

2024-2025

# Student Accident & Sickness Insurance

Some families have little or no financial resources to fall back on during an unexpected emergency. Uncovered costs of medical care following an injury or illness may be a serious problem for families.

## Myers-Stevens & Toohey can help!

Our plans can provide useful insurance protection for your children. They can even be used to assist with the high co-insurance, deductibles and other cost sharing requirements common to many of today's health plans. To assist you during unforeseen emergencies, and help expand your choice of provider, your school has partnered with us to offer voluntary coverage for accidents or illnesses.



Arranged and Administered by

 **myers | stevens | toohey**

641  
AZ/CA/IN/NV

# Determine the Plan(s) you want to purchase

Plans\* showing  include Enhanced Coverage for Concussion - 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 high school tackle football**). 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 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. (hereinafter 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, 2025, whichever comes first, provided the required payments are made.

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

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

**1st payment: \$208**

(Covers remainder of month in which you enroll and 1 additional month)  
Subsequent Payments: \$169 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 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 2024-2025 School Year.

**NOTE** - Participation in commercial camps or clinics is not covered under these plans. See "Full-Time 24/7" plans. Practice or playing of football must be conducted under the regulations and jurisdiction of the applicable sports governing body.

<b>Benefit Levels:</b>	<b>High</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$339</b>	<b>\$235</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 2025-2026 School Year.

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

<b>Benefit Levels:</b>	<b>High</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$328</b>	<b>\$225</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 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 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 2024-2025 School Year.

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

<b>Benefit Levels:</b>	<b>High</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$79</b>	<b>\$53</b>

## 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 all 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 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 2025-2026 School Year.

**\$16 purchased separately**  
**\$12 when added to any plan(s) purchased**

\*Plans do not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and do not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

\*\*May be satisfied by other primary insurance.



**Call (800) 827-4695 With Questions**



# Determine the benefit level that best fits your needs

(Applies to all plans except Dental Accident)

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 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](http://www.myfirsthealth.com).

Covered Benefit Levels	Low Option	High Option	Student Accident & Sickness Plan
<b>Plan Name</b>	<b>MAXIMUMS PER ACCIDENT</b>		
Tackle Football Accident Plan	\$25,000	\$75,000	\$50,000 Maximum per Sickness
Full-Time 24/7 Accident Plan	\$50,000	\$150,000	\$200,000 Maximum per Accident
School-Time Accident Plan	\$25,000	\$75,000	
Deductible (disappearing**) - per condition	\$100	\$0	\$50
<b>Covered Expenses</b>	<b>BENEFIT MAXIMUMS</b>		<b>BENEFIT MAXIMUMS</b>
Hospital Room & Board - Semi Private Room Rate	80%	90%	80%
Ancillary Hospital Expenses	80% to \$2,000/Day	90% to \$3,000/Day	80% to \$4,000/Day
Intensive Care Unit	80%	90%	80%
Hospital Emergency Room (room & supplies)	100%		100%
Emergency Room Physician Charges			
Outpatient Surgical (room & supplies)	80% to \$2,500	90% to \$5,000	80% to \$5,000
Doctor Non-Surgical Treatment & Exam/Telemedicine (excluding Physical Therapy) Including consultation (when referred by attending Physician)			
Doctor's Surgical Expenses	80%	90%	80%
Assistant Surgeon Services			
Anesthesiologist Services			
Physiotherapy (includes related office visits) when prescribed by a Doctor	80% to \$500	90% to \$1,000	80% to \$2,000
Diagnostic Testing, X-Ray Examinations, MRI, and Cat Scans	80%	100%	80%
Ambulance Expenses - Ground or Air (from site of an emergency directly to hospital)	100%		100%
Registered Nurse Services and Laboratory Procedures	80%	100%	
Rehabilitative Braces and Appliances			
Out-Patient Prescription Drugs (for Injuries only)			80%
Dental Services (including dental x-rays) made necessary by Injury to whole, sound, and natural teeth for Treatment due to a covered Accident	80%	90%	
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	100% to \$750		100% to \$750
Aggravations or Re-Injury of an Injury	\$500		\$500



### Enhanced Coverage For Concussion

If the Insured is diagnosed with a concussion as a result of an Injury received while participating in a Covered Activity, and the Insured is prohibited from participating in Interscholastic Sports as a result of the School's formal concussion protocol, benefits for the treatment of that concussion will be paid at 100% of the Usual, Customary and Reasonable charges with no deductible, subject to all other terms and conditions of the Plan.



### Benefits for Accidental Death, Dismemberment, Loss of Sight, Paralysis, Counseling, and Heart or Circulatory Malfunction

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	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
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	Heart or circulatory malfunction death benefit payable for Loss of Life due to Heart, Circulatory or Pulmonary Malfunction that occurs within 72 hours of participation in a covered activity that is causally connected to such Malfunction	\$10,000

## Choose Your Own Doctor and Hospital

1. Tear off envelope here    2. Complete the application form    3. Insert premium into envelope    4. Wet and fold the gummed flap down to seal    5. Return to your school.

**DO NOT SEND CASH**

## Exclusions

1. Routine physical examinations and routine testing; preventive testing or treatment; screening examinations or testing in the absence of Injury.
2. Dental care or treatment including damage to or loss of dentures or bridges or damage to existing orthodontic equipment. This exclusion does not apply to care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under the Policy.
3. War or any act of war, declared or undeclared.
4. Participation in a Riot; 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. "Riot" means a public disturbance involving an assemblage of five (5) or more persons which by tumultuous and violent conduct or the threat thereof creates grave danger of damage or injury to property or persons. An exclusion for Riot shall apply only when a person willfully engages in a Riot or willfully incites or urges other persons to engage in a Riot.  
*Applicable to Nevada only:* Participation in a Riot; fighting or brawling, except in self-defense; commission of or attempt to commit a felony (except domestic violence), which results in a conviction. This exclusion does not apply to a Covered Person who is a victim of domestic violence regardless of whether the Covered Person contributed to any loss or injury.
5. Intentionally self-inflicted Injury, suicide or attempted suicide.
6. 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 Doctor. (Not applicable in Nevada)
7. Participation in or practice for interscholastic tackle football; intercollegiate sports; semi-professional sports; professional sports. (except as specified in the Coverage Descriptions) (does not apply to the Dental Accident Plan)
8. Any Injury that is caused by: Flight in, boarding or alighting from an Aircraft, except as a fare-paying passenger or School chartered aircraft, Military Airlift Command or JROTC Program.
9. Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
10. Treatment, care or services rendered for an Injury covered by Workers' Compensation Employers' Liability or similar occupational laws. Expenses payable by any automobile insurance policy without regard to fault.
11. Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
12. Treatment, services or supplies provided by the School's infirmary or its employees, or by medical providers Doctors, or Other Medical Care Providers who work for the School or are contracted or retained by the School. Treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of the Covered Person's household.
13. Treatment, services or supplies provided or paid for by any governmental program or law, except Medicaid, Medicare or Tricare.
14. Mental or Nervous Disorders.
15. 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, except as provided by the Policy.
16. Supplies, except as otherwise provided in the Policy.
17. Treatment of osteomyelitis.
18. Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, hernia, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy).

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. School-time and high school tackle football injuries must be reported to the School within 72 hours in (or 60 days if you reside in California) of the date of Injury. The first Physician's visit must be within 120 days after the Accident occurs. A claim form must be filed with Myers-Stevens & Toobey Co., Inc. within 90 days after the date of loss. The School-Time, Tackle Football and Full-Time (24/7) plans pay for covered expenses incurred within up to 104 weeks from the date of injury. The Student Accident & Sickness and Dental Accident plans pay for covered expenses incurred within up to 52 weeks from the date of first treatment, however, should the Injury sustained under the Student Accident & Sickness plan 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.

### Facility of Payment

Whenever payments that should have been made under the Policy are made by any other policy, the Company reserves the right to pay over to any plan making such other payments, any amounts the Company determines are warranted in order to satisfy the intent of this provision. The amounts paid are considered benefits paid under the Policy and, to the extent of such payments, the Company shall be fully discharged from liability under the Policy. In no event will the Company pay more than the benefits payable under the Policy for all policies providing the same or similar benefits issued to the Policyholder and underwritten by the Company.

### Definitions

Accident means a sudden, unexpected and unintended incident. Covered Accident means an Accident that results in Injury or loss covered by the Policy. Coinsurance means the percentage of Covered Expenses after any Deductible is applied, that are payable under this Policy. Covered Expenses means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. Covered Loss or "Covered Losses" means an accidental death, dismemberment or other Injury covered under the Policy. Disappearing Deductible means the dollar amount of Covered Expenses the Covered Person must incur before We pay any benefits. The Deductible may be satisfied by Other Valid and Collectible Insurance. The Disappearing Deductible is shown on the Schedule of benefits. Emergency Sickness means a Sickness of such a nature that failure to get immediate medical care could put the person's life in danger or cause serious harm to the person's bodily functions. Injury means accidental bodily harm sustained by a Covered Person 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 external, violent and 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, Doctor, or other provider that are required to identify or treat an Injury and that, as determined by the Company, are: (1) consistent with the symptom or diagnosis and treatment of Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; 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 Person's medical symptoms or condition requires that the services cannot be safely provided as an outpatient. The fact that a Doctor may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Policy. Other Valid and Collectible Insurance means any: 1) group plan, program, or insurance policy; 2) any other group hospital, surgical or medical benefit plan; or 3) union welfare plans or any individual disability insurance plans. School Activity means any activity that is sponsored and supervised by the School. It does not include camps or clinics relating to athletics or cheerleading that are sponsored, controlled and, or organized by any non-School group. Sickness means an illness, disease or infection commencing while coverage under the Policy is in force. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Usual, Customary and Reasonable Charge means the prevailing amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

### 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. (In Arizona: Does not apply to the Sickness-Only coverage under the Student Accident & Sickness Plan.)

**IMPORTANT NOTICE:** This brochure contains a brief description of the benefits available under the insurance programs. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies delivered in the state under form numbers AH-57720. Complete details may be found in the policies. CERTAIN INSURANCE PLANS DESCRIBED HEREIN PROVIDE SHORT-TERM LIMITED DURATION SICKNESS BENEFITS. THEY DO NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE (OFTEN REFERRED TO AS "MAJOR MEDICAL COVERAGE") AND DO NOT SATISFY A PERSON'S INDIVIDUAL OBLIGATION TO SECURE THE REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT (ACA). FOR MORE INFORMATION ABOUT THE ACA, PLEASE REFER TO WWW.HEALTHCARE.GOV.

**ALL PREMIUMS ARE FULLY EARNED UPON RECEIPT AND 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

**Call (800) 827-4695 With Questions**

AZ/CA NBP 641 05/24

# 2024 - 2025 Enrollment Form

This box must be completed by the school official & received by Myers-Stevens & Toohy Co., Inc. within 15 calendar days

Date Envelope Returned \_\_\_\_\_ Time Returned \_\_\_\_\_ School Official Initials \_\_\_\_\_

Complete all information below (please print)

Student Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Student Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Daytime Phone Number \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

District Name \_\_\_\_\_

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 & Toohy Co., Inc.) **OR**
- Mastercard® or Visa®



**Important:** If paying by credit card, complete below. Charge will appear as "MYERS-STEVENS & TOOHEY 800-827-4695 CA" on your statement.

Card Number \_\_\_\_\_

EXP. DATE MO. \_\_\_\_\_ YR. \_\_\_\_\_ 3 digit control # \_\_\_\_\_

\$ \_\_\_\_\_

Amount

Print Name of Cardholder \_\_\_\_\_ Zip Code \_\_\_\_\_

I authorize Myers-Stevens & Toohy Co. Inc. to deduct the premium payment, plus a 3% processing fee, from my credit card. If enrolling in the *Student Accident & Sickness Plan*, I am authorizing the initial premium payment and understand that I will be invoiced every 2 months for the subsequent payments.

**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 & Toohy to charge the above credit card \$338, plus a 3% processing fee, on the 5th of the month that my payment is due. This authorization will remain in effect for the 2024/2025 school year until I notify Myers-Stevens & Toohy in writing prior to the next payment date.

641.AZ/CA/IN/NV

## 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](http://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!

### 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](http://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](http://www.myers-stevens.com) or call us for prompt, personalized assistance at (800) 827-4695.



S  
A  
S

Some  
resour  
unexp  
costs  
injury  
proble

My  
Too

Our pla  
insuranc  
They ca  
the hig  
other c  
of toda  
emerg  
school  
acciden

Arrange



DETACH FORM HERE

FREQUENTLY ASKED QUESTIONS...