the Company within 15 calendar days. Otherwise, coverage begins on the day of receipt of the enrollment form and premium by the Company. **Coverage ends at 11:59 p.m.** on the closing date of regular classes for the 2008-2009 school year.

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, Reasonable and Customary 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

**\$21.00 purchased separately
\$17.00 when added to any plan(s) purchased.**

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 date the school receives a completed enrollment form and payment of premium, provided proper records are maintained by the School and enrollment form and premium are forwarded to and received by the Company within 15 calendar days. Otherwise, coverage begins on the day of receipt of the enrollment form and premium by the Company. **Coverage ends at 12:01 a.m.** on the date school begins regularly scheduled classes for the 2009-2010 school year.

PHARMACY SMARTCARD

Enroll today and receive savings of 10% - 70% on prescription drugs available at local pharmacies! **Anyone, at any age, may enroll!** SmartCard services are provided through NPS.

The **SmartCard** is not an insurance product and is not insured by ACE American Insurance Company. For more information on NPS, log on to www.pti-nps.com or call (800) 546-5677.

\$36.00 for entire family, for one full year!

An ID card will be sent separately by NPS after your payment has been processed.

In order to receive discounts, you must present your ID card to the pharmacy each time you need a prescription for you or your family.

Determine the benefit level that best fits your needs.

We urge you to consider the Student Health Care or the High Option plans, especially if your child has no other insurance.

Call us at 800-827-4695 for help.

DESCRIPTION OF BENEFITS

(applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)

We will pay benefits only for covered injuries sustained or covered Sickness while insured under this school year's plan. Benefits payable will be based on the Usual and Customary 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. The covered person may go to any provider of their choice.

COVERED BENEFITS LEVELS	LOW OPTION	MID OPTION	HIGH OPTION	STUDENT HEALTH CARE PLAN
	MAXIMUMS PER ACCIDENT			
Plan Name				
TACKLE FOOTBALL ACCIDENT PLAN	\$ 25,000	\$ 50,000	\$ 75,000	\$ 50,000 Maximum per sickness
FULL-TIME (24-HOUR) ACCIDENT PLAN	\$ 50,000	\$100,000	\$150,000	\$200,000
SCHOOL-TIME ACCIDENT PLAN	\$ 25,000	\$ 50,000	\$ 75,000	Maximum per accident
Deductible - per Covered Accident/Sickness	\$0	\$0	\$0	\$50/\$500*
COVERED EXPENSES		BENEFIT MAXIMUMS		BENEFIT MAXIMUMS
Hospital Room & Board – Semi-Private Room Rate	60%	80%	100%	80%
Inpatient Hospital Miscellaneous Charges – Services described below are paid as scheduled. All other Miscellaneous charges - Paid up to	\$600/Day \$1,500/Day	\$900/Day \$1,800/Day	\$1,600/Day \$2,500/Day	80% to \$4,000/Day 80%
Intensive Care Unit				
Hospital Emergency Room (room & supplies) incurred within 72 hours of an injury	60%	80%	100%	80%
Outpatient Surgical (room & supplies)	\$600	\$900	\$1,500	80% to \$4,000
Physician Non-surgical Treatment and examination (excluding physical therapy):				
First Visit	\$40	\$50	\$70	80%
Each Follow Up Visit	\$25	\$35	\$45	80%
Consultation (when referred by attending physician)	\$150	\$200	\$250	80%
Surgeon Services	50% to \$12,000	70% to \$12,000	90% to \$12,000	80%
Assistant Surgeon Services 25% of Surgical Allowance.			80%
Anesthesiologist Services 25% of Surgical Allowance.			80%
Physiotherapy, (includes related office visits) When prescribed by a physician	\$30/Visit to \$500	\$45/Visit to \$600	\$60/Visit to \$700	80% to \$2,000
X-Ray Examinations (includes reading)	60% to \$500	70% to \$500	90% to \$500	80%
Diagnostic Imaging MRI, Cat Scan	80% to \$500	80% to \$700	80% to \$1,000	80%
Ambulance (from site of covered loss directly to hospital)	60%	80%	100%	80%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	60%	80%	100%	80%
Durable Medical Equipment	60% to \$300	80% to \$500	100% to \$700	80% to \$1,000
Out-Patient Prescription Drugs (for injuries only)	60%	80%	100%	80%
Dental Services (including dental x-rays) for treatment due to a covered accident	60%	80%	90%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered accident requiring medical treatment)	\$300	\$300	\$300	80%
Medical Evacuation & Repatriation	\$0	\$0	\$0	100% to \$10,000

*If enrolling on or after Dec. 1, deductible per Sickness is increased to \$500. See Student Health Care description at left for exceptions.

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

(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)

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 and Customary Charges of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to	\$ 5,000

Premiums Cannot Be Refunded Or Converted

OR SR 565 03/08

Do Not Delay!

Return this completed enrollment form to your school right away.

Must be completed by school official & received by Myers-Stevens & Toohy & Co., Inc. within **15 calendar days**.

DATE ENVELOPE RETURNED

TIME RETURNED

SCHOOL OFFICIAL INITIALS

Complete the 2008-2009 enrollment form.
Complete all information (please print) and return to a school official.

Student Social Security # (If available) - -
Student Birthdate - -

Student Name first middle last

Mailing Address

City **State** **OR** **Zip Code**

Parent's Daytime Phone Number **Email**

School Name **Grade**

District Name

Print Name of Parent or Guardian

I enroll for the coverage checked below. I understand premiums cannot be refunded or converted and the Health Care Plan contains a Pre-Existing Conditions limitation.

X
Signature of Parent or Guardian _____ Date _____
Underwritten by: ACE American Insurance Company, Philadelphia, PA 19106



STUDENT HEALTH CARE PLAN
(COVERS INJURIES AND SICKNESS)
1st Payment \$120.00

You will be billed \$220.00 every 2 months thereafter. Coverage cannot exceed 12 calendar months or run past Sept. 30, 2009.

ACCIDENT PLANS
(ONE-TIME PAYMENT FOR ENTIRE SCHOOL YEAR)

PLANS:	High Option	Mid Option	Low Option
Tackle Football Only	<input type="checkbox"/> \$273.00	<input type="checkbox"/> \$197.00	<input type="checkbox"/> \$148.00
Full-Time	<input type="checkbox"/> \$268.00	<input type="checkbox"/> \$191.00	<input type="checkbox"/> \$153.00
School Time	<input type="checkbox"/> \$ 66.00	<input type="checkbox"/> \$ 55.00	<input type="checkbox"/> \$ 42.00
Dental	<input type="checkbox"/> \$ 21.00 Purchased separately		
	<input type="checkbox"/> \$ 17.00 When added to any plan(s) purchased		
Pharmacy SmartCard	<input type="checkbox"/> \$ 36.00		

TOTAL AMOUNT DUE: \$ _____

DO NOT SEND CASH

METHOD OF PAYMENT (check one) Note: \$25.00 service charge for Returned Checks and declined Credit Cards.

Mastercard® or Visa® (Payment form on back)
 Check/Money Order (Made payable to: Myers-Stevens & Toohy & Co., Inc.)

Check Number: # _____ Name on Check: (Please Print) _____ Amount Enclosed: \$ _____

OR SR 565 03/08

DO NOT SEND CASH

1. Tear off envelope here
2. Complete the enrollment form
3. Insert premium into envelope
4. Wet and fold the gummed flap down to seal
5. Return to School.

INSTRUCTIONS

Incomplete Information Will Cause a Delay in Coverage.

1. Choose the accident plan(s) (full-time, school time, tackle football) you want to purchase and then decide which benefit level fits your insurance needs (High, Mid or Low), or choose the Student Health Care Plan.
2. Complete and detach enrollment form.
3. Insert a check or money order made payable to Myers-Stevens & Toohey & Co., Inc. or complete Mastercard® / Visa® payment form. **DO NOT SEND CASH.**
4. **IMPORTANT:** Print student's full name on your check or money order and write check number, name on check and the amount of check on the enrollment form.
5. Return the completed enrollment form to the school. (The enrollment form must be signed by a school official and received within 15 calendar days by Myers-Stevens & Toohey & Co., Inc.). You may fax direct to **(949) 348-2630**.
6. If using Mastercard® / Visa® your charge will appear as "M-S Student Insurance" on your statement. Keep this folder for future reference.
7. Please allow 3 weeks to receive your Insurance Verification card. The Pharmacy SmartCard will be sent separately by NPS. Please call NPS direct at (800) 546-5677.

PREMIUMS CANNOT BE REFUNDED OR CONVERTED

PAYMENT FORM

Incomplete Information Will Cause a Delay in Coverage.



Important: If paying by credit card, complete this form. Your amount of charge will appear as "M-S Student Insurance" on your statement.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Card Number

EXP. DATE		3 digit control #	
MO.	YR.	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\$ _____
Amount

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Print Name of Cardholder

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Mailing Address

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City

OR
State

Zip Code

X

Signature of Cardholder

DO NOT SEND CASH

1. Tear off envelope here 2. Complete the application form 3. Insert premium into envelope 4. Wet and fold the gummed flap down to seal 5. Return to School.

FREQUENTLY ASKED QUESTIONS...

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

Student Health Care, which covers injuries and sicknesses 24-hours a day. Next best is the Full-Time (24-Hour) Accident Plan with High Option benefits.

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

Most other plans have deductibles and/or co-payments. Our plans can help with these out-of-pocket expenses.

Can I take my child to any doctor or hospital?

YES! However, your out-of-pocket costs could be less by using contracted providers that have agreed to discount their charges. To find contracted doctors/hospitals nearest you, call 800-877-1666 or log on to www.beechstreet.com.

Are accident-only plan 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.

If my child has a covered Injury or a covered medical condition, will benefits for that same injury or medical condition be extended if he/she re-enrolls next year?

Once maximum benefits have been paid or the benefit period ends (generally, one year) no further benefits for that injury or medical condition will be made. The Dental Accident Plan is the only exception. See this brochure for details.

IN CASE OF ACCIDENT OR SICKNESS

1. Report school related injuries within 72 hours to the school office. You may go to the provider or the facility of your choice. The first physician's visit must be within 120 days after the accident or sickness.
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 first treatment.
3. At the same time, please file a claim with your other family health and/or accident carrier.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



myers • stevens

Myers-Stevens & Toohey & Co., Inc.

26101 Marguerite Parkway
Mission Viejo, CA 92692-3203
(949) 348-0656 or (800) 827-4695
FAX (949) 348-2630
CA License #0425842

THE INSURING COMPANY

(Does not apply to the SmartCard)



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

*2008 Best Rated A+ (Superior)
(A.M. Best rating ranges from A++ to D)
This rating is an indication of the company's
financial strength and ability to meet
obligations to its insureds.*

This brochure is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in the states in which the policy is delivered. Complete details may be found in the Policies on file at your school or district office. Certain provisions may be different if required by state law. Please keep this information as a reference.

EXCLUSIONS

Benefits are not payable under the Policy for any of the following or loss that results there from:

1. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
2. War or any act of war, whether declared or not.
3. 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.
4. Suicide, attempted suicide or intentionally self-inflicted Injury.
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 Physician.
6. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports. (Does not apply to the Dental Accident Plan.)
7. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or similar occupational benefits.
8. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School, or by any member of the Covered Person's immediate family; or for which no charge is normally made.
9. Mental or nervous disorders. (Does not apply to the Student Health Care Plan.)
10. 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 Student Health Care Plan.)
11. The diagnosis and treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing. (Does not apply to Accident-Only Plans.)
12. Injury sustained as a result of riding in or on, entering or alighting from, a two or three wheeled motor vehicle. (Does not apply to the Dental Accident Plan.)
13. Treatment of detached retina (unless directly caused by an Injury), osteomyelitis, pathological fractures or hernia. (Does not apply to the Student Health Care Plan.)
14. Any expenses related to the treatment of tonsils, adenoids, epilepsy, seizure disorder or congenital weakness. (Does not apply to the Student Health Care Plan.)
15. Applicable to Accident-Only Plans - Expenses payable by any automobile insurance policy without regard to fault. Applicable to Student Health Plan - Injury for which benefits are payable under other valid insurance for motor vehicle accidents.
16. Benefits are not payable under the Student Health Care Plan for a condition that is a "Pre-existing Condition" (a condition for which the Covered Person received medical treatment, care or advice within 6 consecutive months before being insured under the Policy.) But, this exclusion does not apply after the Covered Person had been insured under the Policy for 6 consecutive months. A new six-month pre-existing condition limitation will not be imposed in subsequent school years after the first, unless there is a separation of a period of more than one school term or semester break.

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 & LIMITATIONS

Aggravations of injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a motor vehicle are limited to a \$5,000 maximum benefit (up to \$10,000 if vehicle is a School Vehicle). Some motor vehicle injuries are not covered - see exclusions above for details. 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 120 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. The plan pays for covered expenses incurred within up to a year from the date of the first physician's visit. 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.

Facility of Payment: Whenever payments that should have been made under the Policy are made by any other policy, the Company reserves the right, at their sole discretion, 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

An **Accident** is defined as a sudden, unexpected and unintended incident. **Covered Accident** means an Accident that results in injury or loss covered by this Policy. An **Injury** is defined as accidental bodily harm sustained by the Covered Person that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. **Medically Necessary** is defined as the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness and which, as determined by the Company, are: (1) consistent with the symptoms and diagnosis and Treatment of the Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an Inpatient, it further means that the Insured Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **Sickness** is defined as 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.

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. **This provision applies to Sports Coverage only. The Coordination of Benefits applies to Student Health Care Coverage.**

IMPORTANT NOTICE: If your child qualifies for Medicare, you must obtain a Medicare disclosure notice prior to applying for this insurance. Please contact our office for a copy of this notice.

PREMIUMS 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

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