



Washington Voluntary Student Accident & Sickness Plans for the

2021 - 2022
School Year

Arranged and administered 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

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 Covered Accident**
- **\$50,000 maximum coverage per Covered Sickness**
- **\$10,000 accidental death and dismemberment benefit**
- **\$10,000 maximum medical evacuation and Remains Repatriation benefits**

Any students attending a participating school or school district may enroll in this plan. Covers Accidents and Sickness 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). Remains Repatriation and Emergency Medical Evacuation benefits are included. This plan does not cover routine or preventative care except as mandated by state law.

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 and 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 August 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 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 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 \$150,000 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

We will pay benefits only for covered Injuries sustained or covered Sickness 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 Washington will be included in the covered expenses. The covered person may go to any provider of their choice, however, seeking Treatment through a *First Choice* contracted provider may reduce out-of-pocket costs.

COVERED BENEFITS LEVELS	LOW OPTION	MID OPTION	HIGH OPTION	STUDENT ACCIDENT & SICKNESS PLAN
Plan Name	MAXIMUMS PER ACCIDENT			
TACKLE FOOTBALL ACCIDENT PLAN	\$25,000	\$50,000	\$50,000	\$50,000 Maximum per Sickness
FULL-TIME (24/7) ACCIDENT PLAN	\$50,000	\$100,000	\$150,000	\$200,000 Maximum per Accident
SCHOOL-TIME ACCIDENT PLAN	\$25,000	\$50,000	\$50,000	
Deductible (Disappearing*) - per Covered Accident/Sickness	\$0	\$0	\$0	\$50
COVERED EXPENSES	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board (Semi-Private Room Rate)	60%	80%	100%	80% Semi Private Room Rate
Inpatient Hospital Miscellaneous Charges	\$600/Day	\$900/Day	\$1,600/Day	80% to \$4,000/Day
Intensive Care Unit	\$1,500/Day	\$1,800/Day	\$2,500/Day	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	100%	100%	100%	80%
Outpatient Surgical (room & supplies)	\$600	\$900	\$1,500	80% to \$4,000
Physician Non-Surgical Treatment and Examination (excluding physical therapy):				
First Visit	\$40	\$50	\$70	80%
Each Follow Up Visit	\$25	\$35	\$45	80%
Consultation (when referred by attending Physician)	\$150	\$200	\$250	80%
Surgeon Services	50% to \$12,000	70% to \$12,000	90% to \$12,000	80%
Assistant Surgeon Services 25% of Surgical Allowance.			80%
Anesthesiologist Services 25% of Surgical Allowance.			80%
Physiotherapy (includes related office visits) When prescribed by a Physician	\$30/Visit to \$500	\$45/Visit to \$600	\$60/Visit to \$700	80% to \$2,000
X-Ray Examinations (includes reading)	60% to \$500	70% to \$500	90% to \$500	80%
Diagnostic Imaging - MRI, Cat Scan	80% to \$500	80% to \$700	80% to \$1,000	80%
Ambulance (from site of covered loss directly to hospital)	100%	100%	100%	80%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	60%	80%	100%	80%
Durable Medical Equipment	60% to \$300	80% to \$500	100% to \$700	80%
Out-Patient Prescription Drugs	60%	80%	100%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	60%	80%	90%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	\$300	\$300	\$300	80%
Medical Evacuation & Repatriation	\$0	\$0	\$0	100% to \$10,000

* May be satisfied by other primary insurance.

VOLUNTARY RATES AND COVERAGE DURATIONS

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

COVERAGE OPTIONS	<i>Scheduled Benefit Package</i>		
	Low-Option	Mid-Option	High-Option
Interscholastic Tackle Football	\$134	\$174	\$280
Full-Time (24/7)	\$117	\$171	\$273
School-Time	\$32	\$50	\$68

Dental Accident Coverage is **\$21** if purchased separately or **\$17** when added to any purchased Plan(s).

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

Student Accident & Sickness Plan Rates

- \$139** First Payment covers the remainder of that month in which it was paid and the month following
- \$238** Subsequent payments cover additional two-month periods

Effective Dates

Coverage begins at 11:59 p.m. on the latest of the following dates: the day the Company receives the completed enrollment form, and the required premium is paid, or August 01, 2021, provided the company receives the completed enrollment form and premium is paid.

Termination Dates

Coverage ends at 11:59 p.m. on July 31, 2022 provided the required premium is paid.

Benefits for Accidental Death, Dismemberment, Loss of Sight, Paralysis and Psychiatric/Psychological Counseling 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 **\$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**

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 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 a School Vehicle to a School sponsored athletic event as a representative of the School to assist with non-competitive activities associated with the event, 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 \$1500 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 supervision of School.

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 sports activities 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 an Accident occurring while attending School or participating in any school sponsored activities and under the direct 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

Provides up to a \$1,500 psychiatric or psychological counseling benefit for all of your students for counseling required after a felonious assault against a student. Benefits are provided for any student whose injury occurs during the regular School Year while: traveling directly to or from School; participating in a School-sponsored and supervised activity; or on the School's premises. A felonious assault is an act of violence directed against a student, which results in a bodily Injury for which a student receives medical Treatment, and the School files a written report with the police within 24 hours of the assault. Benefits are paid at 100% of Usual, Customary and Reasonable charges.

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: **100%** Usual, Customary and Reasonable charges for covered expenses
Maximum per Injury **\$25,000**
Rate: **\$4.50** per participant
Minimum premium required: **\$250**

Specified Trip and Student Activities 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: **100%** Usual, Customary and Reasonable charges for covered expenses
Maximum per Injury: **\$25,000**
Maximum per emergency: **\$500**
sickness
Rate: **\$1.56** per person per day
Minimum premium required: **\$35**

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

Refer to the Coverage Request Form for further details. Additional catastrophic benefits of up to \$1,000,000 excess medical and up to \$500,000 catastrophic accident benefits as underwritten by Ace American Insurance Company.

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: **100%** Usual, Customary and Reasonable charges for covered expenses
Maximum per Injury: **\$1,500**
Rate: **\$5.00** per person per coverage term
Minimum premium required: **\$50**

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: **100%** Usual, Customary and Reasonable charges for covered expenses
Maximum per Injury: **\$1,500**
Rate: **\$4.25** per participant
Minimum premium required: **\$50**

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: **100%** Usual, Customary and Reasonable charges for covered expenses
Maximum per Injury: **\$1,500**
Rate: **\$2.00** times estimated number of participants in grades K-8
Minimum premium required: **\$200**

EXCLUSIONS

We will not pay benefits for any loss or Injury that is caused by, or results from:

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. 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 other illegal activity.
4. Suicide, attempted suicide or intentionally self-inflicted injury.
5. Treatment by persons employed or retained by a School, or by any Immediate Family or member of the Insured's household; or covered medical expenses for which the Insured would not be responsible for in the absence of the Policy.
6. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports.
7. Injury covered by Worker's Compensation, Employer's Liability Laws, or similar occupational benefits; expenses payable by any automobile insurance policy without regard to fault.
8. Sickness, disease, bodily or mental infirmity, bacterial 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.
9. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled motor vehicle not designed primarily for use on public streets and highways.
10. Treatment of detached retina (unless directly caused by an Injury), osteomyelitis, or pathological fractures.
11. Treatment of hernia.

In addition to the General Exclusions listed in the Policy, the following exclusions may apply to the 24-Hour Sickness Benefit Rider:

1. The diagnosis and treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
2. Any expenses related to the treatment of tonsils, adenoids, or congenital weakness; or expenses for Treatment of congenital anomalies and conditions arising or resulting directly there from.
3. Benefits are not payable for a Sickness that is a "Pre-existing Condition" (a condition for which the Insured received medical treatment, care or advice within 3 months before being insured under the Policy). But, this exclusion does not apply after the Insured has been insured under the Policy for 3 straight months or was insured under prior creditable coverage.

In addition to the General Exclusions listed in the Policy, the following exclusions may also apply to the 24-Hour Dental Accident Benefit Rider:

1. Aggravation or reinjury of a condition existing prior to the Accident.
2. Infection, except a pyogenic infection through an open wound caused by a Covered Accident.
3. Orthodontic treatment for any purpose, unless necessitated by a covered Injury.

Student Accident & Sickness benefits are subject to a pre-existing condition limitation. Refer to Policy for definitions. 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 \$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 365 days after the Accident occurs or Sickness commences. A claim form must be filed with Myers-Stevens & Toohy & Co., Inc. within 90 days after the date of loss or as soon as reasonably possible. The plan pays for covered expenses incurred within up to a year from the date of the first Treatment. 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

Accident means a sudden, unexpected and unintended incident. "**Covered Accident**" means an Accident that results in Injury or loss covered by the Policy. **Injury** means accidental bodily harm sustained by the Insured that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. The Injury must be caused solely through accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **Medically Necessary** or **Medical Necessity** means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury and that, as determined by Us, are: (1) consistent with the symptom or diagnosis and Treatment of Injury; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured; and (4) the most appropriate supply or level of service that can be safely provided. When applied to the care of an Inpatient, it further means that the Insured's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **Sickness** means 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. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Usual, Customary and Reasonable Charges - "**Usual**" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury. "**Customary**" means those charges made by the majority of providers in the area for the same or similar services or supplies. "**Reasonable**" means those charges that do not exceed the majority of the prevailing fees in the area for the same or similar services or supplies. "**Area**" means a county or larger geographically significant area as determined by Us. "**School Activities**" means an event or activity that is sponsored, authorized, and supervised by the School and is an official part of the School's curriculum or program.

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 sustains a loss covered under these plans that is covered under any other valid and collectable insurance, any amount payable or provided by the other coverage 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-29540. 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.

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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