

# Summary of Benefits

## Archdiocese of Portland Accident Insurance Program for Youth Ministry Activities

**2017 - 2018 SCHOOL YEAR**

RE: Student Accident Insurance

Dear Youth Ministry Participant:

Your safety is of utmost concern to your Parish while you participate in the Youth Ministry programs. Even so, accidents can happen.

Limited Accident insurance is provided for Parish-sponsored and supervised activities of up to 3 calendar days in duration, including an Emergency Sickness Benefit for sickness that occurs during covered activities. For activities beyond 3 calendar day's duration, your coordinator must arrange for an extension of coverage at an additional charge. The program is designed to help you with the costs of medical treatment not covered by other medical insurance you may have.

Plan details are provided on the reverse side of this form. If you sustain a Covered Injury, please contact your coordinator for a claim form and instructions or call the plan administrator, Myers-Stevens & Toohey & Co., Inc. at (800) 827-4695



**Myers-Stevens & Toohey & Co., Inc.**  
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# Summary of Benefits

## Archdiocese of Portland Accident Insurance Program for Youth Ministry Activities

**\$25,000 MAXIMUM BENEFIT PER COVERED ACCIDENT • \$2,000 EMERGENCY SICKNESS BENEFIT**

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 and Customary 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.

### SCHEDULE OF BENEFITS

<b>Deductible per Occurrence</b>	<b>\$0</b>
<b>Hospital Room &amp; Board - Semi-Private Room Rate</b>	<b>80%</b>
<b>Inpatient Hospital Miscellaneous Charges</b>	
Services described below are paid as scheduled.	
All other Miscellaneous charges are paid at:	<b>80%</b>
<b>Intensive Care Unit - paid up to:</b>	<b>80%</b>
<b>Hospital Emergency Room (room &amp; supplies)</b>	<b>100%</b>
incurred within 72 hours of an Injury	
<b>Outpatient Surgical (room &amp; supplies)</b>	<b>80%</b>
<b>Physician Non-Surgical Treatment &amp; Examination</b>	<b>80%</b>
(excluding physical therapy) First Visit, Each Follow-up Visit, and Consultation (when referred by attending physician)	
<b>Surgeon Services</b>	<b>80%</b>
<b>Assistant Surgeon Services</b>	<b>80%</b>
<b>Anesthesiologist Services</b>	<b>80%</b>
<b>Physiotherapy (includes related office visits)</b>	<b>80%</b>
when prescribed by a physician	
<b>X-Ray Examinations (includes reading)</b>	<b>80%</b>
<b>Diagnostic Imaging - MRI, Cat Scan</b>	<b>80%</b>
<b>Ambulance (from site of an emergency directly to hospital)</b>	<b>100%</b>
<b>Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces</b>	<b>80%</b>
<b>Durable Medical Equipment</b>	<b>80%</b>
<b>Outpatient Prescription Drugs (for injuries only)</b>	<b>80%</b>
<b>Dental Services (including dental x-rays)</b>	<b>80%</b>
<b>for Treatment due to a covered Accident</b>	
<b>Eyeglass Replacement</b>	<b>80%</b>
(for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	

### 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 Benefit</b>	<b>\$10,000</b>
<b>Single dismemberment or loss of sight in one eye</b>	<b>\$20,000</b>
<b>Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia</b>	<b>\$30,000</b>
<b>Counseling - In addition to the AD&amp;D benefits, 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:</b>	<b>\$5,000</b>

### EFFECTIVE DATE / TERMINATION DATE

Coverage begins on August 1, 2017 and ends on July 31, 2018.

### EXCLUSIONS FOR ACCIDENT PLAN

Benefits are not payable under the Policy for any of the following or losses 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. 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 violating or attempting to violate any duly enacted law.
4. Suicide, attempted suicide or intentionally self-inflicted Injury.
5. Injury caused by, attributed to or resulting from the Insured's 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 Insured's Doctor.
6. Practice or play in interscholastic high school tackle football, intercollegiate sports, semi-professional sports, or professional sports.
7. Injury or Sickness covered by Worker's Compensation Employer's Liability Laws, or similar occupational benefits.
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.
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical 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.
11. Covered medical expenses for which the Insured would not be responsible for in the absence of this Policy. Any exclusion of benefits for expenses which the Insured is not legally required to pay does not apply to charges made by a Hospital owned or operated by the State of Oregon..
12. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled Motor Vehicle.
13. Treatment of detached retina (unless directly caused by an Injury), osteomyelitis, hernia or pathological fractures.
14. Any expenses related to epilepsy, seizure disorder and congenital weakness.
15. Expenses payable by any automobile insurance policy without regard to fault.

### 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 interscholastic High School tackle football injuries must be reported to the School within 72 hours of the date of Injury. The first doctor's visit must be within 180 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 first doctor's visit or as soon as reasonably possible. The plan pays for covered expenses incurred within up to a year from the date of the first doctor's visit (may be extended for certain Injuries and plans). Each covered condition may be subject to a deductible - see plan details.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. The terms and conditions of coverage are set forth in the policies issued in the states in which the policy is delivered under form numbers AH-11648a-OR. Complete details may be found in the Policies on file at your School or district office. Please keep this information as a reference. Chubb NA is the U.S.- based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

Underwritten By:

**CHUBB** ACE American Insurance Company  
436 Walnut St., Philadelphia, PA 19106

Administered By:



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