



# California Voluntary Student Accident & Sickness Plans for the

**2021 - 2022**  
**School Year**

Arranged and administered by:



Sponsored by:



## PLAN DESCRIPTIONS

Our plans can provide useful insurance protection for families. 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 families during unforeseen emergencies and help expand choice of provider, the voluntary coverages below are offered for accidents or illnesses.

### Student Accident & Sickness Plan

Covers Injuries sustained and Sickness commencing while covered under the plan. Coverage protects your student 24 hours a day, anywhere in the world, including participating in all interscholastic sports, except high school tackle football. Repatriation and Medical Evacuation benefits are included.

**\$200,000 maximum coverage per Injury - \$50,000 maximum coverage per Sickness - \$10,000 accidental death benefit**

There is a \$50 deductible per Accidental Injury or Sickness.

Any student of a participating School or School District, grades P-12, is eligible to purchase the Student Accident & Sickness Plan. The first payment provides coverage for the remainder of the month premium is received by the Company plus the following month. Thereafter, premium is billed and payable every two months. If subsequent payments are not made for any reason, the student's coverage under the Student Accident & Sickness Plan will end. However, the student will be covered under the School-Time Low-Option Plan, with a \$1,500 maximum per injury, for the remainder of the School Year.

### Tackle Football Accident Plans

Covers injuries caused by 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; and
- While traveling for football in a School Vehicle or traveling directly and without interruption between School and off-campus sites for such activities provided travel is arranged by and is at the direction of the School.

NOTE: Football coverage can be made effective as early as May 1st, 2021.

### Full-Time (24/7) Accident Plans

Covers injuries caused by accidents occurring 24 hours a day, anywhere in the world, except while participating in interscholastic tackle football. Note: Faculty/staff are also eligible for this plan!

### School-Time Accident Plans

Covers injuries caused by accidents occurring:

- While on School premises during the hours and on the days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while the Covered Person is 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;
- While traveling in School Vehicles at any time.

### Dental Accident Plan

Covers injuries to teeth caused by accidents occurring anywhere in the world, 24 hours a day, including participation in all sports and all forms of transportation. The "Benefit Period" under the dental plan provides accident dental benefits for up to one year from the date of first Treatment. However, 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 is not limited to treatment of sound, natural teeth. We pay a maximum of \$75,000 up to 100% of the Usual, Customary and Reasonable charges for Treatment of injured teeth, including repair or replacement of existing caps and crowns. (We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.)

# VOLUNTARY BENEFITS

Below are two distinct schedules of benefits for the District to choose from. Each schedule includes several levels of accident coverage: for School-Time, Full-Time (24/7) or Tackle Football only basis. In addition, we offer a Student Accident & Sickness Plan and Dental Accident Plan.

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. *Applies to all voluntary plans except the Dental Accident Plan.*

Parents may take their child to any provider they choose; however, seeking treatment through a *First Health* contracted provider may reduce out-of-pocket costs.

Covered Benefit Levels	The Network Benefit Package (NBP)			The Scheduled Benefit Package			Student Accident & Sickness Plan
	Low Option	Mid Option	High Option	Low Option	Mid Option	High Option	
Plan Name	MAXIMUMS PER ACCIDENT			MAXIMUMS PER ACCIDENT			\$50,000 Maximum per Sickness \$200,000 Maximum per Accident
Tackle Football Accident Plan	\$25,000	\$50,000	\$75,000	\$25,000	\$50,000	\$75,000	
Full-Time 24/7 Accident Plan	\$50,000	\$100,000	\$150,000	\$50,000	\$100,000	\$150,000	
School-Time Accident Plan	\$25,000	\$50,000	\$75,000	\$25,000	\$50,000	\$75,000	
Deductible (Disappearing*) Per Covered Accident/Sickness	\$100	\$50	\$0	\$0	\$0	\$0	\$50
Covered Expenses	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board - Paid up to	80%	85%	90%	\$500/Day	\$600/Day	\$750/Day	80% Semi Private Room Rate
Inpatient Hospital Miscellaneous Charges. Services described below are paid as scheduled. All other miscellaneous charges - Paid up to	80% to \$2,000/Day	85% to \$2,500/Day	90% to \$3,000/Day	\$800/Day	\$1,000/Day	\$1,750/Day	80% to \$4,000/Day
Intensive Care Unit - Paid up to	80%	85%	90%	\$1,500/Day	\$1,800/Day	\$2,400/Day	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	100%			100%			100%
Emergency Room Physician Charges	100%			100%			100%
Outpatient Surgical (room & supplies)	80% to \$2,500	85% to \$3,000	90% to \$5,000	\$750	\$900	\$1,600	80% to \$4,000
Physician Non-Surgical Treatment & Exam/ Telemedicine (excluding Physical Therapy)	80%	85%	90%	See benefits below			80%
First Visit	See benefits above			\$70	\$80	\$100	80%
Each Follow Up Visit				\$50	\$55	\$65	80%
Consultation (when referred by attending Physician)				\$200	\$250	\$300	80%
Surgeon Services	80%	85%	90%	60%	75%	90%	80%
Assistant Surgeon Services	80%	85%	90%	25% of Surgical Allowance			80%
Anesthesiologist Services	80%	85%	90%	25% of Surgical Allowance			80%
Physiotherapy (includes related office visits) when prescribed by a Physician	80% to \$500	85% to \$750	90% to \$1,000	\$50/Visit to \$500	\$60/Visit to \$600	\$75/Visit to \$900	80% to \$2,000
X-Ray Examinations (including reading)	80% to \$500	85% to \$750	90% to \$1,000	60% to \$500	70% to \$600	80% to \$700	80%
Diagnostic Imaging MRI, Cat Scan	80%	85%	90%	60%	60%	80%	80%
Ambulance (from site of an emergency directly to hospital)	100%	100%	100%	100%	100%	100%	100%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	80%	85%	90%	60%	80%	100%	80%
Durable Medical Equipment	80% to \$400	85% to \$750	90% to \$1,000	60% to \$500	80% to \$600	100% to \$800	80%
Out-Patient Prescription Drugs (for Injuries only)	80%	85%	90%	60%	80%	100%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	80%	85%	90%	60%	80%	90%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical attention)	\$500			\$500			80%
Medical Evacuation & Repatriation	\$0	\$0	\$0	\$0	\$0	\$0	100% to \$10,000

\* May be satisfied by other primary insurance.

# VOLUNTARY RATES

## Plan Rates

Accident-Only Rates:

(One-Time Payment Per Student for Entire School Year)

COVERAGE OPTIONS	<i>Network Benefit Package</i>			<i>Scheduled Benefit Package</i>		
	Low-Option	Mid-Option	High-Option	Low-Option	Mid-Option	High-Option
Interscholastic Tackle Football	<b>\$235</b>	<b>\$295</b>	<b>\$339</b>	<b>\$180</b>	<b>\$235</b>	<b>\$338</b>
Full-Time (24/7)	<b>\$225</b>	<b>\$276</b>	<b>\$328</b>	<b>\$165</b>	<b>\$219</b>	<b>\$317</b>
School-Time	<b>\$53</b>	<b>\$68</b>	<b>\$79</b>	<b>\$39</b>	<b>\$63</b>	<b>\$77</b>

Student Accident & Sickness Rates: **\$208** First Payment covers the remainder of that month in which it was paid and the month following  
**\$338** Subsequent payments cover additional two-month periods

Dental Accident Coverage is **\$16** if purchased separately or **\$12** when added to any purchased Plan(s).

Pharmacy SmartCard is **\$36** for the entire family for 1 full year.

## Effective Dates

Coverage begins at 11:59 pm on the day that the Company receives a completed enrollment form and payment of premium. Coverage for all plans may begin as early as May 1, 2021.

## Termination Dates

Full-Time (24/7) and Dental coverages end at 12:01 am on the date School begins regularly scheduled classes for the 2022-2023 School Year.

Interscholastic High School Tackle Football and School-Time coverages end at 11:59 pm on the closing date of regular classes for the 2021-2022 School Year.

Student Accident & Sickness 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, 2022, whichever comes first, provided the required payments are made.

## Additional Benefits

Accidental death, dismemberment, loss of sight, paralysis and psychiatric/psychological counseling benefits (applies to all voluntary plans except the Dental Accident Plan).

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**

### ***ENHANCED COVERAGE FOR CONCUSSION***

When a student is diagnosed with a concussion as a result of an injury received while participating in a Covered Activity, and as a result is prohibited from participation in interscholastic sports under 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.

## LIMITED ACTIVITIES COVERAGE

The following coverages may be provided to your district at no additional charge in consideration of your district's application and diligent efforts to provide the voluntary Student Accident Coverage materials to the parent/guardian of every student in the district and maintenance of a proper system of signed waiver/proof of insurance (where required by law). Some of these coverages are designed to assist with district compliance of Education Code requirements where applicable.

**NOTE:** To receive these coverages, please complete the Limited Activities Agreement attached to the application.

### Interscholastic Sports Oversight Coverage

Covers injuries to interscholastic athletes who: 1) did not purchase student accident insurance because district personnel inadvertently failed to offer student accident insurance plans to the injured athlete as required by Education Code (where applicable) and 2) did not file a Waiver of Student Insurance, and 3) participated in interscholastic athletics without any insurance coverage. Benefits are paid at 100% of Usual, Customary and Reasonable charges up to a maximum of \$1,500 per Accident.

### Non-Competing Participants Coverage

Covers injuries occurring while traveling in School-provided and operated vehicles to and from athletic events for which they have been selected by the district to directly assist in the noncompetitive activities associated with the events, e.g., members of school bands, cheerleaders, pompom girls and team managers. Benefits are paid at 100% of Usual, Customary and Reasonable charges up to a maximum of \$1,500 per Accident.

### One-Day Field Trip Coverage

Covers injuries which occur while your students are attending or participating in School-sponsored one-day field trips which are under the direct and immediate supervision of School personnel.

In order to qualify as a bona-fide "Field Trip", the district must be fully responsible for the students while they are participating in the outing. Benefits are paid at 100% of Usual, Customary and Reasonable charges up to a maximum of \$1,500 per Accident.

Students attending or participating in interscholastic events are not covered under this plan.

### Blanket Accidental Death Coverage

Provides a \$2,500 accidental death benefit for all of your students and district employees for loss resulting from covered injuries occurring while attending School or participating in activities sponsored and under the direct and immediate supervision of the School during the regular School Year, including all sports and while being transported in a School-provided and operated vehicle.

### Felonious Assault (Counseling Benefit) Coverage

A felonious assault is an act of violence directed against a student, which results in a bodily Injury for which a student requires and seeks medical Treatment, and the School files a written report with the police within 24 hours of the assault. Provides up to \$1,500 for required counseling resulting from a Felonious Assault which occurs while the Insured Person is:

- At School during the School day while continuously on School premises (including Academic summer classroom sessions) and for up to one hour immediately before and one hour immediately after regularly scheduled classes.
- Attending or participating in School Activities, including all interscholastic athletics activities and non-contact spring football; however, excluding practice or play of interscholastic tackle football.
- Traveling in any School Vehicle.
- Traveling directly and without interruption, between home and School to attend regularly scheduled classes.
- Traveling directly and without interruption, between School and the site of School Activities; provided, that such travel has been arranged by and is at the direction of the School.

## OPTIONAL COVERAGES

The following Blanket (100% participation required) coverages are available for District/School purchase. For more details, you may call our office for applicable coverage enrollment forms.

### School-To-Work Coverage

Covers students for injuries which occur while at an approved worksite and under direct supervision, and while traveling directly and without interruption, at the direction of the School, between School and the worksite and between the worksite and home.

Benefits: <b>100%</b> Usual, Customary and Reasonable charges for covered expenses	Maximum per Injury	<b>\$25,000</b>
Rate: <b>\$6.00</b> per participant	Minimum premium required:	<b>\$250</b>

### Short-Term 24-Hour Coverage

Both the frequency and severity of injuries tend to increase when students are not directly supervised. Covers students round-the-clock when participating in School-sponsored, but not necessarily directly supervised activities, such as: ski trips, camping, overnight, amusement parks, etc. Adult chaperones may be added at the same rate.

Basic Benefits: <b>100%</b> Usual, Customary and Reasonable charges for covered expenses	Maximum per Injury:	<b>\$25,000</b>
	Maximum per emergency sickness:	<b>\$1,000</b>
Catastrophic Benefits	Maximum per Injury:	<b>\$1,000,000 excess medical</b>
Full details of the plan may be found in the policy.		
Rate: <b>\$1.85</b> per person per day	Minimum premium required:	<b>\$35</b>

**NOTE:** Includes Benefits for Emergency Sickness, Remains Repatriation and Medical Evacuation!

Underwritten by ACE American Insurance Company, a member of Chubb, NA.

### Interscholastic Tackle Football Tryout Coverage

Covers all students trying out for interscholastic high school tackle football, including non-contact spring football practice and/or while traveling in a School Vehicle to and from football practice.

Benefits: <b>100%</b> Usual, Customary and Reasonable charges for covered expenses	Maximum per Injury:	<b>\$1,500</b>
Rate: <b>\$6.00</b> per person per coverage term	Minimum premium required:	<b>\$50</b>

### Powder Puff Football Coverage

Covers students participating in Powder Puff Football activities. Coverage provides for up to two weeks of practice and one game.

Benefits: <b>100%</b> Usual, Customary and Reasonable charges for covered expenses	Maximum per Injury:	<b>\$1,500</b>
Rate: <b>\$10.00</b> per participant	Minimum premium required:	<b>\$50</b>

### Elementary Competitor's Team Coverage

Covers students for injuries which occur during elementary level after-school team sports while participating in School-sponsored and School-supervised interscholastic athletics (except interscholastic high school tackle football). Coverage is provided for after-school sports practice, sports contests, and travel in School-provided and operated vehicles to and from sports practice and contests.

Benefits: <b>100%</b> Usual, Customary and Reasonable charges for covered expenses	Maximum per Injury:	<b>\$1,500</b>
Rate: <b>\$5.00</b> times estimated number of participants in grades K-8	Minimum premium required:	<b>\$200</b>

# 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 sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under the Policy, and rendered within 12 months of the Accident.
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 (except as specifically provided by the Policy).
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 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 osteomyelitis, pathological fractures and hernia. (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
14. Detached retina (unless directly caused by an Injury). (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
15. 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.
16. Supplies, except as otherwise provided in the Policy.

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 & Toohy & 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. 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. **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:** This brochure contains a brief description of the benefits available under the insurance programs. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies delivered in the state under form numbers AH-11648a. Complete details may be found in the policies. Certain insurance plans described herein 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](http://www.HealthCare.gov).

### Plans arranged and administered by:

Myers-Stevens & Toohy Co., Inc.

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### All plans underwritten by:

ACE American Insurance Company

2020 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.

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