

The School-Time Accident Coverage is paid for by your School

You may go to the doctor or hospital of your choice!

School-Time Accident Plan (\$25,000 Maximum)

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; and
- 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); and
- traveling directly and without interruption; to or from home 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.

Also covers Emergency Sickness up to \$1,000 maximum. "Emergency Sickness" means a sickness that requires unscheduled medical treatment.

Coverage begins at 12:01 a.m. on August 01, 2015 and ends at 11:59 p.m. on July 31, 2016.

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

Optional Coverages

Parents, you may want to purchase these optional plans to ensure your child is protected 24 hours a day!

Student Accident & Sickness Plan

Students (age 4 through 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, except as mandated by state laws.

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

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

Coverage begins at 11:59 p.m. on the day Myers-Stevens & Toohey & Co., Inc. (hereinafter called "The Company") receives the completed coverage request form and the required 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, 2016, whichever comes first, provided the required payments are made.

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

1st Payment: \$208.00

(Covers remainder of month in which you enroll and 1 additional month)
Subsequent Payments: \$169 per month, billed every 2 months

Full-Time 24/7 Accident Plan (\$100,000 Maximum)

Students (grades P-12 and School employees) may enroll in this plan. Covers injuries caused by Accidents occurring 24 hours a day, anywhere in the world and while participating in all interscholastic sports except High School tackle football. Benefits paid at 100% Usual and Customary amount with no deductibles or co-pay.

Coverage begins at 11:59 p.m. on the day the Company receives the completed coverage request form and the required premium. Coverage ends at 12:01 a.m. on the date School begins regularly scheduled classes for the 2016-2017 School Year.

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

The entire School Year for \$265.00

Interscholastic Tackle Football Accident Plan

Students (grades 9-12) may enroll in this plan. 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 coverage request form and the required premium. Coverage ends at 12:01 a.m. on the date School begins regularly scheduled classes for the 2016-2017 School Year.

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

The entire School Year for \$116.00

Dental Accident Plan (\$75,000 Maximum)

Students (grades P-12) may enroll in these plans. Covers Injuries to teeth caused by covered Accidents occurring 24/7, 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 up to an additional 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 coverage request form and the required premium. Coverage ends at 12:01 a.m. on the date School begins regularly scheduled classes for the 2016-2017 School Year.

The entire School Year for \$12.00

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 while insured under this School Year's plan. Benefits payable will be based on the Usual 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 in Oregon 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.

Plan Names	School-Time Accident Plan	Tackle Football Accident Plan	Full-Time (24/7) Accident Plan	Student Accident & Sickness Plan
	MAXIMUMS PER ACCIDENT			MAXIMUMS PER ACCIDENT/SICKNESS
Per Emergency Sickness	\$1,000	n/a	n/a	\$50,000 Maximum per Sickness \$200,000 Maximum per Accident
Per Accident	\$25,000	\$25,000	\$100,000	
Deductible - per condition	\$0	\$0	\$0	\$50
	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Covered Expenses				
Hospital Room & Board - Semi-Private Room Rate	80%	80%	100%	80%
Inpatient Hospital Miscellaneous Charges Services described below are paid as scheduled. All other miscellaneous charges - Paid up to	80%	80%	100%	80% to \$4,000/Day
Intensive Care Unit - Paid up to	80%	80%	100%	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	100%	100%	100%	100%
Outpatient Surgical (room & supplies)	80%	80%	100%	80% to \$4,000
Physician Non-Surgical Treatment & Examination (excluding Physical Therapy) First visit, each follow up visit, and consultation (when referred by attending Physician)	80%	80%	100%	80%
Surgeon Services	80%	80%	100%	80%
Assistant Surgeon Services	80%	80%	100%	80%
Anesthesiologist Services	80%	80%	100%	80%
Physiotherapy (includes related office visits when prescribed by a doctor)	80%	80%	100%	80% to \$2,000
X-Ray Examinations (including reading)	80%	80%	100%	80%
Diagnostic Imaging MRI, Cat Scan	80%	80%	100%	80%
Ambulance (from site of an emergency directly to hospital)	100%	100%	100%	100%
Laboratory Procedures, Registered Nurse Services, Rehabilitative Braces	80%	80%	100%	80%
Durable Medical Equipment	80%	80%	100%	80%
Out-Patient Prescription Drugs (for Injuries only)	80%	80%	100%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	80%	80%	100%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	80%	80%	\$300	80%
Emergency Medical Evacuation & Repatriation of Remains	\$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 accident & sickness 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
Psychiatric/Psychological Counseling - In addition to the AD&D benefits, we will pay 100% of the Usual, Customary and Reasonable Charges of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to	\$5,000

Premiums Cannot Be Refunded Or Converted