

ACCIDENT-ONLY AND ACCIDENT & SICKNESS INSURANCE PLANS FOR COLLEGE STUDENTS



2011-2012 School Year



Despite our best efforts, accidents and sickness can happen when we least expect it. Since 1960, Myers-Stevens & Toohy has offered insurance protection and peace of mind against risk of uninsured injuries and illness for students nationwide.

Don't Delay- Requesting Coverage is Easy!



Arranged & Administered By:



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Serviced by:

**Bruce Ricks &
Associates**

P.O. Box 575
Sunnyside, WA 98944

(800) 257-4257

This information 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 policy issued in Oregon under form number AH-10331-OR. Complete details may be found in the policy on file at your School's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

STUDENT ACCIDENT & SICKNESS INSURANCE PLAN

ELIGIBILITY

All full-time Students of the Policyholder who are enrolled continuously for 9 credit hours or more per term are eligible for insurance. Student's eligible Dependents may be insured, if the Student is insured. No person may be eligible for insurance as both an Insured Student and a Dependent at the same time.

Eligible Dependents are the Covered Person's lawful spouse, domestic partner, or unmarried child from the moment of birth to age 19 who are chiefly dependent on the Insured for support. For a Covered Person's child who reaches the age limit and is incapable of self-sustaining employment because of a mental or physical handicap, insurance may be continued provided we receive notice and adequate proof within 31 days of the date

coverage would otherwise terminate. Dependent Child includes a legally adopted child including a child who has been placed for adoption in the Covered Person's home and the Covered Person's newborn child.

If an Insured acquires a Dependent after the effective date of his or her coverage, the Dependent will be eligible for coverage on the date they qualify as a Dependent.

Eligible persons may be insured under this Policy subject to the following:

1. Payment of premium as set forth in the brochure; and
2. Request for coverage form to the Administrator for such coverage.

EFFECTIVE DATE OF INSURANCE

Insurance under the Policy shall become effective on the latest of the following dates:

1. The Effective Date of the Policy; or
2. The date premium is received by the Administrator.
3. The date the completed request for coverage form is received by the Administrator.

Dependent coverage will not be effective prior to that of the student. Coverage becomes effective for a newborn child automatically from the

moment of birth, and automatically ends when the child is 31 days old unless the student makes a request to continue coverage for that child and pay the required premium, when due. Adopted children will be covered on the same basis as a newborn child from the date the child is placed for adoption with the student. Coverage will cease on the date the child is removed from placement. Coverage will include the necessary care and Treatment of medical conditions existing prior to the date of placement.

TERMINATION DATE OF INSURANCE

The coverage provided with respect to the covered student shall terminate on the earliest of the following dates:

1. The last day of the period through which the premium is paid;
2. The date the Policy terminates.

The coverage provided with respect to any Dependent shall terminate on

the earliest of the following dates:

1. The last day of the period through which the premium is paid;
2. The date the Policy terminates;
3. The date the Covered Person's coverage terminates;
4. The date such person is no longer a Dependent.

PREMIUMS (Rates Are Per Term)

<i>Accident Only:</i>			<i>Accident & Sickness:</i>		
Student Only	Spouse	Each Child	Student Only	Spouse	Each Child
\$89	\$118	\$65	\$234	\$328	\$137

One-Time Payment for the year!

\$36.00

PHARMACY SMARTCARD

SmartCard services are provided through NPS. For information on NPS log on to www.pti-nps.com, or call (800) 546-5677. (The SmartCard is not an insurance product and is not insured by BCS.)

Receive savings of 10% - 70% on prescription drugs available at local pharmacies! Anyone, at any age, may enroll!

- **One-time payment of \$36.00** for your entire family for a calendar year!
- **Price check** your prescriptions instantly at over 55,000 participating pharmacies and receive the best price and discount allowed!
- **Proof of Savings Report** is sent to you twice a year. This report may be used to review your medication costs with your Physicians.
- **Physician alerts** for drug recalls and E-Coupons as they are made available.

Your SmartCard becomes effective after the Company receives your request for coverage form and payment, and ends twelve months later.

Important! An ID card will be sent to you after receipt of your request for coverage form and payment. 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.

The SmartCard will be sent separately by NPS. Please call NPS direct at **(800) 546-5677**

This is not an insurance product. It is not underwritten by ACE American Insurance Company

Medical Expense Benefit

\$50,000 Maximum Benefit per Covered Accident or Sickness

There are two insurance plans available, an Accident-Only Plan and an Accident & Sickness Plan. Coverage will be provided under the plan selected in the Coverage Request Form. Payment of benefits will be made only for a sickness or a covered accident that occurs during the period of time for which coverage has been purchased. Extension of Benefits: Benefits will be extended under the Policy up to 3 months if, on the date insurance would otherwise end, and the Covered Person has incurred covered Expenses and is under a Doctor's care for an Injury or Sickness Covered by the Policy. Benefits will be extended for up to

6 months if the Covered Person is Totally Disabled due to a Covered Injury or Sickness. This provision will apply only if the required premium is paid. Any benefits payable under this provision will not exceed the benefit maximums shown in the Schedule of Benefits.

Schedule Of Medical Expense Benefits

We will pay benefits only for covered injuries sustained or covered sickness while insured under this School Year's plan. The Covered Person must seek Treatment within 12 months after the date of the accident or the sickness. The Company will pay Usual and Customary medical and dental charges, as defined by the Policy, subject to exclusions, requirements and limitations, for necessary supplies and services, per covered injury or sickness, as follows: (We do not pay for a service or supply unless it is Medically Necessary and listed in the schedule of benefits, below.)

Maximum Payable Per Condition	\$50,000	Physiotherapy (includes related office visit) When prescribed by a Doctor	100% up to \$25/Visit 10 Visit Maximum
Maximum Payable for Motor Vehicle Injury	\$5,000	X-Ray Examinations (includes reading)	100% up to \$150 per set
Deductible Per Condition	\$100	Diagnostic Imaging - MRI/Cat Scan (includes Mammogram for women age 40 or older)*	100% up to \$500
Hospital Room & Board (Semi-Private room rate)	100%	Laboratory Procedures	100% up to \$200
Inpatient Hospital Miscellaneous Charges	100% up to \$1,500	Registered Nurse Services	100%
Intensive Care Unit	100%	Rehabilitative Braces and Appliances	100% up to \$100
Outpatient Emergency (Room & Supplies) incurred within 72 hours of an emergency	100% up to \$300	Ambulance (from site of emergency to hospital)	100% up to \$500
Outpatient Surgical (Room & Supplies)	100% up to \$1,000	Outpatient Prescription Drugs (And Non-prescription elemental enteral formula for home use if: Medically Necessary for treatment of severe intestinal malabsorption; ordered by a Doctor; and comprises the sole source of nutrition.)* In addition, benefits will be paid for contraceptive drugs and devices approved by the United States Food and Drug Administration.	100% up to \$300
Surgeon Services	80% up to \$2,000	Dental Services , including dental x-rays, for Treatment to teeth due to a Covered Accident	100% up to \$200 per Tooth Maximum Benefit \$1,000
Assistant Surgeon Services	80% up to \$2,000		
Anesthesiologist Services	20% of Surgeon's Allowance		
Doctor Non-Surgical Treatment/Exam* (Includes breast, pelvic & pap smear exam for women age 18-64 if ordered by a Doctor)	\$40 Initial Visit \$25 each Follow-Up Visit \$75 for Consultation		

*Applies to Accident & Sickness Benefits only.

Coordination of Benefits

(does not apply to Accident-Only coverage)

Should a student or covered dependent of a student have health care coverage other than that provided under this Plan, benefits under this Plan will be coordinated with those benefits payable under the other health care coverage (subject to provisions contained in the Policy). This provision applies only to the Medical Expense Benefit.

INSTRUCTIONS

Incomplete Information Will Cause a Delay in Coverage.

1. Choose the plan(s) you want to purchase.
2. Complete and detach request for coverage form.
3. **IMPORTANT:** Print student's full name on your check or money order and write check number, name on check and the amount of check on the request for coverage form.
4. Insert a check or money order made payable to Myers-Stevens & Toohey & Co., Inc. or complete Mastercard® / Visa® payment form. **DO NOT SEND CASH.**
5. Attach postage to the envelope for mailing or fax us your request for coverage form with your Mastercard® / Visa® number to **FAX # (949) 348-2630.**
6. If using Mastercard® / Visa® your charge will appear as "M-S Student Insurance" on your statement. Keep this for future reference.
7. Please allow 3 weeks to receive your Insurance Verification card. The Pharmacy SmartCard will be sent separately by NPS. Please call NPS direct at (800) 546-5677.

PREMIUMS CANNOT BE REFUNDED OR CONVERTED

FILING CLAIMS

When covered expenses are incurred, the Covered Person must:

1. Obtain a claim form from the School or the plan administrator.
2. Fully complete the claim form.
3. Obtain Doctor information and signature.
4. Attach all itemized bills.
5. Mail to the address on the claim form.

Claim forms must be filed within 90 days after the date of the Covered Injury or first Treatment for the Covered Sickness, or as soon as reasonably possible.

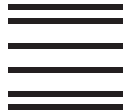
THE PLAN IS UNDERWRITTEN BY:



**ACE American Insurance
Company**
436 Walnut Street
Philadelphia, PA 19106

FROM

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26101 MARGUERITE PARKWAY
MISSION VIEJO, CALIFORNIA 92692-3203



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Accidental Death and Dismemberment Benefit (For Students Only)

If a Covered Person's Injury results in any of the following losses specified below, within 180 days of a covered accident, the Company will pay the amount shown for that loss. The loss must result solely and independently from all other causes from a covered accident. The Company will pay only one benefit, the largest, for all losses due to the covered accident.

Loss of:

Life.....	\$10,000
Two or More members	\$ 5,000
One Member.....	\$ 2,500

Member means hand, arm, leg or sight. Loss with regard to hand or arm and feet or legs means dismemberment by Severance through or above the wrist or ankle joint. Loss with regard to sight means the total, permanent loss of sight of an eye. Severance means the complete separation and dismemberment of the part from the body.

Payment of benefits will be made only for accidental Injuries caused by Accidents which occur during the period of time for which coverage has been purchased.

Exclusions *No benefits will be paid for:*

1. Intentionally self-inflicted Injury.
2. Suicide or attempted suicide.
3. War or any act of war, whether declared or not.
4. Service in the military, naval or air service of any country.
5. Participation in a riot or civil disorder; commission of, or attempt to commit, a felony.
6. Services provided normally without charge by the Health Services of the Policyholder or by any other person employed or retained by the Policyholder and the Student health fee unless specifically provided under the Policy.
7. Injury caused by, attributed to or resulting from the Covered Person 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 Covered Person's Doctor.
8. Injury resulting from playing, practicing, participating, conditioning or traveling to or from any contest or competition of intercollegiate or interscholastic sports sponsored by the School, or any professional or semi-professional sport.
9. Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law or Act or similar legislation.
10. Any Elective Surgery or Elective Treatment.
11. Routine physical examinations and routine testing; preventative testing or Treatment: preventative medicines or vaccines except as specifically set forth in Covered Expenses.
12. Dental Treatment, except for Accidental Injury to sound, natural teeth as specifically provided under the Policy.
13. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses.
14. Hearing examinations and hearing aids.
15. Routine newborn baby care, well baby nursery care and related Doctor's charges.
16. Skydiving, parachuting, hang gliding, glider flying and bungee jumping.

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.

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.

Pre-Existing Conditions Limitation (Applicable to Accident & Sickness benefit): Benefits will not be paid for a pre-existing condition for which a Covered Person received medical Treatment, care, diagnosis, or advice within six consecutive months prior to the effective date of his or her coverage. This limitation will not apply if the Covered Person has not received such Treatment, care, or advice within six consecutive months while covered by the Policy, or if the Covered Person has been covered by this Policy for more than six consecutive months. Medical Treatment includes, but is not limited to, prescription medication. A new six-month pre-existing condition limitation cannot be imposed in subsequent School Years after the first, unless there is a separation period of more than one School term or semester break.

Continuous Coverage: Continuous coverage will be granted from year to year provided any previous coverage was continuous to a date not more than one School term or semester break prior to the effective date of the new coverage. This coverage will be afforded to Covered Person's insured by any previous insurance plan provided this continuous coverage stipulation is met. If this continuous coverage stipulation is not met, any pre-existing condition excluded under this provision shall not qualify for coverage under this Student Accident and Sickness Program until six months from the effective date of coverage.