

2011-2012 Accident & Sickness Insurance Program – Student Coverage

Are you feeling the effects of the economy?

Here's your opportunity for AFFORDABLE cost coverage to protect your most valuable asset, your CHILD!

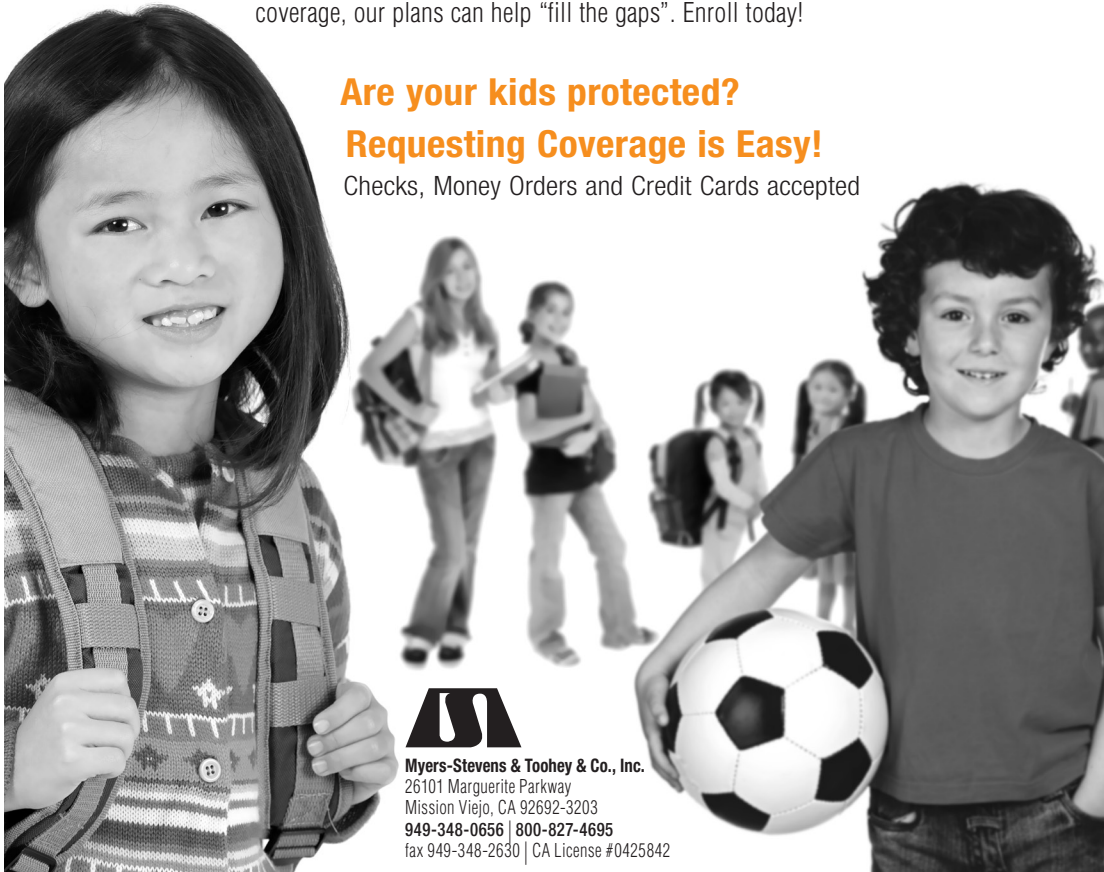
Children have Accidents. Treatment can be expensive...sometimes, very expensive. That's why your School, and 1000's of others, are making affordable insurance coverage available for you and your child. These plans can help you be prepared for unexpected emergencies.

You have a variety of choices. Coverage can be for "School-related" Injuries only or you can protect your child 24/7. Our optimum **Plan** covers Accidents *and* Sickness. There's a **Dental Accident Plan** and even an option for your entire family's **Prescription Drug** needs. Even if you have other coverage, our plans can help "fill the gaps". Enroll today!

Are your kids protected?

Requesting Coverage is Easy!

Checks, Money Orders and Credit Cards accepted



Myers-Stevens & Toohy & Co., Inc.
26101 Marguerite Parkway
Mission Viejo, CA 92692-3203
949-348-0656 | 800-827-4695
fax 949-348-2630 | CA License #0425842

Determine the Plan(s) you want to purchase

Example: If you decide that your student is in need of illness and Injury insurance, then the Student Accident & Sickness 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 Accident & Sickness Plan

Our Best Coverage

Includes Injuries and Sickness

Any students attending a participating school or school district may enroll in this plan. Covers Accidents 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). Remains Repatriation and Emergency Medical Evacuation benefits are included. This plan does not cover routine or preventative care except as mandated by state law.

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

1st payment: \$139.00

(Covers remainder of month in which you enroll and 1 additional month)
Subsequent Payments: \$238.00 billed every 2 months

There is a \$50 deductible per Covered Accident or Covered Sickness.

Coverage begins at 12:01 a.m. on the day Myers-Stevens & Toohy & Co., Inc. (here in after called "The Company") receives completed enrollment form and the required premium is paid. Coverage ends at 11:59 p.m. on August 31, 2012, 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
- 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 12:01 a.m. on the day the Company receives the completed enrollment form and the required premium is paid. Coverage ends at 11:59 p.m. on August 31, 2012.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$280	\$174	\$134

Full-Time 24/7 Accident Plans

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

Coverage begins at 12:01 a.m. on the day the Company receives the completed enrollment form and the required premium is paid. Coverage ends at 11:59 p.m. on August 31, 2012.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$273	\$171	\$117

School-Time Accident Plans

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

- On School premises during the hours and on days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while continuously on the School premises
- While participating in or attending School-sponsored and directly supervised activities including interscholastic athletic activities and non-contact spring football (except interscholastic high school tackle football)
- While traveling directly and without interruption to or from residence and School for regular attendance; or School and off-campus site to participate in School-sponsored and directly supervised activities, provided travel is arranged by and is at the direction of the School; and while traveling in School Vehicles at any time.

Coverage begins at 12:01 a.m. on the day the Company receives the completed enrollment form and the required premium is paid. Coverage ends at 11:59 p.m. on August 31, 2012.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$68	\$50	\$32

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 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 secured prior to October 1, the student remains enrolled in grades P-12, and written notice is received by the Company at the time of Injury that further Treatment will be deferred to a later date.

Coverage begins at 12:01 a.m. on the day the Company receives the completed enrollment form and the required premium is paid. Coverage ends at 11:59 p.m. on August 31, 2012.

\$21.00 purchased separately
\$17.00 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 ACE American 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 encourage 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 if this coverage is purchased) 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 Washington will be included in the covered expenses. The covered person may go to any licensed provider of their choice.

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	\$50,000	\$50,000 Maximum per Sickness
Full-Time 24/7 Accident Plan	\$50,000	\$100,000	\$150,000	\$200,000 Maximum per Accident
School-Time Accident Plan	\$25,000	\$50,000	\$50,000	
Deductible Per Covered Accident/Sickness	\$0	\$0	\$0	\$50
Covered Expenses	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board (semi private room rate) Paid up to:	60%	80%	100%	80%
Inpatient Hospital Miscellaneous Charges All other miscellaneous charges - Paid up to	\$600/Day	\$900/Day	\$1,600/Day	80% to \$4,000/Day
Intensive Care Unit - Paid up to	\$1,500/Day	\$1,800/Day	\$2,500/Day	80%
Hospital Emergency Room (room & supplies)	60%	80%	100%	80%
Outpatient Surgery, Misc. (room & supplies)	\$600	\$900	\$1,500	80% to \$4,000
Physician Non-Surgical Treatment & Exam (excluding Physical Therapy)				
First Visit	\$40	\$50	\$70	80%
Each Follow Up	\$25	\$35	\$45	80%
Consultation (when referred by attending Physician)	\$150	\$200	\$250	80%
Surgery	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
Diagnostic X-Ray Examinations	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 and Registered Nurse Services	60%	80%	100%	80%
Braces and Appliances	60% to \$300	80% to \$500	100% to \$700	80% to \$1,000
Prescription Drugs	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

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 accident & sickness 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
Psychiatric/Psychological 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

WA MB 570-RE 10/11

2011-2012 Enrollment Form

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

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Student Name - First Last

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Student Birthdate

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Mailing Address Apt.#

	W A	
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City State Zip Code

	-		-	
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Parent Daytime Phone Number

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Parent E-mail Address

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District Name

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School Name Grade

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Print Parent or Guardian Name

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

WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

X _____
Parent or Guardian Signature Date

Underwritten by: ACE American Insurance Company, Philadelphia, PA 19106

Student Accident & Sickness Plan (Covers Injuries & Sickness)

1st Payment \$139.00

You will be billed \$238.00 every 2 months thereafter.

Accident Plans

(One-Time Payment For Entire School Year)

PLANS:	High Option	Mid Option	Low Option
Tackle Football Only	<input type="checkbox"/> \$280.00	<input type="checkbox"/> \$174.00	<input type="checkbox"/> \$134.00
Full-Time	<input type="checkbox"/> \$273.00	<input type="checkbox"/> \$171.00	<input type="checkbox"/> \$117.00
School-Time	<input type="checkbox"/> \$68.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$32.00
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** (Make payable to: Myers-Stevens & Toohy & Co., Inc.)

Check No. #	Name on Check (Print)	Amount Enclosed \$
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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 365 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 or as soon as reasonably possible.
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 & 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 Insurance Company

(Does not apply to the SmartCard)



ACE American Insurance Company

436 Walnut St., Philadelphia, PA 19106

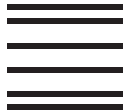
*2011 Best Rated A+ (Superior)
(A.M. Best rating ranges from A++ to D)
This rating is an indication of the company's
financial strength and ability to meet
obligations to its insureds.*

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 under form numbers AH-29540. Complete details may be found in the Policies on file at your School or district office. Please keep this information as a reference.

FROM
SCHOOL DISTRICT NAME
VIA MB 570

PRIORITY HANDLING
Enrollment Form Enclosed

MYERS • STEVENS & TOOHEY & CO., INC.
26101 MARGUERITE PARKWAY
MISSION VIEJO, CALIFORNIA 92692-3203



First-Class
Postage
Required
Post Office will
not deliver
without proper
postage.



Exclusions

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

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. Commission of, or active participation in a riot or insurrection; fighting or brawling, except in self defense; commission of or attempt to commit a felony; or other illegal activity.
4. Suicide, attempted suicide or intentionally self-inflicted Injury.
5. 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.)
6. Injury covered by Worker's Compensation, Employer's Liability Laws, or similar occupational benefits; Expenses payable by any automobile insurance policy without regard to fault. (Does not apply to the Dental Accident Plan or Student Accident & Sickness Plan.)
7. Treatment by persons employed or retained by a school, or by any Immediate Family or member of the Covered Person's household; or covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
8. 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 Accident & Sickness Plan.)
9. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing. (This is an exclusion under the Student Accident & Sickness Plan.)
10. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled Motor Vehicle not designed primarily for use on public streets and highways. (Does not apply to the Dental Accident Plan.)
11. Treatment of detached retina (unless directly caused by an Injury), osteomyelitis or, pathological fractures. (Applies to Accident Plans.)
12. Any expenses related to the Treatment of tonsils, adenoids, or congenital weakness; or congenital anomalies and conditions arising or resulting directly there from. (This is an exclusion under the Student Accident & Sickness Plan.)
13. Treatment of hernia.
14. 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 3 consecutive months before being insured under the Policy). But, this exclusion does not apply after the Covered Person has been insured under the Policy for 3 consecutive months or was insured under prior creditable coverage. This limitation does not apply if the Covered Person had prior creditable coverage within 63 days of the Insured Person's effective date of coverage under the Policy.

Student Accident & Sickness benefits are subject to a pre-existing condition limitation. Refer to Policy for definitions. This insurance does not apply to the extent that trade or economic sanctions or 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 \$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 365 days after the Accident occurs or Sickness commences. A claim form must be filed with Myers-Stevens & Toohy & Co., Inc. within 90 days after the date of loss or as soon as reasonably possible. The plan pays for covered expenses incurred within up to a year from the date of the first Treatment. However, should the Injury sustained require the removal of surgical pins, continued Treatment for serious burns, or Treatment of a non-union or mal-union fracture, the benefit period will be extended to 104 weeks. Each covered condition may be subject to a deductible - see plan details.

Definitions

Accident means a sudden, unexpected and unintended incident. **"Covered Accident"** means an Accident that results in Injury or loss covered by the Policy. **Injury** means accidental bodily harm sustained by the Insured that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. The Injury must be caused solely through accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. Medically Necessary or Medical Necessity means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury and that, as determined by Us, are: (1) consistent with the symptom or diagnosis and Treatment of Injury; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured; and (4) the most appropriate supply or level of service that can be safely provided. When applied to the care of an Inpatient, it further means that the Insured's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. Sickness means illness or disease contracted by and causing loss to the Insured Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Sickness. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Usual, Customary and Reasonable Charges - **"Usual"** means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury. **"Customary"** means those charges made by the majority of providers in the area for the same or similar services or supplies. **"Reasonable"** means those charges that do not exceed the majority of the prevailing fees in the area for the same or similar services or supplies. **"Area"** means a county or larger geographically significant area as determined by Us.

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*