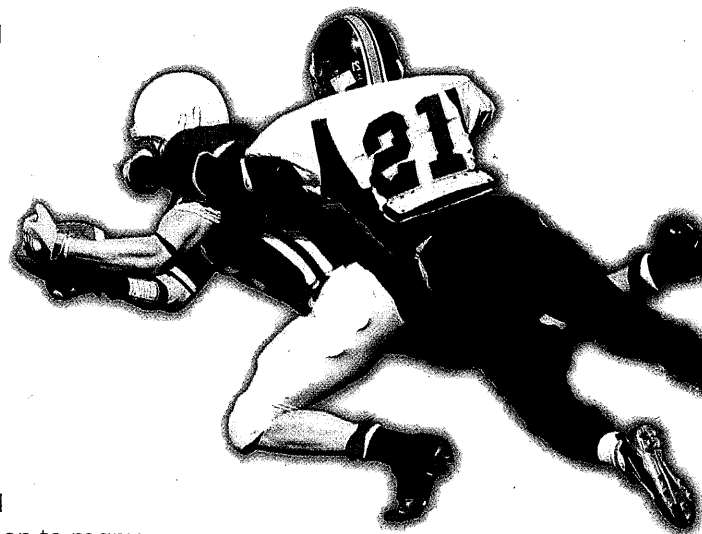


Student Accident & Sickness Insurance

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**

641
AZ/CA/IN/NV

Determine the Plan(s) you want to purchase

Plans* showing  include Enhanced Coverage for Concussion - See next page for details

Student Accident & Sickness Plan

Our Best Coverage!

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.

Benefits are payable according to the "Description of Benefits" up to \$50,000 per Covered Sickness and \$200,000 per Covered Accident.

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 & Toohey 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, 2025, whichever comes first, provided the required payments are made.

There is a \$50 deductible (disappearing) per covered Accident or covered Sickness.

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

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 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 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 2024-2025 School Year.

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.

Benefit Levels:	High	Low
Rates per School Year:	\$339	\$235

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 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 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 2025-2026 School Year.

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

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

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 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 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 2024-2025 School Year.

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

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

Dental Accident Plan (\$75,000 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 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 2025-2026 School Year.

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

*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).

**May be satisfied by other primary insurance.



Call (800) 827-4695 With Questions

Determine the benefit level that best fits your needs

(Applies to all plans except Dental Accident)

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. To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to www.myfirsthealth.com.

Covered Benefit Levels	Low Option	High Option	Student Accident & Sickness Plan
Plan Name	MAXIMUMS PER ACCIDENT		\$50,000 Maximum per Sickness \$200,000 Maximum per Accident
Tackle Football Accident Plan	\$25,000	\$75,000	
Full-Time 24/7 Accident Plan	\$50,000	\$150,000	
School-Time Accident Plan	\$25,000	\$75,000	
Deductible (disappearing**) - per condition	\$100	\$0	\$50
Covered Expenses	BENEFIT MAXIMUMS		BENEFIT MAXIMUMS
Hospital Room & Board - Semi Private Room Rate	80%	90%	80%
Ancillary Hospital Expenses	80% to \$2,000/Day	90% to \$3,000/Day	80% to \$4,000/Day
Intensive Care Unit	80%	90%	80%
Hospital Emergency Room (room & supplies)	100%		100%
Emergency Room Physician Charges			
Outpatient Surgical (room & supplies)	80% to \$2,500	90% to \$5,000	80% to \$5,000
Doctor Non-Surgical Treatment & Exam/Telemedicine (excluding Physical Therapy) Including consultation (when referred by attending Physician)	80%	90%	80%
Doctor's Surgical Expenses			
Assistant Surgeon Services			
Anesthesiologist Services			
Physiotherapy (includes related office visits) when prescribed by a Doctor	80% to \$500	90% to \$1,000	80% to \$2,000
Diagnostic Testing, X-Ray Examinations, MRI, and Cat Scans	80%	100%	80%
Ambulance Expenses - Ground or Air (from site of an emergency directly to hospital)	100%		100%
Registered Nurse Services and Laboratory Procedures	80%	100%	80%
Rehabilitative Braces and Appliances			
Out-Patient Prescription Drugs (for Injuries only)	80%	90%	
Dental Services (including dental x-rays) made necessary by Injury to whole, sound, and natural teeth for Treatment due to a covered Accident			
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	100% to \$750		100% to \$750
Aggravations or Re-Injury of an Injury	\$500		\$500



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.



Benefits for 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	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
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	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

Choose Your Own Doctor and Hospital

your needs

n. Benefits payable will be based on the Usual, Customary and and limitations. We do not pay for a service or supply unless it is ncluded in the covered expenses.

uce your out-of-pocket costs. To find participating First Health

tion	Student Accident & Sickness Plan
	\$50,000 Maximum per Sickness
	\$200,000 Maximum per Accident
	\$50
	BENEFIT MAXIMUMS
	80%
00/Day	80% to \$4,000/Day
	80%
	100%
,000	80% to \$5,000
	80%
000	80% to \$2,000
	80%
	100%
	80%
	100% to \$750
	\$500

ing in a Covered Activity, and the Insured is prohibited col, benefits for the treatment of that concussion will be ll other terms and conditions of the Plan.



y, and Heart or Circulatory Malfunction

owing losses, we will pay the benefit set opposite such loss. cident.

&D benefits, we will pay 100% of the Usual, of psychiatric/psychological counseling needed after \$5,000 ight or paralysis up to

death benefit payable for Loss of Life due to Heart, n that occurs within 72 hours of participation in a \$10,000 needed to such Malfunction

ospital

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 your school.

Enrollment Instructions

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** and detach the enrollment form on the reverse side. Please note, we are unable to accept enrollments over the phone.
- Purchase and Return**
 - IF PAYING BY CHECK OR MONEY ORDER:** print student's full name on your check/money order, make payable to **Myers-Stevens & Toohey Co., Inc.**, seal in attached envelope and return to your school.
 - IF PAYING BY CREDIT OR DEBIT CARD:** complete Mastercard® / Visa® payment form on the reverse side, detach, seal in attached envelope and return to your school.

PLEASE DO NOT SEND CASH

Do Not Delay!

Send this to your school right away.

Our BEST Plan

Student Accident & Sickness

1st Payment ☐ \$208

You will be billed \$338 every 2 months thereafter.
Coverage cannot exceed 12 calendar months or run past Sept. 30, 2025.

Our Accident Plans

(One-Time Payment For Entire School Year)

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

Total Amount Due

\$

Print Parent or Guardian Name

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

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 Arizona, Illinois, Indiana, 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.

X

Parent or Guardian Signature

Date

ALL PREMIUMS ARE FULLY EARNED UPON RECEIPT AND
CANNOT BE REFUNDED OR CONVERTED

Easy Enrollment

How To File A Claim

1. Report School-related injuries within 72 hours (or 60 days if you reside in California) to the School office.
2. You may go the doctor of your choice or 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 Plan.
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

Email 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-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 hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, hernia, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy).

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

Requirements and Limitations

Aggravations of injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. School-time and high school tackle football injuries must be reported to the School within 72 hours in (or 60 days if you reside in California) of the date of Injury. The first Physician's visit must be within 120 days after the Accident occurs. A claim form must be filed with Myers-Stevens & Toohey Co., Inc. within 90 days after the date of loss. The School-Time, Tackle Football and Full-Time (24/7) plans pay for covered expenses incurred within up to 104 weeks from the date of Injury. The Student Accident & Sickness and Dental Accident plans pay for covered expenses incurred within up to 52 weeks from the date of first treatment, however, should the Injury sustained under the Student Accident & Sickness plan require the removal of surgical pins, continued Treatment for serious burns, or Treatment of a non-union or mal-union fracture, the benefit period will be extended to 104 weeks. Each covered condition may be subject to a deductible - see plan details.

Facility of Payment

Whenever payments that should have been made under the Policy are made by any other policy, the Company reserves the right to pay over to any plan making such other payments, any amounts the Company determines are warranted in order to satisfy the intent of this provision. The amounts paid are considered benefits paid under the Policy and, to the extent of such payments, the Company shall be fully discharged from liability under the Policy. In no event will the Company pay more than the benefits payable under the Policy for all policies providing the same or similar benefits issued to the Policyholder and underwritten by the Company.

Definitions

Accident means a sudden, unexpected and unintended incident. **Covered Accident** means an Accident that results in Injury or loss covered by the Policy. **Coinurance** means the percentage of Covered Expenses after any Deductible is applied, that are payable under this Policy. **Covered Expenses** means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. **Covered Loss** or **"Covered Losses"** means an accidental death, dismemberment or other Injury covered under the Policy. **Disappearing Deductible** means the dollar amount of Covered Expenses the Covered Person must incur before We pay any benefits. The Deductible may be satisfied by Other Valid and Collectible Insurance. The Disappearing Deductible is shown on the Schedule of benefits. **Emergency Sickness** means a Sickness of such a nature that failure to get immediate medical care could put the person's life in danger or cause serious harm to the person's bodily functions. **Injury** means accidental bodily harm sustained by a Covered Person that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **Medically Necessary** or **Medical Necessity** means the services or supplies provided by a Hospital, Doctor, or other provider that are required to identify or treat an Injury and that, as determined by The Company, are: (1) consistent with the symptom or diagnosis and treatment of Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; and (4) the most appropriate supply or level of service that can be safely provided. When applied to the care of an Inpatient, it further means that the Person's medical symptoms or condition requires that the services cannot be safely provided as an outpatient. The fact that a Doctor may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Policy. **Other Valid and Collectible Insurance** means any: 1) group plan, program, or insurance policy; 2) any other group hospital, surgical or medical benefit plan; or 3) union welfare plans or group employer or employee benefit programs. Other Valid and Collectible Insurance will not include benefits provided by the United States Social Security Act, any individual health insurance plans or any individual disability insurance plans. **School Activity** means any activity that is sponsored and supervised by the School. It does not include camps or clinics relating to athletics or cheerleading that are sponsored, controlled and, or organized by any non-School group. **Sickness** means an illness, disease or infection commencing while coverage under the Policy is in force. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **Usual, Customary and Reasonable Charge** means the prevailing amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

Excess Provision:

In order to keep premiums as affordable as possible, these plans pay benefits on a non-duplicating basis. This means, if a person is covered by one or more of these plans and by any other valid insurance or health agreement, any amount payable or provided by the other coverages will be subtracted from the covered expenses and we will pay benefits based on the remaining amount. (In Arizona: Does not apply to the Sickness-Only coverage under the Student Accident & Sickness Plan.)

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

AZ/CA NBP 641 05/24