



myers | stevens | toohey

2010-2011 SCHOOL YEAR

RE: STUDENT ACCIDENT INSURANCE  
VOLUNTARY INTERSCHOLASTIC TACKLE FOOTBALL INSURANCE

# DON'T DELAY... RETURN TO SCHOOL TODAY!



Dear Parent:

The Interscholastic Tackle Football Accident Plan covers injuries caused by accidents occurring while practicing or playing in interscholastic high school tackle football activities which are School-sponsored and directly supervised. It also covers the player while traveling for such activities in a School Vehicle or traveling directly and without interruption between School and off-campus site to participate in such activities provided travel is arranged by and is at the direction of the School.

This Plan provides for reimbursement of medical expenses up to a maximum of \$25,000 per covered Accident. Treatment must commence within 120 days of the Accident and must be rendered within 104 weeks from the date of Accident. Benefits payable under this program are on the reverse side of this letter.

This Plan includes a Provider Network Discount arrangement (PND) with Beech Street. While this plan allows you to use any doctor or hospital, seeking care through Beech Street contracted providers may reduce your costs. **To find Beech Street medical providers near you, call 800-877-1666, or log on to [www.beechstreet.com](http://www.beechstreet.com).**

The Outline of Coverage on the reverse side describes the benefits and limitations. This is the **only** copy you will receive and should be kept in a safe place for your records.

Sincerely,

**Myers-Stevens & Toohy & Co., Inc.**

## TACKLE FOOTBALL PREMIUM

(Includes coverage for next Spring and Summer Conditioning/Passing League in 2011) ..... \$85

### PLAN ARRANGED BY:



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26101 Marguerite Parkway  
Mission Viejo, Ca 92692-3203  
**(800) 827-4695**  
CA Lic. # 0425842

### CLAIM FILING PROCEDURE

- Report School-related injuries within 72 hours to the School office and obtain a claim form. (*The first Physician's visit must be within 120 days after the Accident.*) Follow **ALL** instructions on the claim form:
  - Part A must be completed by a School official.
  - Part B must be completed by the claimant, parent or legal guardian.
  - At the same time, please file a claim with your other family health and/or accident carrier.
- After all required information and documents are gathered, send your completed claim form attached to all itemized bills to:  
**Myers-Stevens & Toohy & Co., Inc., 26101 Marguerite Parkway, Mission Viejo, CA 92692-3203**
- If you have any questions or concerns, please call our claims department at: **(949) 348-0656 or (800) 827-4695.**

**Failure to file with other insurance or incomplete answers, will delay the processing of your claim.**

### ENROLLMENT INSTRUCTIONS:

- Complete the enrollment form below.
- Check one of the two boxes to indicate whether or not you will enroll in the voluntary football coverage. If you have other insurance and will not enroll in the voluntary coverage, indicate the name of your insurance company and the policy number.
- Sign and date the form.
- Tear off bottom section of this form and return to your School. If enrolling in coverage, include a check in the amount of \$85.00 **made payable to the School.**

**PREMIUMS CANNOT BE REFUNDED OR CONVERTED**

PB-0444

***Please complete this section, tear off and return to School.***

I, undersigned parent or guardian of \_\_\_\_\_ a student at \_\_\_\_\_ (name of student) / \_\_\_\_\_ (name of school) / \_\_\_\_\_ (name of diocese), recognize the possibility of Injury and resultant medical expenses due to participating in and/or preparing for the School's interscholastic tackle football team. He has my permission to participate in tackle football and is insured as indicated below.

**YES**, I enroll in the voluntary Tackle Football Plan (as provided by the Family Insurance Trust where applicable). My check or money order in the amount of \$85.00, **made payable to the School**, is enclosed.

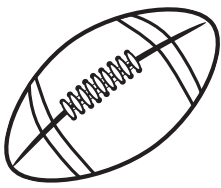
**NO**, I do not enroll in the voluntary Tackle Football Plan. We currently have insurance to reimburse us for hospital, surgery and medical expenses that might be incurred and we will see to it that the coverage will continue to be in effect through the coming football season.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_

Home Address \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

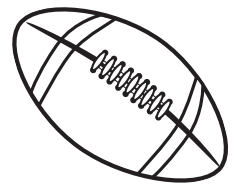


# OUTLINE OF COVERAGE

## INTERSCHOLASTIC TACKLE FOOTBALL INSURANCE PROGRAM

**\$25,000 MAXIMUM MEDICAL BENEFITS - PER COVERED ACCIDENT**

**ACCIDENT-ONLY COVERAGE**



This outline of coverage is an illustration of the benefits. You may read the master policy at the Diocese office.  
**THIS WILL BE THE ONLY OUTLINE OF COVERAGE YOU WILL RECEIVE – PLEASE KEEP THIS IN A SAFE PLACE.**

We pay benefits only for a covered Injury occurring while insured under this School Year's plan. Covered Expenses are the charges for the Medically Necessary services and supplies listed below, but not more than the Usual, Customary and Reasonable charges (as defined in the Policy), subject to the Exclusions and the Requirements & Limitations. The amount payable for a covered Accident is determined by the benefits shown in the table up to the \$25,000 Maximum per Injury.

### DESCRIPTION OF BENEFITS

<b>Deductible per Occurrence</b>	\$0
<b>Hospital Room &amp; Board</b> - Semi-Private Room Rate	80%
<b>Inpatient Hospital Miscellaneous Charges</b> Services described below are paid as scheduled. All other Miscellaneous charges are paid at:	80%
<b>Intensive Care</b> - paid up to:	Two and one half times the semi-private room rate per day
<b>Outpatient Emergency Care</b> (room & supplies) incurred within 72 hours of an Injury	80%
<b>Outpatient Surgical</b> (room & supplies)	80%
<b>Physician Non-Surgical Treatment &amp; Examination</b> (excluding physical therapy) First Visit, Each follow-up Visit, and Consultation (when referred by attending Physician)	80%
<b>Surgeon Services</b>	80%
<b>Assistance Surgeon Services</b>	20% of Surgical Maximum
<b>Anesthesiologist Services</b>	80%
<b>Physiotherapy</b> (includes related office visits) (when prescribed by a Physician)	80% to \$1,000
<b>X-Ray Examinations</b> (includes reading)	80%
<b>Diagnostic Imaging</b> - MRI, Cat Scan	80% to \$1,000
<b>Ambulance</b> (from site of an emergency directly to hospital)	
<b>Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces</b>	80%
<b>Durable Medical Equipment</b>	80%
<b>Outpatient Prescription Drugs</b> (for injuries only)	80%
<b>Dental Services</b> (including dental x-rays) for Treatment due to a covered Accident	80%
<b>Eyeglass Replacement</b> (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	\$300

### ACCIDENTAL DEATH & DISMEMBERMENT WITH PSYCHIATRIC/ PSYCHOLOGICAL BENEFIT

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.

<b>Accidental Death</b>	\$10,000
<b>Single dismemberment or loss of sight in one eye</b>	\$20,000
<b>Double dismemberment or loss of sight in both eyes</b>	\$30,000
<b>In addition to the AD&amp;D benefits</b> , we will pay 100% of the reasonable and customary costs of Psychiatric/Psychological counseling after covered dismemberment or loss of sight or paralysis up to:	\$ 5,000

### EFFECTIVE DATE / TERMINATION DATE

**Coverage begins** the first day of official practice for the current School Year or at 11:59 p.m. on the day the Company receives the enrollment form and premium, whichever is later. **Coverage ends** at 12:01 a.m. on the first official day of football practice, 2011.

### EXCLUSIONS

Benefits are not payable under the Policy for any of the following or loss 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. 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 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 intercollegiate sports, semi-professional sports, or professional sports.
7. Injury 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. Treatment of Sickness, ailment, or infections (except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances).
10. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled motor vehicle.
11. Treatment of osteomyelitis, pathological fractures, hernia or detached retina (unless directly caused by an Injury).

### REQUIREMENTS & LIMITATIONS

Aggravations of Injuries which did not occur while insured under this plan are paid up to a \$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. 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. 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 rendered within 104 weeks from the date of the Accident.

### NON-DUPLICATION OF BENEFITS (Excess Provision):

In order to keep premiums as affordable as possible, this plan pays benefits on a non-duplicating basis. This means, if a person is covered by this plan 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.

Underwritten by: BCS Insurance Company, Oakbrook Terrace, Illinois  
Master Policy Form #s 28.203 & 28.203 (NV)  
Policy holder: Family Insurance Trust - situated in Washington D.C.  
(Trust not applicable to Nevada residents).

PB-0444

Underwritten By:



BCS Insurance Company  
Oakbrook Terrace, Illinois

Administered By:



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**Myers-Stevens & Toohy & Co., Inc.**

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