

2010-2011 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 in the gaps". Enroll today!

Are your kids protected?

Enrollment is Easy!

Checks, Money Orders and Credit Cards accepted



Myers-Stevens & Toohey & 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 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 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.

1st payment: \$139.00

*(Covers remainder of month in which you enroll and 1 additional month)
Subsequent Payments: \$125.00 per month, billed every 2 months*

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 to locate your nearest provider.

Coverage begins at 11:59 p.m. on the day Myers-Stevens & Toohy & Co., Inc. (hereinafter 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, 2011, whichever comes first, 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 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 2010-2011 School Year.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$267	\$247	\$200

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 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 2011-2012 School Year.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$261	\$242	\$193

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 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 2010-2011 School Year.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$62	\$58	\$48

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 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 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 2011-2012 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 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. You may take your child to any provider you choose; however, seeking Treatment through a Beech Street contracted provider may reduce your out-of-pocket costs. To find participating Beech Street medical providers nearest you, call 800-877-1666 or log on to www.beechstreet.com.

Covered Benefit Levels	Low Option	Mid Option	High Option	Premium Student Health Care Plan
Plan Name	MAXIMUMS PER ACCIDENT			
Tackle Football Accident Plan	\$25,000	\$50,000	\$75,000	\$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	\$75,000	
Deductible Per Covered Accident/Sickness	\$250	\$100	\$50	\$50
Covered Expenses	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board - Semi-Private Room Rate	80%	80%	90%	80%
Inpatient Hospital Miscellaneous Charges	80% to \$2,000/Day	80% to \$2,500/Day	90% to \$3,000/Day	80% to \$4,000/Day
Intensive Care Unit	80% to \$2,000/Day	80% to \$2,500/Day	90% to \$3,000/Day	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	80%	80%	90%	80%
Outpatient Surgical (room & supplies)	80% to \$2,000	80% to \$2,500	90% to \$5,000	80% to \$4,000
Physician Non-Surgical Treatment & Exam (excluding Physical Therapy) including Consultation (when referred by attending Physician)	80%	80%	90%	80%
Surgeon Services	80%	80%	90%	80%
Assistant Surgeon Services	80%	80%	90%	80%
Anesthesiologist Services	80%	80%	90%	80%
Physiotherapy (includes related office visits) when prescribed by a Physician	80% to \$400	80% to \$750	90% to \$1,000	80% to \$2,000
X-Ray Examinations (including reading)	80% to \$400	80% to \$750	90% to \$1,000	80%
Diagnostic Imaging MRI, Cat Scan	80%	80%	90%	80%
Ambulance (from site of covered loss directly to hospital)	80%	80%	90%	80%
Laboratory Procedures, Registered Nurse Services, Rehabilitative Braces	80%	80%	90%	80%
Durable Medical Equipment	80% to \$400	80% to \$750	90% to \$1,000	80% to \$1,000
Out-Patient Prescription Drugs (for Injuries only)	80%	80%	90%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	80%	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 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 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

CO/NM PND MB 501 05/10

2010-2011 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. #

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City

State

Zip Code

	-		-	
--	---	--	---	--

Parent Daytime Phone Number

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Parent E-mail Address

--

District Name

--	--

School Name

Grade

--

Print Parent or Guardian Name

I enroll for the coverage checked below. I understand premiums cannot be refunded or converted.

Important Notice: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

X _____
Parent or Guardian Signature Date

Underwritten by: ACE American Insurance Company, Philadelphia, PA 19106
AH-10327

OUR BEST PLAN

Premium Student Health Care Plan

(Covers Injuries & Sicknes)

1st Payment \$139.00

You will be billed \$250.00 every 2 months thereafter.
Coverage cannot exceed 12 calendar months or run past Sept. 30, 2011.

Accident Plans

(One-Time Payment For Entire School Year)

PLANS:	High Option	Mid Option	Low Option
Tackle Football Only	<input type="checkbox"/> \$267.00	<input type="checkbox"/> \$247.00	<input type="checkbox"/> \$200.00
Full-Time	<input type="checkbox"/> \$261.00	<input type="checkbox"/> \$242.00	<input type="checkbox"/> \$193.00
School-Time	<input type="checkbox"/> \$62.00	<input type="checkbox"/> \$58.00	<input type="checkbox"/> \$48.00
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.
To find a Beech Street provider nearest you, call 800-877-1666 or log on to www.beechstreet.com.
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.
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

*2010 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 under form number AH-11648. 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. Complete details may be found in the Policies on file at your School or district office. Certain provisions may be different if required by state law. Please keep this information as a reference.

FROM
SCHOOL DISTRICT NAME
CO/NUM PND MB 501



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

PRIORITY HANDLING
Enrollment Form Enclosed

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



Exclusions

Benefits are not payable under the Policy for any of the following or loss that results there 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. Participation in a riot or civil disorder; 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.
4. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
5. Injury or Sickness contributed to by the use of alcohol or drugs unless taken in the dosage and for the purpose prescribed by the Insured Person's Physician.
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 the Dental Accident Plan.)
7. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law including, but not limited to group, group type, and individual automobile "No Fault" coverage (excluding School Vehicle coverage).
8. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School, or by any member of the Insured Person's immediate family; or for which no charge is normally made.
9. Mental or nervous disorders, except as provided in the Policy.
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical 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 Health Care Plan.)
11. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
12. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled Motor Vehicle. (Does not apply to the Dental Accident Plan.)
13. Treatment of detached retina (unless directly caused by an Injury), osteomyelitis, pathological fractures or hernia. (Does not apply to the Student Health Care Plan.)
14. Any expenses related to the Treatment of tonsils, adenoids, epilepsy, seizure disorder or congenital weakness; or congenital anomalies and conditions arising or resulting directly there from.

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 120 days after the Accident occurs or Sickness commences. A claim form must be filed with Myers-Stevens & Toohey & Co., Inc. within 90 days after the date of loss. The plan pays for covered expenses incurred within up to a year from the date of the first Physician's visit. 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.

Facility of Payment

Whenever payments that should have been made under the Policy are made by any other policy, the Company reserves the right, at their sole discretion, 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

An **Accident** is defined as a sudden, unexpected and unintended incident. **Covered Accident** means an Accident that results in Injury or loss covered by this Policy. An **Injury** is defined as accidental bodily harm sustained by the Covered Person that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. **Medically Necessary** is defined as the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness and which, as determined by the Company, are: (1) consistent with the symptoms or diagnosis and Treatment of the Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an Inpatient, it further means that the Insured Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **Sickness** is defined as 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.

Non-Duplication of Benefits (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.

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.

To find participating Beech Street Medical Providers nearest you, call 800-877-1666, or log on to www.beechstreet.com

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