2022-2023
School Year

Student Accident & Sickness Insurance





Enroll online at
www.myers-stevens.com

Arranged and Administered by:

myers | stevens | toohey





WHY STUDENT INSURANCE IS IMPORTANT

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.

WITH OUR PLANS:

- Use the doctor or hospital you want...no restrictions!
- Enhanced Concussion Benefits added
- Enrollment is easy - online, mail and fax
- Every enrollee receives personalized ID cards as proof of coverage



Our Best Plan 4

Our Accident Plans 5

Compare Plans 5

Accident Plan Benefits 6

Additional Plans & Benefits 7

How to Enroll 8

Frequently Asked Questions 9

How to File a Claim 9

Exclusions & Limitations 10

OUR BEST PLAN



Student Accident & Sickness Plan

In these challenging times, we are pleased to offer your students 24-hour coverage anywhere in the world for both accidental injuries **AND sickness**.

$50,000 Maximum per Sickness $200,000 Maximum per Accident
$50 Deductible (Disappearing*) Per Condition



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.

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

Coverage begins at 11:59 pm on the day that Myers-Stevens & Toohey Co., Inc. (herein called *the Company*) receives a completed enrollment form and payment of premium.

Coverage ends at 11:59 pm 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 September 30, 2023, whichever comes first, provided the required payments are made.

1st payment: $208
(Covers remainder of month in which you enroll and 1 additional month) Subsequent Payments: $169 a month, billed every 2 months.

Plan Benefits

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- see page 10 for details. To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to www.myfirsthealth.com.

COVERED EXPENSES	BENEFIT MAXIMUMS
Hospital Room & Board - Semi Private Room Rate	**80%**
Inpatient Hospital Miscellaneous Charges	**80% to $4,000/Day**
Intensive Care Unit	**80%**
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	**100%**
Emergency Room Physician Charges	**100%**
Outpatient Surgical (room & supplies)	**80% to $5,000**
Doctor Non-Surgical Treatment & Exam/ Telemedicine (excluding Physical Therapy) Including consultation (when referred by attending Doctor)	**80%**
Doctor's Surgical Expense	**80%**
Assistant Surgeon Services	**80%**
Anesthesiologist Services	**80%**

* May be satisfied by other primary insurance.

COVERED EXPENSES	BENEFIT MAXIMUMS
Physiotherapy (includes related office visits) when prescribed by a Physician	**80% to $2,000**
X-Ray Examinations (including reading)	**80%**
Diagnostic Imaging MRI, Cat Scan	**80%**
Air and Ground Ambulance (from site of an emergency directly to hospital)	**100%**
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	**80%**
Durable Medical Equipment	**80%**
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%**
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	**100% to $750**
Aggravations or Re-Injury of an Injury	**$500**
Medical Evacuation & Repatriation	**100% to $10,000**

Additional benefits to this plan may be found on Page 7!

OUR ACCIDENT PLANS

Premiums for these plans are paid only ONCE for the entire school-year.



Full-Time 24/7 Accident Plans cover injuries

- ✓ Both in and out of school
- ✓ 24 hours a day
- ✓ Anywhere in the world
- ✓ While participating in all interscholastic sports **(except high school tackle football)**

NOTE – Students (grades P-12) and school employees may enroll in these plans. Participation in commercial camps or clinics may be covered under these plans.

Benefit Levels:	High	Mid	Low	
Rates per School Year:	$317	$219	$165	⇨ *Compare these levels on page 6*

School-Time Accident Plans cover injuries

- ✓ 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

NOTE – Students (grades P-12) may enroll in these plans. 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	⇨ *Compare these levels on page 6*

Interscholastic High School Tackle Football Accident Plans cover 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

NOTE – Students (grades 9-12) may enroll in these plans. 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:	$338	$235	$180	⇨ *Compare these levels on page 6*

Additional benefits to these plans may be found on Page 7!

Coverage Begins at 11:59 pm on the day that the Company receives a completed enrollment form and payment of premium.

Coverage Ends

- ***Full-Time (24/7)*** at 12:01 am on the date School begins regularly scheduled classes for the 2023-2024 School Year.
- ***School-Time*** and ***Interscholastic High School Tackle Football*** at 11:59 pm on the closing date of regular classes for the 2022-2023 School Year.

WHICH PLAN(S) BEST FITS YOUR NEEDS?

	Covers Sickness 24/7 anywhere in the world	Covers Accidents in school, excluding Tackle Football grades 9-12	Covers Accidents 24/7 anwhere in the world, excluding Tackle Football grades 9-12	Covers Interscholastic Tackle Football grades P-8	Covers Interscholastic Tackle Football grades 9-12
Student Accident & Sickness Plan	✓	✓	✓	✓	
Full-Time (24/7) Accident Plan		✓	✓	✓	
School-Time Accident Plan		✓		✓	
Interscholastic High School Tackle Football Plan					✓

*See Definitions on page 10 for more details concerning "School Activities".

ACCIDENT PLAN BENEFITS- WHICH OPTION BEST FITS YOUR NEEDS?

We will pay benefits only for Covered Injuries sustained 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- see page 7 for details. To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to www.myfirsthealth.com.

Covered Benefit Levels	**Low Option**	**Mid Option**	**High Option**
Plan Name	**MAXIMUMS PER ACCIDENT**		
Tackle Football Accident Plan	$25,000	$50,000	$75,000
Full-Time 24/7 Accident Plan	$50,000	$100,000	$150,000
School-Time Accident Plan	$25,000	$50,000	$75,000
Deductible (Disappearing) Per Covered Accident/Sickness	$0		
Covered Expenses	**BENEFIT MAXIMUMS**		
Hospital Room & Board - Paid up to	$500/Day	$600/Day	$750/Day
Inpatient Hospital Miscellaneous Charges Services described below are paid as scheduled. All other miscellaneous charges - Paid up to	$800/Day	$1,000/Day	$1,750/Day
Intensive Care Unit - Paid up to	$1,500/Day	$1,800/Day	$2,400/Day
Emergency Room Physician Services	100%		
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	100%		
Outpatient Surgical (room & supplies)	$750	$900	$1,600
Doctor's / Telemedicine Non-Surgical Treatment Expenses (excluding Physical Therapy)			
First Visit	$70	$80	$100
Each Follow Up Visit	$50	$55	$65
Consultation (when referred by attending Doctor)	$200	$250	$300
Doctor's Surgical Expenses	60%	75%	90%
Assistant Surgeon Expenses	25% of Surgical Allowance		
Anesthesiologist Services	25% of Surgical Allowance		
Physiotherapy (includes related office visits) when prescribed by a Doctor	$50/Visit to $500	$60/Visit to $600	$75/Visit to $900
X-Ray Examinations (including reading)	60% to $500	70% to $600	80% to $700
Diagnostic Imaging MRI, Cat Scan Expenses	60%	70%	80%
Ambulance Expenses Ground or Air (from site of an emergency directly to hospital)	100%		
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	60%	80%	100%
Durable Medical Equipment	60% to $500	80% to $600	100% to $800
Out-Patient Prescription Drugs (for Injuries only)	60%	80%	100%
Dental Services (including dental x-rays) made necessary by Injury to whole, sound, and natural teeth for Treatment due to a covered Accident	60%	80%	90%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical attention)	100% to $750		
Aggravations or Re-Injury of an Injury	$500		
Medical Evacuation & Repatriation	$0		



Even if your child has other coverage, our plans can expand the choice of providers and can be used to help with uncovered expenses and cost-sharing requirements (e.g. large deductibles, coinsurance and co-pays) common to many health plans today.



ADDITIONAL PLAN AND FEATURES



Dental Accident Plan ($75,000 Maximum)

- 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.

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

Coverage Begins at 11:59 pm on the day that the Company receives a completed enrollment form and payment of premium.

Coverage Ends at 12:01 am on the date School begins regularly scheduled classes for the 2023-2024 School Year.



ENHANCED COVERAGE FOR CONCUSSION

(Applies to all plans except Dental Accident)

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.



ACCIDENTAL DEATH, DISMEMBERMENT, LOSS OF SIGHT, PARALYSIS, COUNSELING, AND HEART OR CIRCULATORY MALFUNCTION

(Applies to all plans except Dental Accident)

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
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

HOW TO ENROLL

For IMMEDIATE confirmation of enrollment, skip the steps below and click here (or go to www.myers-stevens.com) to apply online

Thank you for enrolling your child! To avoid any delay in coverage, please follow these 3 easy steps below:

Select the plan(s) you wish to purchase below:

- The Student Accident & Sickness Plan will provide our highest level of coverage.
- Our Accident Plans may be purchased on an individual basis or combined with additional coverage (for example, Full-Time Accident + Dental).

Complete the enrollment form below. Please note, we are unable to accept enrollments over the phone.

Purchase and Return **You may either:**

- **Fax** both sides of the completed Enrollment Form to **(949) 348-2630.** You must pay by credit card by completing the payment area below. **Sorry, we cannot accept personal checks or Money Orders by fax.**
- **Mail** both sides of the completed Enrollment Form to Myers-Stevens & Toohey, 26101 Marguerite Pkwy, Mission Viejo, CA 92692. You may pay by credit card by completing the payment area below or enclose a check or Money Order made payable to Myers-Stevens & Toohey.

PLEASE DO NOT SEND CASH

2022-2023 Enrollment Form Complete all information (please print) and return to Myers-Stevens & Toohey Co., Inc.

Our BEST Plan

Student Accident & Sickness - 1st Payment ☐ **$208**

You will be billed $338 every 2 months thereafter.
Coverage cannot exceed 12 calendar months or run past Sept. 30, 2023.

Our Accident Plans

(**One-Time** Payment For Entire School Year)

PLANS:	High Option	Mid Option	Low Option
Tackle Football Only	☐ $338	☐ $235	☐ $180
Full-Time (24/7)	☐ $317	☐ $219	☐ $165
School-Time	☐ $77	☐ $63	☐ $39
Dental Accident	☐ $16 Purchased separately		
	☐ $12 When added to any plan(s) purchased		

Total Amount Due $

Print Parent or Guardian Name

First Name Last Name

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

Warning: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

X _____

Parent or Guardian Signature Date

Student Name First Middle Last

Student Birthdate Month Day Year

Mailing Address Apt. #

City State Zip Code

Parent Daytime Phone Number

Parent Email Address

District Name

School Name Grade

ALL PREMIUMS ARE FULLY EARNED UPON RECEIPT AND CANNOT BE REFUNDED OR CONVERTED

Method of Payment *Note: $25.00 service charge for Returned Checks and declined Credit Cards* ☐ **Check/Money Order** (Make payable to: Myers-Stevens & Toohey Co., Inc.) **or** ☐ **Mastercard® or Visa®**

Important: If paying by credit card, complete this form. Your amount of charge will appear as **"MYERS-STEVENS & TOOHEY 800-827-4695 CA"** on your statement.

$ _____ - - - _____ - _____ _____

Amount Card Number Exp. Date MO. YR. 3 Digit Control #

I authorize Myers-Stevens & Toohey 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 & Toohey 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 2022/2023 school year until I notify Myers-Stevens & Toohey in writing prior to the next payment date.

FREQUENTLY ASKED QUESTIONS

I'm in a hurry! What is the quickest way to enroll?
Click **HERE** (or visit www.myers-stevens.com) to enroll online, complete the enrollment process and your ID card will be emailed to you immediately!

If I have other insurance, why do I need this coverage?
Our plans can expand your choice of providers for your child and can be used to help cover high deductibles, high co-insurance and other cost-sharing obligations common to many of today's health plans.

Can I take my child to any doctor or hospital?
YES! However, your out-of-pocket costs could be less using a *First Health* contracted provider. To find participating doctors/hospitals nearest you, call **800-226-5116** or log on to **www.myfirsthealth.com**

If my child has a covered injury or sickness, will benefits for that same injury or sickness be extended if they re-enroll 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.

Are accident-only rates paid every month?
NO! Accident-only rates are one-time charges for the entire School Year.

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. Call us for guidance!

Can interscholastic high school tackle football be covered?
YES! But only under the *Interscholastic Tackle Football Plan*. "High Option" benefits are recommended.

Still need help or have questions?
Go to www.myers-stevens.com or call us for prompt, personalized assistance at (800) 827-4695.



HOW TO FILE A CLAIM

Each claim is assigned to one of our experienced examiners who will diligently guide family members, school staff, medical providers and any other parties involved throughout the entire process from A to Z. Our examiners apply their specific and highly technical knowledge to ensure accurate and expedited processing.

Should an accident or sickness occur, please follow these 4 easy steps:

1. Report School-related Injuries within 60 days.
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 loss.
3. At the same time, please file a claim with any other applicable insurance or Health Care Plan.
4. Follow ALL claim form instructions, attach all itemized bills and send to:

myers | stevens | toohey

Myers-Stevens & Toohey Co., Inc.
26101 Marguerite Parkway
Mission Viejo, CA 92692-3203
Office 800-827-4695 | Fax 949-348-2630 | claims@myers-stevens.com
CA License #0425842

The Insurance Company

CHUBB®

ACE American Insurance Company
436 Walnut St., Philadelphia, PA 19106

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. The terms and conditions of coverage are set forth in the policies issued in the states in which the policy is delivered under form number AH-11648a. Complete details may be found in the policies which can be found on file with the district office. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

EXCLUSIONS

Benefits are not payable for any of the following or loss that results from them:

1. 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 teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy and rendered within 12 months of the Accident.
2. War or any act of war, declared or undeclared.
3. Participation in a Riot; fighting or brawling, except in self-defense; commission of or attempt to commit a felony; 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 Covered Person's Physician.
6. Practice or play in interscholastic high school tackle football (except as specified in the Coverage Descriptions); intercollegiate sports; semi-professional sports; or professional sports. (Does not apply to the *Dental Accident Plan*.)
7. Treatment, services, or supplies provided: by a Hospital or facility owned or run by the United States Government, unless a charge is made for such services in the absence of insurance; or in a Hospital which does not unconditionally require payment.
8. 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).
9. Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made.
10. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School.
11. Treatment, services, or supplies provided or paid for by any governmental program or law, except Medicaid.
12. Mental or Nervous Disorders.
13. Treatment of Sickness, ailment, or infections (except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances). (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
14. 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*.)
15. Nonmalignant warts, moles, or lesions.
16. Any Expenses related to the treatment of tonsils, adenoids, epilepsy, seizure disorder, congenital weakness, or hernia.
17. Supplies, except as otherwise provided in the Policy.
18. Routine physical examinations and routine testing; preventative testing or Treatment; screening examinations or testing in the absence of Injury.
19. Elective Treatments and voluntary testing.
20. Treatment of osteomyelitis. (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
21. Pathological fractures, hernia, detached retina (unless directly caused by an Injury). (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)

This insurance does not apply to the extent that trade or economic sanctions or other laws 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 $25,000 maximum benefit. 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 60 days 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 & Toohey 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

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. **Heart and Circulatory Malfunction** means myocardial infarction, angina pectoris, coronary thrombosis, cardiac arrest or a cerebral vascular accident. 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. **Pulmonary Malfunction** means failure of the lungs to operate in the normal manner. **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. **School Activities** means any activity that is sponsored and under the direct, immediate supervision of the School that: (a) the School requires the Insured Person to attend; or (b) is under the sole control and supervision of School authorities. It does not include an activity related to athletics or cheerleading that is under joint sponsorship or supervision arrangement with any non-School group.

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: SOME PLANS REFERENCED WITHIN 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