

2008-2009 School Year STUDENT ACCIDENT & HEALTH INSURANCE



Attention Parents!

Children have accidents. Treatment can be expensive... sometimes, very expensive. That's why your school (and 1,000s of others) makes affordable insurance coverage available to you and your child as described within. These plans can help you prepare for those emergencies that life throws at all of us.

You can choose from "School-Time only" or plans that protect your child 24/7. A Student Health Care plan (covers accidents and illness) and Dental Accident plan are also available. There's even an option for your entire family's prescription drug needs. Even if you have other coverage, these plans can still help you "fill in the gaps."

You are completely free to see any licensed medical provider. However, you will also have access to an extensive network of doctors and hospitals that discount their fees...this can reduce your out-of-pocket expense even more.

Your enrollment form is attached. Call us if you need help or have questions.

*Are your
kids ready
for School?*

- ✓ *New Clothes*
- ✓ *Books*
- ✓ *Supplies*
- ✓ *INSURANCE*

For Questions Call:



Myers-Stevens & Toohey & Co., Inc.

(800) 827-4695

CA License #0425842



EASY ENROLLMENT!

Checks, money orders or credit cards accepted.



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 would better fit your insurance needs. Whatever plan(s) you decide to purchase, **you may go to the doctor or hospital of your choice.**

STUDENT HEALTH CARE PLAN

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 Medevac 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 sickness and \$200,000 per accident.

There is a \$50 deductible per Injury or Sickness if enrolling prior to December 1, 2008. 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 preferred providers may decrease out-of-pocket costs. Call 800-877-1666 or log on to www.beechstreet.com to locate your nearest provider.

Our Best Plan

covers Injuries and Sickness

1st payment: \$120.00

(covers remainder of month in which you enroll and 1 additional month)

Subsequent Payments: \$99.00 a month, billed every 2 months

Coverage begins at 11:59 p.m. on the date the school receives a completed enrollment form and payment of premium, provided proper records are maintained by the School and enrollment form and premium are forwarded to and received by Myers-Stevens & Toohey & Co., Inc. (hereinafter called "The Company") within 15 calendar days. Otherwise, coverage begins on the day of receipt of the enrollment form and premium by the Company. **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, 2009, 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 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 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 date the school receives a completed enrollment form and payment of premium, provided proper records are maintained by the School and enrollment form and premium are forwarded to and received by the Company within 15 calendar days. Otherwise, coverage begins on the day of receipt of the enrollment form and premium by the Company. **Coverage ends at 11:59 p.m.** on the closing date of regular classes for the 2008-2009 school year.

Benefit Levels: High Low
Rates for Entire School Year: \$235 \$190

FULL-TIME (24-HOUR) ACCIDENT PLANS

Students (grades P-12 and school employees) may enroll in these plans. 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.

Coverage begins at 11:59 p.m. on the date the school receives a completed enrollment form and

payment of premium, provided proper records are maintained by the School and enrollment form and premium are forwarded to and received by the Company within 15 calendar days. Otherwise, coverage begins on the day of receipt of the enrollment form and premium by the Company. **Coverage ends at 12:01 a.m.** on the date school begins regularly scheduled classes for the 2009-2010 school year.

Benefit Levels: High Low
Rates for Entire School Year: \$230 \$183

SCHOOL TIME ACCIDENT PLANS

Students (grades P-12) may enroll in these plans. Covers injuries caused by 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; or
- 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); or
- 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 date the school receives a completed enrollment form and payment of premium, provided proper records are maintained by the School and enrollment form and premium are forwarded to and received by the Company within 15 calendar days. Otherwise, coverage begins on the day of receipt of the enrollment form and premium by the Company. **Coverage ends at 11:59 p.m.** on the closing date of regular classes for the 2008-2009 school year.

Benefit Levels: High Low
Rates for Entire School Year: \$55 \$45

DENTAL ACCIDENT PLAN (\$150,000 maximum)

Students (grades P-12) may enroll in these plans. Covers injuries to teeth caused by 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

\$20.00 purchased separately
\$17.00 when added to any plan(s) purchased.

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 date the school receives a completed enrollment form and payment of premium, provided proper records are maintained by the School and enrollment form and premium are forwarded to and received by the Company within 15 calendar days. Otherwise, coverage begins on the day of receipt of the enrollment form and premium by the Company. **Coverage ends at 12:01 a.m.** on the date school begins regularly scheduled classes for the 2009-2010 school year.

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.

\$36.00 for entire family, for one full year!

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.

Determine the benefit level that best fits your needs.

We strongly recommend 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 residence will be included in the covered expenses. You may take your child to any provider you choose; however, seeking treatment through a Beech Street contracted provider may reduce your out-of-pocket costs.

To find participating Beech Street medical providers nearest you, call 800-877-1666 or log on to www.beechstreet.com.

Plan Name	ACCIDENT PLAN				STUDENT HEALTH CARE PLAN
	LOW OPTION	Maximums per Accident	HIGH OPTION		
TACKLE FOOTBALL ACCIDENT PLAN	\$ 25,000		\$ 50,000		\$ 50,000 Maximum per sickness
FULL-TIME (24-HOUR) ACCIDENT PLAN	\$ 50,000		\$100,000		\$200,000
SCHOOL-TIME ACCIDENT PLAN	\$ 25,000		\$ 50,000		Maximum per accident
Deductible – per condition	Out-of-Network	In-Network	Out-of-Network	In-Network	Student Health Care
	\$250	\$250	\$50	\$50	\$50/\$500*
COVERED EXPENSES	BENEFIT MAXIMUMS				BENEFIT MAXIMUMS
Hospital Room & Board (Semi-Private Room Rate)	80%	80%	80%	80%	80%
Inpatient Hospital Miscellaneous Charges	80% to \$1,300/Day	80% to \$2,000/Day	80% to \$1,300/Day	80% to \$2,000/Day	80% to \$4,000/Day
Intensive Care Unit	80% to \$1,600/Day	80% to \$2,000/Day	80% to \$1,600/Day	80% to \$2,000/Day	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an injury	80%	80%	80%	80%	80%
Outpatient Surgical (room & supplies)	80% to \$1,300	80% to \$2,000	80% to \$1,300	80% to \$2,000	80% to \$4,000
Physician Non-surgical Treatment and examination (excluding physical therapy); including Consultation (when referred by attending physician)	80%	80%	80%	80%	80%
Surgeon Services	80%	80%	80%	80%	80%
Assistant Surgeon Services	80%	80%	80%	80%	80%
Anesthesiologist Services	80%	80%	80%	80%	80%
Physiotherapy , (includes related office visits) When prescribed by a physician	80% to \$400	80% to \$400	80% to \$750	80% to \$750	80% to \$2,000
X-Ray Examinations – (includes reading)	80% to \$400	80% to \$400	80% to \$750	80% to \$750	80%
Diagnostic Imaging – MRI, Cat Scan	80%	80%	80%	80%	80%
Ambulance (from site of an emergency directly to hospital)	80%	80%	80%	80%	80%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	80%	80%	80%	80%	80%
Durable Medical Equipment	80% to \$400	80% to \$400	80% to \$750	80% to \$750	80% to \$1,000
Out-Patient Prescription Drugs (for injuries only)	80%	80%	80%	80%	80%
Dental Services (including dental x-rays) for treatment due to a covered accident	80%	80%	80%	80%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered accident requiring medical treatment)	\$300	\$300	\$300	\$300	80%
Medical Evacuation & Repatriation	\$0	\$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
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

Premiums Cannot Be Refunded Or Converted

PPO SR 702 02/08

FREQUENTLY ASKED QUESTIONS...

If my child has no other insurance, what's my best buy?

Student Health Care, which covers injuries and sicknesses 24 hours a day. Next best is the Full-Time (24-Hour) Accident Plan with High Option benefits.

If I have other insurance, why do I need this coverage?

Most other plans have deductibles and/or co-payments. Our plans can help with these out-of-pocket expenses.

Can I take my child to any doctor or hospital?

YES! However, your out-of-pocket costs could be less by using a Beech Street contracted provider. To find doctors/hospitals nearest you, call 800-877-1666 or log on to www.beechstreet.com.

Are accident-only plan rates paid every month?

NO! Accident-only rates are one-time charges for the entire school year.

Is coverage for the whole family available?

YES! Call 800-827-4695 for information and an enrollment form. (Not available in Nevada.)

Can interscholastic high school tackle football be covered?

YES! But only under the Interscholastic Tackle Football Plan. "High Option" benefits are recommended.

If my child has a covered Injury or a covered medical condition, will benefits for that same injury or medical condition be extended if he/she re-enrolls next year?

Once maximum benefits have been paid or the benefit period ends (generally, one year) no further benefits for that injury or medical condition will be made. The Dental Accident Plan is the only exception. See this brochure for details.

IN CASE OF ACCIDENT OR SICKNESS

1. Report school related injuries within 72 hours to the school office.
To find a Beech Street provider nearest you, call 800-877-1666 or log on to www.beechstreet.com.
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

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Mission Viejo, CA 92692-3203
(949) 348-0656 or (800) 827-4695
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CA License #0425842

THE INSURING 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
The Master Policy Form #s
28.203 & 28.203 (NV)

This brochure contains a brief description of the benefits available. Complete details may be found in the Policies on file at your school or district office. Certain provisions may be different if required by state law. Please keep this information as a reference.

Policyholder: Family Insurance Trust,
Situated in District of Columbia
(Trust does not apply in NV.)

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 (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 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 72 hours 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. (In Arizona: Does not apply to the Sickness-Only coverage under the Student Health Care Plan.)

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.

To find participating Beech Street medical providers nearest you, call 800-877-1666, or log on to www.beechstreet.com

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*

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