

Re: Student Injuries and Insurance  
2011-2012 School Year

Dear Parent/Legal Guardian:

The safety of our students is one of our most important concerns. Even so, accidents do happen and resulting medical treatment (ambulance transport, surgery, hospitalization, etc.) can be very expensive.

Please know that the District does not assume responsibility for these costs. However, as a service to you and your child, your school has joined with 1,000s of others by offering you access to a low cost, voluntary purchase student accident/health insurance program. The program is arranged and administered by Myers-Stevens & Toohey & Co., Inc. a firm that has specialized in such coverages for 40 years. Details and an enrollment form are in the accompanying brochure. Please read it carefully.

Several plans are offered and rates for the entire school year start at around \$21 (*Dental Accident Plan*). You can limit coverage to school related injuries only (including sports) or opt for 24/7 protection. Also offered is a *Student Health Care Plan* (recommended if your child has no other health insurance) and a *pharmacy discount program* for your entire family. Whether your child currently has no other coverage or you want to "fill in the gaps" in other insurance, you will probably find an option to fit your needs.

While you can seek care from any doctor or hospital, you'll also have access to an extensive network of medical providers with discounted charges. Seeking care through contracted providers may further reduce your out-of-pocket costs, particularly if your child needs surgery or hospitalization.

To enroll, complete the enrollment form in full, select the plan(s) you want for your child, enclose the proper premium using a check, money order or credit card, seal and return as directed on the form. While your child is eligible to enroll at any time, you are encouraged to consider early enrollment to get maximum value from the plan(s) selected.

**Note** - Once processing is completed, an ID card verifying coverage will be mailed home to you. Because many parents have expressed interest in much higher limits of coverage for their children, at that time you'll also be sent information regarding a newly available *Supplemental Catastrophic Injury Plan* that can cover up to \$500,000/injury for up to five years.

If you have any questions, please call Myers-Stevens & Toohey at (800) 827-4695. Bilingual representatives are available for parents who need assistance in Spanish.

**In order to document your having been notified of this matter, please sign and complete the bottom of this form and immediately send it back to the school with your child.**

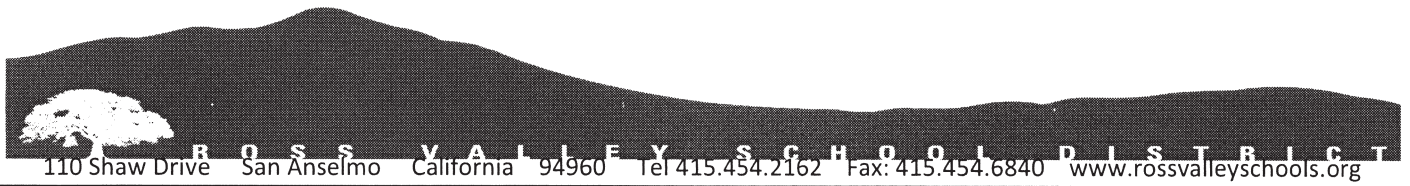
Sincerely,

*Delynne Cullen, Staff Assistant*

As parent/guardian of \_\_\_\_\_, I understand that the School does not assume responsibility for student injuries but does make voluntary purchase, student accident insurance available. I have received the information on this program.

I will enroll my child in the program       I choose not to enroll my child in the program

Signed \_\_\_\_\_ Date \_\_\_\_\_



Asunto: Lesiones de los estudiantes y seguro médico  
Año escolar 2011-2012

Estimado padre de familia o tutor:

La seguridad de los estudiantes es una de nuestras principales preocupaciones. A pesar de ello, los accidentes ocurren y las consecuencias médicas (transporte por ambulancia, cirugías, hospital, etc.) pueden costar mucho dinero.

Ustedes deben saber que el Distrito Escolar no es responsable de estos gastos. Sin embargo, como un servicio para usted y su niño, la escuela se ha unido a miles de otras que ofrecen un programa de seguro de salud y contra accidentes voluntario y de bajo costo para estudiantes. Este programa de seguro lo hizo y lo administra Myers-Stevens & Toohey & Co. Inc, una compañía que cuenta con más de 40 años de experiencia en este tipo de coberturas. Para más detalles y para inscribirse al programa, lea cuidadosamente el folleto adjunto.

Se ofrecen varios planes y el costo para todo el año escolar empiezan desde \$21 (Plan dental para accidentes). Puede elegir entre cobertura sólo por lesiones en la escuela (incluso deportes) o protección completa 24/7. También se ofrece un *plan de salud para estudiantes* (altamente recomendado si su hijo no cuenta con ningún otro seguro de salud) y un programa de *descuento en las farmacias* para toda la familia. Ya sea que su hijo no cuente con ninguna otra cobertura o que quiera cubrir cosas no cubiertas por algún otro seguro, probablemente encuentre una opción que se ajuste a sus necesidades.

A pesar de que puede recibir atención médica de cualquier doctor u hospital, también tendrá acceso a una gran red de proveedores de servicios médicos a precios más bajos. La atención de los proveedores de la red le puede reducir aun más los gastos de su bolsillo, especialmente en casos de operaciones o estadías en el hospital.

Para inscribirse, llene completamente la forma, elija el /los plan(es) para su hijo, incluya el pago de la prima por medio de cheque, giro bancario o tarjeta de crédito, ciérrelo y regréselo como se indica en la forma. A pesar de que su hijo se puede inscribir en cualquier momento, se le invita a que lo haga pronto para que pueda obtener el mejor valor del plan(es) por su dinero.

**Nota** – Una vez terminado el proceso, se le enviará por correo una tarjeta o ID que comprueba su inscripción. Debido a que muchos padres han pedido mayores límites de cobertura para sus hijos, recibirá al mismo tiempo información acerca de un nuevo plan suplementario (*Supplemental Catastrophic Injury Plan*) que le puede cubrir por lesiones hasta \$500,000 y hasta por 5 años.

Si tiene cualquier pregunta, favor de llamar a Myers-Stevens & Toohey al (800) 827-4695. Hay representantes bilingües para aquellos padres que necesiten ayuda en español.

**Para poder documentar que usted ha sido informado sobre este asunto, favor de llenar y firmar la parte de abajo de esta hoja y enviarla inmediatamente de regreso a la escuela con su hijo(a).**

Atentamente,

*Delynne Cullen, Staff Assistant*

Como padre de familia / tutor de \_\_\_\_\_, entiendo que la escuela no es responsable de las lesiones de los estudiantes, pero sí tiene disponible para compra algunos programas de seguro de accidentes. He recibido la información acerca de este programa.

Quiero inscribir a mi hijo(a) en el programa     Elijo no inscribir a mi hijo(a) en el programa

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

# 2011-2012 Accident & Health Insurance Program - Student Coverage

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

**Here's your opportunity for AFFORDABLE coverage to protect your most valuable asset, your CHILD!**

Children have Accidents. Treatment can be expensive...sometimes, very expensive. That's why your School, and 1000's of others, are making affordable insurance coverage available for you and your child. These plans can help you be prepared for unexpected emergencies.

You have a variety of choices. Coverage can be for "School-related Injuries" only or you can protect your child 24/7. Our optimum **Student Health Care Plan** covers Accidents *and* Sickness. There's a **Dental Accident Plan** and even an option for your entire family's **Prescription Drug** needs.

Even if you have other coverage, our plans can help "fill the gaps". Enroll today and protect your most valuable asset, your child!

**Are your kids protected?**

**Enrollment is Easy!**

Checks, Money Orders and Credit Cards accepted



**Myers-Stevens & Toohy & Co., Inc.**  
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 commencing anywhere in the world, 24 hours a day, while your student is insured under this School Year's plan (including interscholastic sports, except high school tackle football). Repatriation and Medical Evacuation benefits are included. This plan does not cover routine or preventative care.

**Benefits are payable according to the "Description of Benefits" up to \$50,000 per Covered Sickness and \$200,000 per Covered Accident.**

**1st payment: \$148.00**

*(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 if enrolling prior to December 1, 2011. If enrolling on or after December 1, the deductible per Sickness is increased to \$500 unless enrollment occurs within: 1) 30 days of student's transfer into a participating School; or 2) 30 days of loss of prior health coverage; or 3) 5 days of participation in the first official day of practice for any interscholastic sport. **Enroll Early!**

You may go to any doctor or hospital, but use of Beech Street contracted 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. (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, 2012, 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 2011-2012 School Year.

<b>Benefit Levels:</b>	<b>High</b>	<b>Mid</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$280</b>	<b>\$175</b>	<b>\$143</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 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 2012-2013 School Year.

<b>Benefit Levels:</b>	<b>High</b>	<b>Mid</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$276</b>	<b>\$178</b>	<b>\$136</b>

### School-Time Accident Plans

**Students (grades P-12) may enroll in these plans.** Covers Injuries caused by covered Accidents occurring:

- On School premises during the hours and on days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while continuously on the School premises
- While participating in or attending School-sponsored and directly supervised activities including interscholastic athletic activities and non-contact spring football (except interscholastic high school tackle football)
- While traveling directly and without interruption to or from residence and School for regular attendance; or School and off campus site to participate in School-sponsored and directly supervised activities, provided travel is arranged by and is at the direction of the School; and while traveling in School Vehicles at any time.

**Coverage begins at 11:59 p.m. on** the 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 2011-2012 School Year.

<b>Benefit Levels:</b>	<b>High</b>	<b>Mid</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$66</b>	<b>\$56</b>	<b>\$33</b>

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

**Students (grades P-12) may enroll in these plans.** Covers Injuries to teeth caused by covered Accidents occurring 24 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, Reasonable and Customary charges for Treatment of injured teeth, including repair or replacement of existing caps or crowns.** We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.

The coverage provides a "Benefit Period" of accident dental benefits for up to one year from the date of first Treatment. The benefit period for an Injury may be extended each year, provided that: coverage is renewed prior to October 1, the student remains enrolled in grades P-12, and written notice is received by the Company at the time of Injury that further Treatment will be deferred to a later date.

**Coverage begins at 11:59 p.m. on** the 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 2012-2013 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 BCS 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 urge 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. Applicable benefits mandated by the state of residency will be included in the covered expenses. The covered person may go to any provider of their choice.

Covered Benefit Levels	Low Option	Mid Option	High Option	Premium Student Health Care Plan
<b>Plan Name</b>	<b>MAXIMUMS PER ACCIDENT</b>			
<b>Tackle Football Accident Plan</b>	\$25,000	\$50,000	\$75,000	\$50,000 Maximum per Sickness
<b>Full-Time 24/7 Accident Plan</b>	\$50,000	\$100,000	\$150,000	\$200,000 Maximum per Accident
<b>School-Time Accident Plan</b>	\$25,000	\$50,000	\$75,000	
<b>Deductible Per Covered Accident/Sickness</b>	\$0	\$0	\$0	\$50/\$500*
<b>Covered Expenses</b>	<b>BENEFIT MAXIMUMS</b>			<b>BENEFIT MAXIMUMS</b>
<b>Hospital Room &amp; Board</b> - Paid up to	\$400/Day	\$500/Day	\$650/Day	80% Semi Private Room Rate
<b>Inpatient Hospital Miscellaneous Charges</b> Services described below are paid as scheduled. All other miscellaneous charges - Paid up to	\$600/Day	\$800/Day	\$1,600/Day	80% to \$4,000/Day
<b>Intensive Care Unit</b> - Paid up to	\$1,300/Day	\$1,600/Day	\$2,200/Day	80%
<b>Hospital Emergency Room</b> (room & supplies) incurred within 72 hours of an Injury	50%	75%	100%	80%
<b>Outpatient Surgical</b> (room & supplies)	\$600	\$800	\$1,600	80% to \$4,000
<b>Physician Non-Surgical Treatment &amp; Exam</b> (excluding Physical Therapy)				
First Visit	\$50	\$60	\$75	80%
Each Follow Up Visit	\$25	\$30	\$40	80%
Consultation (when referred by attending Physician)	\$150	\$200	\$250	80%
<b>Surgeon Services</b>	50%	70%	90%	80%
<b>Assistant Surgeon Services</b>	25% of Surgical Allowance			80%
<b>Anesthesiologist Services</b>	25% of Surgical Allowance			80%
<b>Physiotherapy</b> (includes related office visits) when prescribed by a Physician	\$35/Visit to \$525	\$45/Visit to \$630	\$60/Visit to \$720	80% to \$2,000
<b>X-Ray Examinations</b> (including reading)	30% to \$500	50% to \$500	80% to \$500	80%
<b>Diagnostic Imaging</b> MRI, Cat Scan	30%	50%	80%	80%
<b>Ambulance</b> (from site of an emergency directly to hospital)	60%	80%	100%	80%
<b>Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces</b>	60%	80%	100%	80%
<b>Durable Medical Equipment</b>	60% to \$400	80% to \$600	100% to \$800	80% to \$1,000
<b>Out-Patient Prescription Drugs</b> (for Injuries only)	60%	80%	100%	80%
<b>Dental Services</b> (including dental x-rays) for Treatment due to a covered Accident	60%	80%	90%	80%
<b>Eyeglass Replacement</b> (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical attention)	\$300	\$300	\$300	80%
<b>Medical Evacuation &amp; Repatriation</b>	\$0	\$0	\$0	100% to \$10,000

\*If enrolling on or after Dec. 1, deductible per Sickness is increased to \$500. See Student Health Care description at left for exceptions.

## Benefits for Accidental Death, Dismemberment, Loss of Sight, Paralysis and Psychiatric/Psychological Counseling

*(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)*

In addition to medical benefits, if, within 365 days from the date of Accident covered by the policy, bodily Injuries result in any of the following losses, we will pay the benefit set opposite such loss. Only one such benefit (the largest) will be paid for all such losses due to any one Accident.

• Accidental Death	\$10,000
• Single dismemberment or entire loss of sight in one eye	\$20,000
• Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia	\$30,000
<b>Counseling</b> - In addition to the AD&D benefits, we will pay 100% of the Usual, Reasonable and Customary Charges of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to	\$ 5,000

Premiums Cannot Be Refunded Or Converted

CA MB 718 04/11





## In Case of Accident or Sickness

1. Report School-related Injuries within 60 days to the School office. You may go to the provider or the facility of your choice. The first Physician's visit must be within 120 days after the Accident or Sickness.
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)*



**BCS Insurance Company**  
 Oakbrook Terrace, Illinois

Rated A- (Excellent) by A. M. Best,  
 an independent insurance company rating agency  
 Master Policy form # 28.203

This brochure is a brief description of the benefits available. Complete details may be found in the Policies on file at your School or district office.

Policyholder: Family Insurance Trust,  
 Sitused in District of Columbia

FROM
SCHOOL DISTRICT NAME
CA MB 718



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 for any of the following or loss that results from them:

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 Covered 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 Covered Person's immediate family; or for which no charge is normally made.
9. Mental or nervous disorders other than those required by the state of residence.
10. 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 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 osteomyelitis, pathological fractures, or detached retina (unless directly caused by an Injury). (Does not apply to the Sickness-Only Coverage under the Student Health Care Plan.)
14. Any expenses related to the Treatment of tonsils, adenoids, epilepsy, seizure disorder or congenital weakness; or expenses for Treatment of congenital anomalies and conditions arising or resulting directly there from.
15. Any expenses related to the Treatment of hernia.
16. Benefits are not payable under the Student Health Care Plan for a Sickness that is a "Pre-existing Condition" (a condition for which the Covered Person received medical Treatment, care or advice within 6 months before being insured under the Policy). This exclusion does not apply after the Covered Person has been insured under the Policy for 6 straight months.

## Requirements & 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 60 days of the date of Injury. The first Physician's visit must be within 120 days after the Accident occurs or Sickness commences. 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. A claim form must be filed with Myers-Stevens & Toohy & 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.

## 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.

## 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*