



Thank you for enrolling your child in the 2011-2012 student insurance program offered by Myers-Stevens & Toohey through your participating school. The plans that you have elected are shown on your Coverage Request Form. For School-Time Accident and Interscholastic Tackle Football plans, coverage is in effect only while you are participating in a covered activity. Please be advised that your actual benefits and benefit amounts are based on the Plan in which you enrolled.

**Period of Coverage:** Your child will be insured on the date we receive the completed enrollment form provided the required premium is paid. Coverage will remain in force until 11:59 p.m. on August 31, 2012 under the School-Time, Interscholastic Tackle Football, Full-Time and Dental Accident plans. Coverage will remain in force under the Student Accident and Sickness Plan until 11:59 p.m. on August 31, 2012 provided the required premiums are paid when due.

## COVERED ACTIVITIES

### Plan Options

**School-Time Accident Plan:** Covers Injuries caused by Covered Accident occurring while you are: 1) on School premises, either a) during the hours and on the days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while you are continuously on the School premises; or b) during the hours or on the days when the School's regular classes are not in session and while you are participating in or attending any School Activities including interscholastic athletic activities and non-contact spring football; however, excluding practice or play of interscholastic high school tackle football; 2) away from School premises while you are participating in or attending any School Activities; 3) traveling directly and without interruption to or from your: a) residence and School for regular attendance during the Policy Term, b) residence and School to participate in School Activities provided travel is arranged by and at the direction of the School, or c) traveling in School Vehicles at any time. The Maximum Benefit per Accident is based on the benefit amount selected on the Coverage Request Form.

**Interscholastic Tackle Football Accident Plan:** Covers Injuries caused by Covered Accident occurring while you are: 1) practicing or playing in interscholastic tackle football, including spring practice and summer conditioning, weight training and passing league; 2) traveling for football in a school vehicle as a representative of the School and under the direct supervision of a full-time School employee. Practice or play of football must be conducted under the regulations and jurisdiction of the applicable sports governing body. The Maximum Benefit per Accident is based on the benefit amount selected on the Coverage Request Form.

**Full-Time 24/7 Accident Plan:** Covers Injuries caused by Covered Accident that may occur 24 hours a day, anywhere in the world and while participating in all interscholastic sports except interscholastic high school tackle football. The Maximum Benefit per Accident is based on the benefit amount selected on the Coverage Request Form.

**Dental Accident Plan:** Covers Injuries to teeth caused by Covered Accidents that may occur 24 hours a day, anywhere in the world and while participating in all interscholastic sports.

**Student Accident & Sickness Plan:** Covers Accidents or Sickness that may occur 24 hours a day, anywhere in the world and while participating in all interscholastic sports except interscholastic high school tackle football. Emergency Medical Evacuation and Remains Repatriation benefits are included.

## DESCRIPTION OF BENEFITS

### Accident Medical Expense Benefit

We will pay benefits for those Covered Expenses: 1) incurred by you for Injury while insured under the Policy and in accordance with the Covered Activity to which this benefit applies, 2) provided the first such Covered Expense is incurred within 365 days after the date of the Accident first begins, 3) Covered Expenses must be incurred within 365 days after the first day of Treatment for the Injury. No benefits will be paid for any expenses incurred that are in excess of Usual, Customary and Reasonable Charges. The Maximum Benefit Amount is determined by the Plan in which you enrolled.

**Accidental Death & Dismemberment Benefit**

If an Injury to you results in any of the following losses within 365 days of an Accident, in accordance with the Covered Activity to which this benefit applies, We will pay the Benefit Amount shown opposite such loss in the Table of Benefits. Your Principal Sum is \$10,000. If you sustain more than one such loss as a result of any one Accident, We will pay only the one largest amount to which you are entitled.

Table of Benefits

| <b>Covered Loss</b>  | <b>Benefit Amount</b>     |
|--|---------------------------|
| Loss of Life.....  | 100% of The Principal Sum |
| Loss of One Hand.....  | 200% of The Principal Sum |
| Loss of One Foot.....  | 200% of The Principal Sum |
| Loss of Entire Sight of One Eye.....   | 200% of The Principal Sum |
| Loss of Both Hands.....  | 300% of The Principal Sum |
| Loss of Both Feet.....   | 300% of The Principal Sum |
| Loss of Entire Sight of Both Eyes.....   | 300% of The Principal Sum |
| Loss of One Hand and One Foot.....   | 300% of The Principal Sum |
| Loss of One Hand and Entire Sight of One Eye.....                              | 300% of The Principal Sum |
| Loss of One Foot and Entire Sight of One Eye.....                              | 300% of The Principal Sum |
| Quadriplegia (total Paralysis of both upper and lower limbs).....              | 300% of The Principal Sum |
| Paraplegia (total Paralysis of both lower limbs).....                          | 300% of The Principal Sum |
| Hemiplegia (total Paralysis of upper and lower limbs on one side of body)..... | 300% of The Principal Sum |

“Loss of hand or foot” means complete Severance through or above the wrist or ankle joint. “Loss of Entire Sight” means the total, permanent loss of sight of the eye. The loss of sight must be unrecoverable by natural, surgical or artificial means. "Severance" means the complete separation and dismemberment of the part from the body. "Paralysis" means the loss of use, without Severance, of a limb. This loss must be determined by a Physician to be complete and not reversible. This benefit will be payable in addition to any other benefit payable under the Policy, subject to all the terms and conditions of the Policy.

Psychiatric/Psychological Counseling Benefit – We will pay the Usual, Customary and Reasonable Charges up to the Maximum Benefit amount of \$5,000 for the Psychiatric/Psychological Counseling Benefit when the following conditions have been met: 1) you sustain a Covered Loss (other than Loss of Life) listed in the Table of Benefits above; 2) the Accidental Death, Dismemberment or Paralysis, and Loss of Sight is payable for that loss; 3) you require Psychiatric or Psychological Counseling as a result of such Loss; 4) such Counseling is provided by a licensed Psychiatrist or Psychologist who is a person other than you or a member of your Immediate Family; 5) you receive such Counseling within 365 days following the Covered Loss.

**Dental Accident Benefit (Applicable only to Dental Accident Plan)**

We will pay benefits for those Covered Dental Expenses: 1) incurred for care and Treatment of an Injury occurring to you while coverage is in force; 2) provided the first such Covered Expense is incurred within 365 days after the date of the Accident; 3) Covered Dental Expenses must be incurred within 52 weeks after the date of the Accident or the first Treatment for the Injury. A Covered Expense will be deemed to have been incurred when the service, supply, or Treatment to which it relates is provided. Covered Dental Expenses will be limited to the Usual, Customary and Reasonable Charges incurred by the Insured for the following Medically Necessary supplies and Treatment: 1) installation of crowns, caps, bridges and dentures; 2) replacement or repair of crowns and caps which existed prior to the Covered Accident; 3) oral surgery and endodontics; 4) examinations, diagnostic tests and x-rays. The benefit payable is 100% of the Usual, Customary and Reasonable Charges up to the Maximum Benefit amount of \$150,000 per Accident.

**Sickness Medical Expense Benefit (Applicable only to Student Accident & Sickness Plan)**

We will pay benefits up to a maximum of \$50,000 per Sickness for those Covered Expenses: 1) incurred by you for Sickness while insured under the Policy, 2) provided the first such Covered Expense is incurred within 365 days after the date of the Sickness first begins, 3) Covered Expenses must be incurred within 365 days after the date of the first Treatment for the Sickness. Benefits for diabetes and mental and nervous disorders are included and payable as any other Sickness.

**Medical Evacuation Benefit (Applicable only to Student Accident & Sickness Plan)**

In the event you require Treatment as a result of a covered Injury and an appropriate medical facility is not locally available for Medically Necessary Treatment, or if during Treatment at a local medical facility, your condition changes so that the local facility no longer can provide the Medically Necessary Treatment, you may be evacuated to the nearest appropriate medical facility. Expenses for evacuation, accompanying Physician or Nurse, services and supplies which are directly Medically

Necessary for evacuation, and fees necessary to arrange for the evacuation, are covered up to the Maximum Benefit amount of 100% of Usual, Customary and Reasonable Charges up to a maximum of \$10,000. The attending Physician must certify in writing that the evacuation is Medically Necessary. Initial air or ground ambulance to a medical facility are not included in this benefit. Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

**Remains Repatriation Benefit (Applicable only to Student Accident & Sickness Plan)**

If you die while outside your home country, We will pay 100% of Usual, Customary and Reasonable Charges up to a Maximum Benefit Amount of \$10,000 for preparing and transporting your remains to your home country. This will be done in accord with all legal requirements in effect at the time the body remains are to be returned to your home. The death must occur while you are insured for this benefit. Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

**SCHEDULE OF BENEFITS**

| Covered Benefit Levels                   | Low Option                   | Mid Option          | High Option         | Student Accident & Sickness Plan |
|--|------------------------------|---------------------|---------------------|----------------------------------|
| <b>Accident Plan Name</b>                | <b>Maximums per Accident</b> |                     |                     | \$50,000 Maximum per Accident    |
| Tackle Football                          | \$25,000                     | \$50,000            | \$50,000            |                                  |
| Full-Time 24/7                           | \$50,000                     | \$100,000           | \$150,000           |                                  |
| School-Time                              | \$25,000                     | \$50,000            | \$50,000            | \$200,000 Maximum per Sickness   |
| Deductible per Covered Accident/Sickness | \$0                          | \$0                 | \$0                 | \$50                             |
| <b>Covered Expenses</b>                  | <b>Benefit Maximums</b>      |                     |                     | <b>Benefit Maximums</b>          |
| Hospital Room and Board                  | 60%                          | 80%                 | 100%                | 80%                              |
| Intensive Care Unit (ICU)                | \$1,500/day                  | \$1,800/day         | \$2,500/day         | 80%                              |
| Inpatient Hospital Misc.                 | \$600/day                    | \$900/day           | \$1,600/day         | 80% to \$4,000/day               |
| Medical Emergency (ER)                   | 60%                          | 80%                 | 100%                | 80%                              |
| Outpatient Surgery Misc.                 | \$600                        | \$900               | \$1,500             | 80% to \$4,000                   |
| Physician Visits                         |                              |                     |                     |                                  |
| First Visit                              | \$40                         | \$50                | \$70                | 80%                              |
| Each Follow Up                           | \$25                         | \$35                | \$45                | 80%                              |
| Consultation                             | \$150                        | \$200               | \$250               | 80%                              |
| Surgery                                  | 50% to \$12,000              | 70% to \$12,000     | 90% to \$12,000     | 80%                              |
| Assistant Surgeon                        | 25% of Surgery Allowance     |                     |                     | 80%                              |
| Anesthesiologist                         | 25% of Surgery Allowance     |                     |                     | 80%                              |
| Physiotherapy                            | \$30/visit to \$500          | \$45/visit to \$600 | \$60/visit to \$700 | 80% to \$2,000                   |
| Diagnostic X-Rays                        | 60% to \$500                 | 70% to \$500        | 90% to \$500        | 80%                              |
| Diagnostic Imaging (MRI, CT Scan)        | 80% to \$500                 | 80% to \$700        | 80% to \$1,000      | 80%                              |
| Ambulance                                | 60%                          | 80%                 | 100%                | 80%                              |
| Laboratory Tests and Procedures          | 60%                          | 80%                 | 100%                | 80%                              |
| Registered Nurses                        | 60%                          | 80%                 | 100%                | 80%                              |
| Braces and Appliances                    | 60% to \$300                 | 80% to \$500        | 100% \$700          | 80% to \$1,000                   |
| Prescription Drugs                       | 60%                          | 80%                 | 100%                | 80%                              |
| Dental Services                          | 60%                          | 80%                 | 90%                 | 80%                              |
| Eyeglasses Replacement                   | \$300                        | \$300               | \$300               | 80%                              |
| Medical Evacuation                       | \$0                          | \$0                 | \$0                 | 100% to \$10,000                 |
| Remains Repatriation                     | \$0                          | \$0                 | \$0                 | 100% to \$10,000                 |

## GENERAL EXCLUSIONS

We will not pay benefits for any loss or Injury that is caused by, or 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. Treatment by persons employed or retained by a School, or by any Immediate Family or member of your household; or covered medical expenses for which you would not be responsible for in the absence of the Policy.
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 Dental Accident Plan)
7. 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 Dental Accident Plan or Student Accident & Sickness Plan)
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 Student Accident & Sickness Plan)
9. 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 Dental Accident Plan)
10. Treatment of detached retina (unless directly caused by an Injury), osteomyelitis, or pathological fractures. (Does not apply to Student Accident & Sickness Plan)
11. Treatment of hernia.

In addition to the General Exclusions, the following exclusions also apply to the Student Accident & Sickness Plan

1. The diagnosis and treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
2. Any expenses related to the treatment of tonsils, adenoids, or congenital weakness; or expenses for Treatment of congenital anomalies and conditions arising or resulting directly there from.
3. Benefits are not payable for a Sickness that is a "Pre-existing Condition" (a condition for which you received medical treatment, care or advice within 3 months before being insured under the Policy). But, this exclusion does not apply after you have been insured under the Policy for 3 straight months or were insured under prior creditable coverage.

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.

**Limitations:** Aggravations of Injuries which did not occur while insured under a Plan are paid up to a \$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 the vehicle is a school vehicle). Some motor vehicles are not covered (see General Exclusions). A claim form must be filed with Myers-Stevens & Toohey & 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 one 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.

## DEFINITIONS

**"Accident"** means a sudden, unexpected and unintended incident. **"Covered Accident"** means an Accident that results in Injury or loss covered by the Policy. **"Covered Loss"** or **"Covered Losses"** means an accidental death, dismemberment or other loss resulting from Injury covered under the Policy. **"Immediate Family"** means your parent, grandparent, brother, sister, legal guardian, or anyone else related by blood or marriage. **"Injury"** means accidental bodily harm sustained by you 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. **"Insured"** means an eligible person who makes application for, or for whom application is made and who is approved to participate in the benefit plans issued under the Policy, provided the required premium for such person's insurance is paid when due. **"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 you; 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 your medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **"School"** means any facility under the management of the Policyholder which operates for the purpose of

educating its students. **"Sickness"** means illness or disease contracted by and causing loss to you whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which you are 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. **"Treatment"** means a specific in-office or Hospital physical examinations of, or care rendered to, the Insured. **"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. **"We, Our, Us"** means the insurance company underwriting this insurance or its authorized agent.

**Contact Information:** For customer service, eligibility verification, plan information, or to file a claim, contact: Myers-Stevens & Toohey & Co., Inc. at 800-827-4695 (from inside the U.S.) or 949-348-0656 (from outside the U.S.); fax 949-348-2630 for claims or inquiries. You must notify Myers-Stevens & Toohey & Co., Inc. within 90 days of an Accident or loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. Mail claims to: Myers-Stevens & Toohey & Co., Inc., 26101 Marguerite Parkway, Mission Viejo, CA 92692-3203.

**For medical evacuation, repatriation, or other assistance services available under the Student Accident and Sickness Plan call: Europ Assistance at 800-243-6124 (inside the U.S.) or call collect 202-659-7803 (from outside the U.S.) or e-mail OPS@europassistance-usa.com. To access ACE's Travel Assistance Website go to [www.acetravelassistance.com](http://www.acetravelassistance.com) and enter 'ACEAH' as your user ID and 'Security' as your password.**

This Summary of Benefits is a brief description of the important features of the insurance plan issued in your state under form number AH-29540. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to your school.