

Student Accident & Sickness Coverage

PROTECT YOUR CHILDREN!

Despite best efforts to protect them, children get hurt...sometimes seriously. Obtaining the care they need can be expensive and even cost prohibitive.

Your school has arranged for these valuable plans to be made available to you to assist you with the expense of unexpected emergencies.

Even if your child has other coverage, our plans can help cover the deductibles, co-pays and other uncovered expenses common to many other plans.

- **Affordable rates**
- **Wide choice of options**
- **Easy enrollment**
- **Friendly, helpful and knowledgeable staff to serve you!**
- **(800) 827-4695**

ENROLL TODAY

Mastercard/Visa
Personal Checks &
Money Orders
Accepted



myers | stevens | toohey

Determine the Plan(s) you want to purchase

You may go to the doctor or hospital of your choice.

Student Accident & Sickness Plan *Our Best Coverage!*

Students (Grades P-12) may enroll in this plan. Covers Injuries sustained and Sickness (subject to the Pre-existing Conditions Limitation) 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 Medevac benefits are included. 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 day Myers-Stevens & Toohey & Co., Inc. (herein called "The Company") receives the completed enrollment form and premium. **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, 2014, whichever comes first, provided the required payments are made.

There is a \$50 deductible per covered Accident or covered Sickness if enrolling prior to December 1, 2013. 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 sickness coverage; or 3) 5 days of participation in the first official day of practice for any interscholastic sport. **Enroll Early!**

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

1st payment: \$198.00

*(Covers remainder of month in which you enroll and 1 additional month)
Subsequent Payments: \$155.00 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 day the Company receives the completed enrollment form and premium. **Coverage ends at 11:59 p.m. on** the closing date of regular classes for the 2013-2014 School Year.

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

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$339	\$295	\$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 day the Company receives the completed enrollment form and premium. **Coverage ends at 12:01 a.m. on** the date School begins regularly scheduled classes for the 2014-2015 School Year.

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

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$328	\$276	\$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 day the Company receives the completed enrollment form and premium. **Coverage ends at 11:59 p.m. on** the closing date of regular classes for the 2013-2014 School Year.

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

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$79	\$68	\$53

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 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 day the Company receives the completed enrollment form and premium. **Coverage ends at 12:01 a.m. on** the date School begins regularly scheduled classes for the 2014-2015 School Year.

**\$24.00 purchased separately
\$18.00 when added to any plan(s) purchased**

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 BCS Insurance Company. For more information on NPS, log on to www.pti-nps.com or call **800-546-5677**.

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.

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

Determine the benefit level that best fits your needs

We urge you to consider the Student Accident & Sickness Plan 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 (subject to the Pre-existing Conditions Limitation) while insured under this School Year's plan. Benefits payable will be based on the Usual, Reasonable 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. 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	Mid Option	High Option	Student Accident & Sickness Plan
Plan Name	MAXIMUMS PER ACCIDENT			
Tackle Football Accident Plan	\$25,000	\$50,000	\$75,000	\$50,000 Maximum per Sickness \$200,000 Maximum per Accident
Full-Time 24/7 Accident Plan	\$50,000	\$100,000	\$150,000	
School-Time Accident Plan	\$25,000	\$50,000	\$75,000	
Deductible - per condition	\$250	\$100	\$50	\$50/\$500*
Covered Expenses	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board - Semi Private Room Rate	80%	80%	90%	80%
Inpatient Hospital Miscellaneous Charges	80% to \$2,000/Day	80% to \$2,500/Day	90% to \$3,000/Day	80% to \$4,000/Day
Intensive Care Unit	80% to \$2,000/Day	80% to \$2,500/Day	90% to \$3,000/Day	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	100%	100%	100%	80%
Outpatient Surgical (room & supplies)	80% to \$2,000	80% to \$2,500	90% to \$5,000	80% to \$4,000
Physician Non-Surgical Treatment & Exam (excluding Physical Therapy) Including consultation (when referred by attending Physician)	80%	80%	90%	80%
Surgeon Services	80%	80%	90%	80%
Assistant Surgeon Services	80%	80%	90%	80%
Anesthesiologist Services	80%	80%	90%	80%
Physiotherapy (includes related office visits) when prescribed by a Physician	80% to \$400	80% to \$750	90% to \$1,000	80% to \$2,000
X-Ray Examinations (including reading)	80% to \$400	80% to \$750	90% to \$1,000	80%
Diagnostic Imaging MRI, Cat Scan	80%	80%	90%	80%
Ambulance (from site of an emergency directly to hospital)	100%	100%	100%	80%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	80%	80%	90%	80%
Durable Medical Equipment	80% to \$400	80% to \$750	90% to \$1,000	80% to \$1,000
Out-Patient Prescription Drugs (for Injuries only)	80%	80%	90%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	80%	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 Accident & Sickness 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, Customary and Reasonable costs of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to **\$ 5,000**

Premiums Cannot Be Refunded Or Converted

CA-PND 640 04/13

Instructions

Thank you for enrolling your child. To avoid any delay in coverage, please follow the 3 easy steps below:

- Select** the plan(s) you wish to purchase below:
 - The Student Accident & Sickness provides 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: print student's full name on your check and either:

 - Email a scanned image of the enrollment form and check to apply@myers-stevens.com (recommended!) or
 - Return check and enrollment form in the enclosed envelope for mailing

IF PAYING BY MONEY ORDER: print student's full name on money order and return it and enrollment form in the enclosed envelope for mailing

IF PAYING BY CREDIT OR DEBIT CARD: complete Mastercard® / Visa® payment form on reverse side and either:

 - Apply online at www.myers-stevens.com (recommended!) or
 - Fax your enrollment and payment form to (949) 348-2630 or
 - Return in the enclosed envelope for mailing

PLEASE DO NOT SEND CASH

Our BEST Plan

Student Accident & Sickness

1st Payment \$198.00

You will be billed \$310.00 every 2 months thereafter. Coverage cannot exceed 12 calendar months or run past Sept. 30, 2014.

Our Accident Plans

(One-Time Payment For Entire School Year)

PLANS:	High Option	Mid Option	Low Option
Tackle Football Only	<input type="checkbox"/> \$339.00	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$235.00
Full-Time (24/7)	<input type="checkbox"/> \$328.00	<input type="checkbox"/> \$276.00	<input type="checkbox"/> \$225.00
School-Time	<input type="checkbox"/> \$79.00	<input type="checkbox"/> \$68.00	<input type="checkbox"/> \$53.00
Dental Accident	<input type="checkbox"/> \$24.00 Purchased Separately <input type="checkbox"/> \$18.00 When added to any plan(s) purchased		
Pharmacy SmartCard	<input type="checkbox"/> \$36.00		

Total Amount Due \$

PLEASE DO NOT SEND CASH

Print Parent or Guardian Name

I have enrolled for the coverage checked above as provided by the Family Insurance Trust where applicable. I understand premiums cannot be refunded or converted and the Student Accident & Sickness Plan contains a Pre-Existing Conditions limitation for Sickness.

X _____

Parent or Guardian Signature

Date

PREMIUMS CANNOT BE REFUNDED OR CONVERTED

CA-PND 640 04/13

2013-2014 Enrollment Form

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

<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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Student Name First Middle Last

<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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Student Birthdate

<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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Mailing Address

Apt.#

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City

State

Zip Code

<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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Parent Daytime Phone Number

<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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Parent E-mail Address

<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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District Name

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School Name

Grade

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

EXP. DATE
MO. YR.

3 digit control #

\$ _____
Amount

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

Zip Code

I authorize Myers-Stevens & Toohey & Co. Inc. to deduct the premium payment from my credit card. If enrolling in the *Student Accident & Sickness Plan*, I am authorizing only the \$198 premium payment and will be invoiced the subsequent \$310 payments every 2 months.

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 number \$310 on the 5th of the month that my payment is due. This authorization will remain in effect for the 2013/2014 school year until I notify Myers-Stevens & Toohey in writing prior to the next payment date.

Frequently Asked Questions...

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

We now offer online enrollment at www.myers-stevens.com/enroll. Just fill out the online Enrollment Form, submit and a Confirmation of Enrollment will be emailed back to you immediately!

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

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

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.

Can I take my child to any doctor or hospital?

YES! However, your out-of-pocket costs could be less by using a *First Health* contracted provider. To find participating doctors/hospitals nearest you, call **800-226-5116** or log on to www.myfirsthealth.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 or call us for prompt, personalized assistance at (800) 827-4695.

In Case of Accident or Sickness

1. Report School-related Injuries within 60 days to the School office. To find a *First Health* provider nearest you, call 800-226-5116 or log on to www.myfirsthealth.com.
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 sickness and/or Accident carrier.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



Myers-Stevens & Toohy & 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 Insurance Company

(Does not apply to the SmartCard)



BCS Insurance Company
Oakbrook Terrace, Illinois

Rated A- (Excellent) by A. M. Best,
an independent insurance company rating agency
Master Policy form # 28.203

This brochure contains a brief description of the benefits available. 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.

Policyholder: Family Insurance Trust,
Situated in District of Columbia

Exclusions

Benefits are not payable for any of the following or loss that results from them:

1. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
2. War or any act of war, declared or undeclared.
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 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.
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 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).
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 (except as specifically provided by the Policy).
10. 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*.)
11. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
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 osteomyelitis, pathological fractures or detached retina (unless directly caused by an Injury). (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
14. Any expenses related to the Treatment of tonsils, adenoids, epilepsy, seizure disorder or congenital weakness; or expenses for Treatment of congenital anomalies and conditions arising or resulting directly there from.
15. Any expenses related to the Treatment of hernia.
16. Benefits are not payable under the *Student Accident & Sickness Plan* for a Sickness that is a "Pre-existing Condition" (a condition for which the Covered Person received medical Treatment, care or advice within 6 months before being insured under the Policy). This exclusion does not apply: (1) after the Covered Person has been insured under the Policy for 6 straight months; or (2) if the Covered Person was covered under prior Creditable Coverage for 6 consecutive months immediately preceding his or her effective date of coverage under the Policy. Prior Creditable Coverage of less than 6 months will be credited toward satisfying the Pre-existing Conditions Limitation provided the Covered Person becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage.

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 \$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 60 days of the date of Injury. The first Physician's visit must be within 120 days after the Accident occurs. 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. 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.

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 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. **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.

IMPORTANT NOTICE: If your child receives Medicare benefits, 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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