

How To File A Claim

1. Report School-related Injuries within 72 hours to the School office. You may go to the provider or the facility of your choice. The first Physician's visit must be within 180 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 or as soon as reasonably possible.
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

2014 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. 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 under form numbers AH-11648a-OR. Complete details may be found in the Policies on file at your School or district office. Please keep this information as a reference.

Exclusions

Benefits are not payable under the Policy for any of the following or losses 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. Commission of, or active participation in a riot or insurrection; 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.
5. Injury caused by, attributed to or resulting from the Insured's being legally intoxicated as defined by the laws of the state in which the Accident occurs or use of illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the Insured's Doctor.
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 Employer's Liability Laws, or similar occupational benefits.
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. (Does not apply to the sickness only coverage under the Student Accident & Sickness Plan)
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 sickness only coverage under the Student Accident & Sickness 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, hernia or pathological fractures. (Does not apply to the sickness only coverage under the Student Accident & Sickness Plan)
14. Any expenses related to epilepsy, seizure disorder and congenital weakness.
15. Expenses payable by any automobile insurance policy without regard to fault.

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 interscholastic High School tackle football injuries must be reported to the School within 72 hours of the date of Injury. The first doctor's visit must be within 180 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 first doctor's visit or as soon as reasonably possible. The plan pays for covered expenses incurred within up to a year from the date of the first doctor's visit (may be extended for certain Injuries and plans). 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

"Covered Accident" means an Accident that occurs while coverage is in force for an Insured and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable. An **"Injury"** is defined as accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accident. The injury must be caused solely through accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury. **"Medically Necessary"** means a Treatment, service or supply that is: 1) required to treat an injury; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Insured's condition; and 4) consistent with the medical and surgical practices prevailing in the area for the treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eyeglass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense. **"Sickness"** means illness, disease or condition that causes a loss for which an Insured incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered on Sickness. **"Usual and Customary Charge"** means the average amount charged by most providers for Treatment, service or supplies in the geographic area where the Treatment, service or supply is provided. **"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: 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.

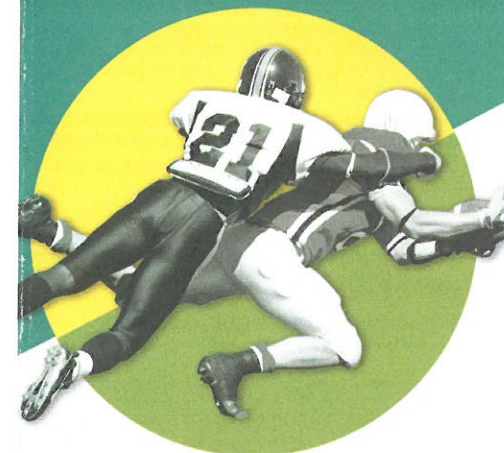
IMPORTANT NOTICE: This Plan provides short-term limited duration sickness benefits. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov.

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

Student Accident & Sickness Coverage

2015-2016
School Year



Dear Parent:

Along with providing a quality Catholic education, your School does its best to protect your child from injuries. Even so, accidents happen. Should your child get hurt during School activities, your School provides insurance to help with the cost of medical Treatment not covered by other insurance you may have. This **School-Time Accident** insurance is designed to cover some, but not all, of the possible costs. Details regarding this insurance are in the accompanying brochure. **PLEASE READ AND REVIEW IT CAREFULLY!**

This brochure also describes a number of optional plans designed to protect your child 24 hours a day, year round. The **Student Accident & Sickness Plan** is particularly recommended for children with no other insurance because it covers Accidents and Sickness. Please note: coverage under the optional plans can reduce your out-of-pocket expenses due to accidental injuries.

The optional plans will become effective for your child as soon as your coverage request form and payment are received by the plan administrator, Myers-Stevens & Toohey & Co., Inc. If you have any questions, please call Myers-Stevens & Toohey at 800-827-4695. Please keep this brochure in a safe place for future reference.

Arranged and Administered by:



myers | stevens | toohey

PROTECT YOUR CHILD TODAY!

OR Dio 548 06/15