



Acalanes Union High School District

1212 Pleasant Hill Road, Lafayette, CA 94549

www.acalanes.k12.ca.us

925-280-3900 ♦ Fax 925-280-3903

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Chief Business Official

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Acalanes Center for
Independent Study
Walnut Creek

Acalanes High School
Lafayette

Campolindo High School
Moraga

Las Lomas High School
Walnut Creek

Miramonte High School
Orinda

May 7, 2018

Re: 2018-2019 Student Injuries and Insurance

Dear Parent/Legal Guardian:

The safety of our students is one of our most important concerns. Even so, accidents do happen and resulting medical treatment (ambulance transport, surgery, hospitalization, etc.) can be very expensive.

Please know that the District does not assume responsibility for these costs. However, as a service to you and your child, your school has joined with thousands of others by offering you access to a low cost, voluntary purchase student accident/health insurance program. The program is arranged and administered by Myers-Stevens & Toohey & Co., Inc. a firm that has specialized in such coverage for 40 years. Details and an enrollment form are in the accompanying brochure. Please read it carefully.

Several plans are offered and rates for the entire school year start at around \$16 (*Dental Accident Plan*). You can limit coverage to school related injuries only (including sports) or opt for 24/7 protection. Also offered is a *Student Health Care Plan* (recommended if your child has no other health insurance) and a *pharmacy discount program* for your entire family. Whether your child currently has no other coverage or you want to "fill in the gaps" in other insurance, you will probably find an option to fit your needs.

While you can seek care from any doctor or hospital, you'll also have access to an extensive network of medical providers with discounted charges. Seeking care through contracted providers may further reduce your out-of-pocket costs, particularly if your child needs surgery or hospitalization.

To enroll, complete the enrollment form in full, select the plan(s) you want for your child, enclose the proper premium using a check, money order or credit card, seal and return as directed on the form. While your child is eligible to enroll at any time, you are encouraged to consider early enrollment to get maximum value from the plan(s) selected.

Note - Once processing is completed, an ID card verifying coverage will be mailed home to you. Because many parents have expressed interest in much higher limits of coverage for their children, at that time you'll also be sent information regarding a newly available *Supplemental Catastrophic Injury Plan* that can cover up to \$500,000/injury for up to five years.

If you have any questions, please call Myers-Stevens & Toohey at (800) 827-4695. Bilingual representatives are available for parents who need assistance in Spanish.

Sincerely,


Julie Bautista
Chief Business Official

California Voluntary Student Accident & Sickness Plans for the

2018 - 2019
School Year

Arranged and administered by:



Sponsored by:



See page 4 for details!

PLAN DESCRIPTIONS

Our voluntary participation plans are a low-cost way for parents to provide protection for their children. They can be used on a standalone basis for those with no other health coverage or as “gap coverage” to assist with the high deductibles, high co-pays and other inside limits common to many of today’s health plans. They offer complete freedom of choice of provider!

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 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, 2018.

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.)

Pharmacy SmartCard™

Available to students, their families and school staff through our partnership with National Pharmaceutical Services (NPS), the SmartCard offers savings of up to **95%** of prescription drug costs and is accepted at over **63,000** pharmacies nationwide. In addition, the program can provide “Instant Alerts” to potential medication interactions to better protect your family along with unique “Proof of Savings” reports mailed directly to you every six months.

After payment has been processed, NPS will send an ID card that can be presented each time a member needs a prescription filled. All members of the household may participate.

The SmartCard is not an insurance product and is not insured by BCS Insurance Company.

VOLUNTARY BENEFITS

Below are two distinct schedules of benefits for the District to choose from. Each schedule includes several levels of accident coverage: a School-Time, Full-Time (24/7) or Tackle Football only basis. In addition, we offer a Student Accident & Sickness Plan, 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, 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 Provider Network Discount (PND) Package			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 Per Covered Accident/Sickness	\$200	\$100	\$50	\$0	\$0	\$0	\$50
Covered Expenses	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board - Paid up to	80%	80%	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	80% 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)	\$2,500	\$3,000	90% to \$5,000	\$750	\$900	\$1,600	80% to \$4,000
Physician Non-Surgical Treatment & Exam (excluding Physical Therapy)	80%	80%	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%	80%	90%	60%	75%	90%	80%
Assistant Surgeon Services	80%	80%	90%	25% of Surgical Allowance			80%
Anesthesiologist Services	80%	80%	90%	25% of Surgical Allowance			80%
Physiotherapy (includes related office visits) when prescribed by a Physician	80% to \$500	80% 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	80% to \$750	90% to \$1,000	60% to \$500	70% to \$600	80% to \$700	80%
Diagnostic Imaging MRI, Cat Scan	80%	80%	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%	80%	90%	60%	80%	100%	80%
Durable Medical Equipment	80% to \$400	80% to \$750	90% to \$1,000	60% to \$500	80% to \$600	100% to \$800	80%
Out-Patient Prescription Drugs (for Injuries only)	80%	80%	90%	60%	80%	100%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	80%	80%	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

VOLUNTARY RATES

Plan Rates

Accident-Only Rates:

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

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

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, 2018.

Termination Dates

Full-Time (24/7) and Dental coverages end at 12:01 am on the date School begins regularly scheduled classes for the 2019-2020 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 2018-2019 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, 2019, 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 **\$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**

ENHANCED CONCUSSION BENEFIT

If a covered Injury causes a Concussion resulting in the student's required removal from participation in an interscholastic sport, then Covered Expenses will be paid at 100% of the Usual, Customary and Reasonable charges with no Deductible, subject to stated Motor Vehicle benefit maximums, the maximum aggregated benefit amount per injury and all other terms and conditions of the policy.

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, Reasonable and Customary 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, Reasonable and Customary 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, Reasonable and Customary 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

Provides up to a \$1,500 psychiatric or psychological counseling benefit for all of your students for counseling required after a felonious assault. 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 requires and seeks medical Treatment, and the School files a written report with the police within 24 hours of the assault.

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 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* or the Emergency Sickness Benefit.)
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.

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 interscholastic high school tackle football injuries should be reported immediately to the school but in no event beyond 60 days from the date of Injury. The first Physician's visit must be within 120 days after the Accident occurs. 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 & Toohey & Co., Inc. within 90 days after the date of loss. The plan pays for covered expenses incurred within 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.

Non-Duplication of Benefits (Excess Provision)

In order to keep premium 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.

This brochure contains a brief description of the benefits available. Rates shown in this brochure include all administrative expenses, commissions and taxes.

Plans arranged and administered by:
**Myers-Stevens & Toohey & Co.,
Inc.**

CA License #0425842
www.myers-stevens.com



myers | stevens | toohey

Student Accident and Sickness Plans underwritten by:
BCS Insurance Company
Oakbrook Terrace, Illinois
Rated A – (Excellent) by A.M. Best, an independent
insurance company rating agency.
**Policyholder: Family Insurance Trust, situated in
District of Columbia**



Sponsored by:



Catastrophic Short-Term 24-Hour
underwritten by
ACE American Insurance Company
2017 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.

