

Determine the Plan(s) you want to purchase

Plans showing include enhanced Concussion Benefit - See next page for details

Student Accident & Sickness Plan

Our Best Coverage!

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 interscholastic 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.

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, 2021, whichever comes first, provided the required payments are made.

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

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

1st payment: \$208.00

*(Covers remainder of month in which you enroll and 1 additional month)
Subsequent Payments: \$169.00 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 2020-2021 School Year.

NOTE - Participation in commercial camps or clinics is not covered under these plans. Practice or playing of football must be conducted under the jurisdiction of the applicable sports governing body

Benefit Levels: High Mid Low
Rates per School Year: \$338 \$235 \$180

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 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 2021-2022 School Year.

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

Benefit Levels: High Mid Low
Rates per School Year: \$317 \$219 \$165

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 2020-2021 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: \$77 \$63 \$39

Dental Accident Plan (\$75,000 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 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 and crowns. We will also pay for damage to or loss of dentures or bridges to existing orthodontic

coverage provides a "Benefit Period" of 12 months for up to one year from the date of first Treatment. The benefit period may be extended each year, provided that coverage is renewed prior to October 31st of each year. Coverage is not renewed for students enrolled in grades P-12 if written notice is received by the Company at the time of enrollment 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 2021-2022 School Year.

**\$16.00 purchased separately
\$12.00 when added to any plan(s) purchased**

Pharmacy SmartCard

Available to students and school staff through our partnership with CastiaRx, the SmartCard offers up to 95% of prescription drug costs and is accepted at over 63,000

pharmacies. The program can provide "Instant Alerts" to potential medication interactions to better protect your family along with unique "Proof of Savings" reports mailed directly to you every six months.

After your payment has been processed, CastiaRx will send you your ID card. Present your card each time you or a family member needs a prescription filled to receive your savings. For more detailed information, go to www.castiarx.com or call 800-546-5677.

The SmartCard is not an insurance product and is not insured by Ace American Insurance Company.

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

Determine the benefit level that best fits your needs

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, Customary and Reasonable Charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements, limitations. We do not pay for out-of-pocket costs that are not Medically Necessary and listed in the Description of Benefits below. Applicable benefits mandated by the state of residence will be paid in the covered expense category you take your care 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.

ENHANCED CONCUSSION BENEFIT: When a student is diagnosed with a concussion as a result of an injury received while participating in a Covered Activity, and a physician prohibits participation in interscholastic sports under the School's formal concussion protocol, benefits for the treatment of a concussion will be provided at 100% of the Usual, Customary and Reasonable charges with no deductible, subject to all other terms and conditions of the plan.

Covered Benefit Levels	Low Option	Mid Option	High Option	Student Accident & Sickness Plan
Plan Name	MAXIMUM BENEFIT PER ACCIDENT			
Tackle Football Accident Plan	\$25,000	\$50,000	\$75,000	\$200,000 Maximum per Accident
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	\$75,000	\$200,000 Maximum per Accident
Deductible Per Covered Accident/Sickness	\$50	\$50	\$50	\$50
Covered Expenses	BENEFIT MAXIMUMS			
Hospital Room & Board (up to 90 days per Accident)	\$500/Day	\$800/Day	\$1,000/Day	80% Semi Private Room Rate
Inpatient Hospital Services (including Intensive Care, Critical Care, and Outpatient Surgical Services described on Schedule of Charges - Paid up to 90 days per Accident)	\$800/Day	\$1,000/Day	\$1,750/Day	80% to \$4,000/Day
Intensive Care (paid up to 90 days per Accident)	\$1,500/Day	\$1,800/Day	\$2,400/Day	80%
Emergency Room Physician Charges		100%		100%
Emergency Room Supplies (incurred within 72 hours of an Injury)		100%		100%
Outpatient Surgical Services (including supplies)	\$750	\$900	\$1,600	80% to \$4,000
Outpatient Non-Surgical Treatment & Exam (excluding Physical Therapy)				
First Outpatient Visit	\$70	\$80	\$100	80%
Each Subsequent Visit	\$50	\$55	\$65	80%
Consultation referred by attending Physician	\$200	\$250	\$300	80%
Surgeon Services	60%	75%	90%	80%
Outpatient Surgeon Services	25% of Surgical Allowance			80%
Physiotherapist Services	25% of Surgical Allowance			80%
Physiotherapy (includes related office visits) when prescribed by a Physician	\$50/Visit to \$500	\$60/Visit to \$600	\$75/Visit to \$900	80% to \$2,000
X-Ray Examinations (including reading)	60% to \$500	70% to \$600	80% to \$700	80%
Diagnostic Imaging MRI, Cat Scan	60%	60%	80%	80%
Ambulance (from site of an emergency directly to hospital)		100%		100%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	60%	80%	100%	80%
Durable Medical Equipment	60% to \$500	80% to \$600	100% to \$800	80%
Out-Patient Prescription Drugs (for Injuries only)	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 attention)	\$500	\$500	\$500	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 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

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 can help cover high deductibles, high co-insurance and other cost-sharing obligations common to many of today's health plans.

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

We offer online enrollment at www.myers-stevens.com. Simply click the "Enroll" button on the home page, complete the enrollment process and your ID card will be emailed 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.

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.

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.

Can interscholastic high school tackle football be covered?

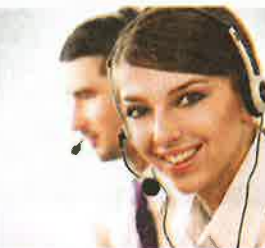
YES! But only under the *Interscholastic Tackle Football Plan*. "High Option" benefits are recommended.

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.

Still need help or have questions?

Visit us online at www.myers-stevens.com or call us for prompt, personalized assistance at (800) 827-4695.



Affordable Rates

Call (800) 827-4695 With Questions

Choose Your Own Doctor and Hospital