

# 2009-2010 Accident & Health Insurance Program - Student Coverage

**Are you feeling the effects of the economy?**

**Here's your opportunity for AFFORDABLE 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 **Student Health Care 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!

It's never too late to protect your most valuable asset, your CHILD!

**Are your kids protected?**



**Enrollment is Easy!**

Checks, Money Orders and Credit Cards accepted



**Myers-Stevens & Toohy & Co., Inc.**  
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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 Sickness and Accident insurance, then the Student Health Care 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.**

### Premium Student Health Care Plan

#### Our Best Coverage Includes Injuries and Sickness

Students (age 4-22) 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). Repatriation and Medical Evacuation 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.*

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

You may go to any doctor or hospital, but use of Beech Street preferred providers may decrease out-of-pocket costs. Call 800-877-1666 or log on to [www.beechstreet.com](http://www.beechstreet.com) to locate your nearest provider.

Coverage begins at 11:59 p.m. on the date the School receives a completed enrollment form and payment of premium, provided proper records are maintained by the School and enrollment form and premium are forwarded to and received by Myers-Stevens & Toohy & Co., Inc. (here in after called "The Company") within 15 calendar days. Otherwise, coverage begins on the day of receipt of the enrollment form and premium by the Company. Coverage ends at 11:59 p.m. on the last day of the month for which payment has been made. Coverage may be continued for up to 12 calendar months, or through Sept. 30, 2010, whichever comes first, provided the required payments are made.

**1st payment: \$120.00**

*(Covers remainder of month in which you enroll and 1 additional month)  
Subsequent Payments: \$119.00 per month, billed every 2 months*

### Interscholastic Tackle Football Accident Plans

Students (grades 9-12) may enroll in these plans. Covers Injuries caused by Covered Accidents occurring

- While practicing or playing in interscholastic high school tackle football activities which are School-sponsored and directly supervised, including spring practice and summer conditioning, weight training and passing league
- While traveling for football in a School Vehicle or traveling directly and without interruption between School and off-campus site for such activities provided travel is arranged by and is at the direction of the School

Coverage begins at 11:59 p.m. on the date the School receives a completed enrollment form and payment of premium, provided proper records are maintained by the School and enrollment form and premium are forwarded to and received by the Company within 15 calendar days. Otherwise, coverage begins on the day of receipt of the enrollment form and premium by the Company. Coverage ends at 11:59 p.m. on the closing date of regular classes for the 2009-2010 School Year.

<b>Benefit Levels:</b>	<b>High</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$295</b>	<b>\$177</b>

### Full-Time 24/7 Accident Plans

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

Coverage begins at 11:59 p.m. on the date the School receives a completed enrollment form and payment of premium, provided proper records are maintained by the School and enrollment form and premium are forwarded to and received by the Company within 15 calendar days. Otherwise, coverage begins on the day of receipt of the enrollment form and premium by the Company. Coverage ends at 12:01 a.m. on the date School begins regularly scheduled classes for the 2010-2011 School Year.

<b>Benefit Levels:</b>	<b>High</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$289</b>	<b>\$183</b>

### 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 11:59 p.m. on the date the School receives a completed enrollment form and payment of premium, provided proper records are maintained by the School and enrollment form and premium are forwarded to and received by the Company within 15 calendar days. Otherwise, coverage begins on the day of receipt of the enrollment form and premium by the Company. Coverage ends at 11:59 p.m. on the closing date of regular classes for the 2009-2010 School Year.

<b>Benefit Levels:</b>	<b>High</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$71</b>	<b>\$57</b>

### Dental Accident Plan (\$150,000 Maximum)

Students (grades P-12) may enroll in these plans. Covers Injuries to teeth caused by Covered Accidents occurring 24/7, 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 date the School receives a completed enrollment form and payment of premium, provided proper records are maintained by the School and enrollment form and premium are forwarded to and received by the Company within 15 calendar days. Otherwise, coverage begins on the day of receipt of the enrollment form and premium by the Company. Coverage ends at 12:01 a.m. on the date School begins regularly scheduled classes for the 2010-2011 School Year.

**\$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](http://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 Health Care 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 commencing 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. The covered person may go to any provider of their choice.

Covered Benefit Levels	Low Option	High Option	Premium Student Health Care Plan
<b>Plan Name</b>	<b>MAXIMUMS PER ACCIDENT</b>		
<b>Tackle Football Accident Plan</b>	\$25,000	\$75,000	\$50,000 Maximum per Sickness
<b>Full-Time 24/7 Accident Plan</b>	\$50,000	\$150,000	\$200,000 Maximum per Accident
<b>School-Time Accident Plan</b>	\$25,000	\$75,000	
<b>Deductible Per Covered Accident/Sickness</b>	\$0	\$0	\$50
<b>Covered Expenses</b>	<b>BENEFIT MAXIMUMS</b>		<b>BENEFIT MAXIMUMS</b>
<b>Hospital Room &amp; Board</b> - Paid up to	\$400/Day	\$650/Day	80% Semi Private Room Rate
<b>Inpatient Hospital Miscellaneous Charges</b> Services described below are paid as scheduled. All other miscellaneous charges - Paid up to	\$750/Day	\$1,600/Day	80% to \$4,000/Day
<b>Intensive Care Unit</b> - Paid up to	\$1,300/Day	\$2,200/Day	80%
<b>Hospital Emergency Room</b> (room & supplies) incurred within 72 hours of an Injury	75%	100%	80%
<b>Outpatient Surgical</b> (room & supplies)	\$750	\$1,600	80% to \$4,000
<b>Physician Non-Surgical Treatment &amp; Exam</b> (excluding Physical Therapy)			
First Visit	\$50	\$75	80%
Each Follow Up	\$25	\$40	80%
Consultation (when referred by attending Physician)	\$150	\$250	80%
<b>Surgeon Services</b>	50%	80%	80%
<b>Assistant Surgeon Services</b>	25% of Surgical Allowance		80%
<b>Anesthesiologist Services</b>	25% of Surgical Allowance		80%
<b>Physiotherapy</b> (includes related office visits) when prescribed by a Physician	\$35/Visit to \$525	\$60/Visit to \$720	80% to \$2,000
<b>X-Ray Examinations</b> (including reading)	50% to \$500	80% to \$500	80%
<b>Diagnostic Imaging</b> MRI, Cat Scan	50%	80%	80%
<b>Ambulance</b> (from site of covered loss directly to hospital)	60%	100%	80%
<b>Laboratory Procedures, Registered Nurse Services, Rehabilitative Braces</b>	60%	100%	80%
<b>Durable Medical Equipment</b>	60% to \$400	100% to \$800	80% to \$1,000
<b>Out-Patient Prescription Drugs</b> (for Injuries only)	60%	100%	80%
<b>Dental Services</b> (including dental x-rays) for Treatment due to a covered Accident	60%	90%	80%
<b>Eyeglass Replacement</b> (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	\$300	\$300	80%
<b>Medical Evacuation &amp; Repatriation</b>	\$0	\$0	100% to \$10,000

*See Student Health Care 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, Reasonable 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

NM SR 505 06/09







