

2022-2023
School Year

Student Accident & Sickness Insurance



Dear Parent,

Along with providing a quality Catholic education, your school does its best to protect its students from injuries. Even so, accidents happen and 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!

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:





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THIS PLAN IS PAID FOR BY YOUR SCHOOL

School-Time Accident Plan

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.
- ✓ While participating in or attending School-sponsored and supervised activities including interscholastic athletic activities.
- ✓ While traveling directly and without interruption to or from home and School for regular attendance; or School and off campus site to participate in School-sponsored and supervised activities, provided travel is arranged by and is at the direction of the School; and while traveling in School Vehicles at any time.

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 | 80% |
| Inpatient Hospital Miscellaneous Charges | 80% |
| Intensive Care Unit | 80% |
| Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury | 100% |
| Emergency Room Physician Charges | 100% |
| Outpatient Surgical (room & supplies) | 80% |
| Doctor Non-Surgical Treatment & Exam / Telemedicine (excluding Physical Therapy) Including consultation (when referred by attending Physician) | 80% |
| Surgeon Services | 80% |
| Assistant Surgeon Services | 80% |
| Anesthesiologist Services | 80% |

| COVERED EXPENSES | BENEFIT MAXIMUMS |
|--|----------------------|
| Physiotherapy (includes related office visits) when prescribed by a Physician | 80% |
| X-Ray Examinations (including reading) | 80% |
| Diagnostic Imaging MRI, Cat Scan | 80% |
| Ambulance Expenses Ground or Air (from site of an emergency directly to hospital) | 100% |
| Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces | 80% |
| Durable Medical Equipment | 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 |
| Medical Evacuation & Repatriation | 100% |

Emergency Sickness means a Sickness of such nature that failure to get immediate medical care could put the person's life in danger or cause serious harm to 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.

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

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 page 6.

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**.

1st payment: \$198

(Covers remainder of month in which you enroll and 1 additional month)

Subsequent Payments: \$161 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, 2023, 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. To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to www.myfirsthealth.com.

\$50,000 Maximum per Sickness

\$200,000 Maximum per Accident

\$50 Deductible (Disappearing*) Per Condition

| COVERED EXPENSES | BENEFIT MAXIMUMS |
|--|--------------------|
| Hospital Room & Board - Semi Private Room Rate | 80% |
| Inpatient Hospital Miscellaneous Charges | 80% to \$4,000/Day |
| Intensive Care Unit | 80% |
| Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury | 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 |
| X-Ray Examinations (including reading) | 80% |
| Diagnostic Imaging MRI, Cat Scan | 80% |
| Ambulance Expenses Ground or Air (from site of an emergency directly to hospital) | 100% |
| Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces | 80% |
| Durable Medical Equipment | 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 |
| Medical Evacuation & Repatriation | 100% to \$10,000 |

* 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: \$135

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 2023-2024 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% |
| Inpatient Hospital Miscellaneous Charges | 100% |
| Intensive Care Unit | 100% |
| Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury | 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 Physician) | 100% |
| Surgeon Services | 100% |
| Assistant Surgeon Services | 100% |
| Anesthesiologist Services | 100% |

| COVERED EXPENSES | BENEFIT MAXIMUMS |
|--|------------------|
| Physiotherapy (includes related office visits) when prescribed by a Physician | 100% |
| X-Ray Examinations (including reading) | 100% |
| Diagnostic Imaging MRI, Cat Scan | 100% |
| Ambulance (from site of an emergency directly to hospital) | 100% |
| Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces | 100% |
| Durable Medical Equipment | 100% |
| Out-Patient Prescription Drugs (for Injuries only) | 100% |
| Dental Services (including dental x-rays) 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 |
| Medical Evacuation & Repatriation | \$0 |

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

ADDITIONAL PLAN AND FEATURES

Dental Accident Plan (\$75,000 Maximum)

- 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: \$12

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 2023-2024 School Year.



ENHANCED COVERAGE FOR CONCUSSION

(Applies to all plans except Dental Accident)

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.



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

(Applies to all plans except Dental Accident)

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 (not applicable in the State of Nevada) | \$10,000 |

HOW TO ENROLL IN OUR OPTIONAL PLANS



For IMMEDIATE confirmation of enrollment, skip the steps below and [click here](#) to apply online!



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

2022-2023 Enrollment Form Complete all information (please print) and return to Myers-Stevens & Toohey Co., Inc.

Our BEST Plan

Student Accident & Sickness - 1st Payment \$198

You will be billed \$321 every 2 months thereafter. Coverage cannot exceed 12 calendar months or run past Sept. 30, 2023.

Our Accident Plans

(One-Time Payment For Entire School Year)

| PLANS: | PREMIUM: |
|------------------|--------------------------------|
| Full-Time (24/7) | <input type="checkbox"/> \$135 |
| Dental Accident | <input type="checkbox"/> \$12 |

Total Amount Due \$

Print Parent or Guardian Name

First Name Last Name

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

X _____
Parent or Guardian Signature Date

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, Indiana, 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.

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 \$321, plus a 3% processing fee, on the 5th of the month that my payment is due. This authorization will remain in effect for the 2022/2023 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?

Our plans can expand your choice of providers for your child and high deductibles, high co-insurance and other cost-sharing obligations common to many of today's health plans.

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

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/Parish-related Injuries within 72 hours.
2. Obtain a claim form from the School/Parish 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 Co., Inc.
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

CHUBB®

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

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. 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-11648a. Complete details may be found in the policies which can be found on file with the district office. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

EXCLUSIONS

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

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 teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy and rendered within 12 months of the Accident.
2. War or any act of war, declared or undeclared.
3. Participation in a Riot; fighting or brawling, except in self-defense; commission of or attempt to commit a felony; violating or attempting to violate any duly enacted law.
4. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
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. (Not applicable in the State of Nevada)
6. Practice or play in interscholastic high school tackle football (except as specified in the Coverage Descriptions); intercollegiate sports; semi-professional sports; or professional sports. (Does not apply to the *Dental Accident Plan*.)
7. Treatment, services, or supplies provided: by a Hospital or facility owned or run by the United States Government, unless a charge is made for such services in the absence of insurance; or in a Hospital which does not unconditionally require payment.
8. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law (including, but not limited to group, group type, and individual automobile "No-Fault" coverage (excluding School Vehicle coverage).
9. Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made.
10. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School.
11. Treatment, services, or supplies provided or paid for by any governmental program or law, except Medicaid.
12. Mental or Nervous Disorders.
13. Treatment of Sickness, ailment, or infections (except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances). (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
14. 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*.)
15. Nonmalignant warts, moles, or lesions.
16. Any Expenses related to the treatment of tonsils, adenoids, epilepsy, seizure disorder, congenital weakness, or hernia.
17. Supplies, except as otherwise provided in the Policy.
18. Routine physical examinations and routine testing; preventative testing or Treatment; screening examinations or testing in the absence of Injury.
19. Elective Treatments and voluntary testing.
20. Treatment of osteomyelitis. (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
21. Pathological fractures, hernia, detached retina (unless directly caused by an Injury). (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)

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

Requirements and Limitations

Aggravations of injuries which did not occur while insured under this 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 \$25,000 maximum benefit. Some Motor Vehicle injuries are not covered - see exclusions above for details. School-Time and interscholastic high school tackle football injuries must be reported to the School within 72 hours of the date of Injury. The first 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

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. **Heart and Circulatory Malfunction** means myocardial infarction, angina pectoris, coronary thrombosis, cardiac arrest or a cerebral vascular accident. 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 or 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. **Pulmonary Malfunction** means failure of the lungs to operate in the normal manner. **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. **School Activities** means any activity that is sponsored and under the direct, immediate supervision of the School that: (a) the School requires the Insured Person to attend; or (b) is under the sole control and supervision of School authorities. It does not include an activity related to athletics or cheerleading that is under joint sponsorship or supervision arrangement with any non-School group.

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.)

Applicable to School-Time Accident Coverage Only- If the Insured Person is covered by an HMO plan, and seeks Treatment (other than emergency care) from providers not authorized by that plan, we will pay 50% of the amount for such charges that we would otherwise pay if the Insured did not have such HMO coverage.

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-11648a. Complete details may be found in the policies. CERTAIN INSURANCE PLANS DESCRIBED HERIN 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