



Student Accident Insurance Utah 2026 - 2027

School-Time Accident Plan

This will cover Injuries caused by Covered Accidents occurring:

- ✓ On School premises during the hours and on days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while continuously on the School premises.
- ✓ While participating in or attending School-sponsored and supervised activities including interscholastic athletic activities.
- ✓ While traveling directly and without interruption to or from home and School for regular attendance; or School and off campus site to participate in School-sponsored and supervised activities, and while traveling in School Vehicles at any time.

NOTE – Participation in commercial camps or clinics is not covered under this plan.

Plan Benefits

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.

You may take your child to any provider you choose; however, seeking Treatment through a *First Health* contracted provider may reduce your out-of-pocket costs. To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to www.myfirsthealth.com.

**\$25,000 Maximum per Accident* | \$75,000 Maximum for UHSAA Activities | \$5,000 Maximum per Felonious Assault
\$5,000 Maximum per Psychological Therapy | \$3,000 Maximum per Sickness | \$0 Deductible Per Covered Accident**

COVERED EXPENSES	BENEFIT MAXIMUMS
Hospital Room & Board - Semi Private Room Rate	100%
Ancillary Hospital Expenses	100%
Intensive Care Unit	100%
Hospital Emergency Room (room & supplies)	100%
Emergency Room Physician Charges	100%
Outpatient Surgical (room & supplies)	100%
Doctor Non-Surgical Treatment & Exam / Telemedicine (excluding Physical Therapy) Including consultation (when referred by attending Physician)	100%
Doctor's Surgical Expenses	100%
Assistant Surgeon Expenses	100%

COVERED EXPENSES	BENEFIT MAXIMUMS
Anesthesiologist Expenses	100%
Physiotherapy (includes related office visits) when prescribed by a Physician	100%
Diagnostic Testing (including Laboratory Procedures, MRI, Cat Scan, X-Rays)	100%
Ambulance Expenses Ground or Air (from site of an emergency directly to hospital)	100%
Nurse Services	100%
Rehabilitative Braces & Appliances	100%
Dental Expenses (including dental x-rays) made necessary by Injury to whole, sound, and natural teeth for Treatment due to a covered Accident	100%
Out-Patient Prescription Drugs (for Injuries only)	100%
Eyeglasss (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	100%

* Your School/District may carry Catastrophic Accident Insurance Coverage which may increase these limits. Check with your plan administrator Myers-Stevens & Toohey Co., Inc. for full details.

Accidental Death, Dismemberment, Loss of Sight, Paralysis, Psychological Therapy, and Heart or Circulatory Malfunction

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	\$25,000
Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia	\$50,000
Psychological Therapy - 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
Heart or Circulatory Malfunction - death as a result of a Heart or Circulatory Malfunction. Death must occur within 52 weeks after participating in the Covered Activity and be a consequence of the Insured Person's participation in a Covered Activity. The Heart or Circulatory Malfunction of an Insured Person must occur within seventy-two (72) hours after participating in a Covered Activity.	\$10,000

How to file a claim

Each claim is assigned to one of our experienced examiners who will diligently guide family members, school staff, medical providers and any other parties involved throughout the entire process from A to Z. Our examiners apply their specific and highly technical knowledge to ensure accurate and expedited processing.

Should an accident or sickness occur, please follow these 4 easy steps:

1. Report School-related Injuries within 72 hours.
2. Obtain a claim form from the School or the Company. Claim forms must be filed with the Company within 90 days after the date of loss.
3. At the same time, please file a claim with any other applicable insurance or Health Care Plan.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



26101 Marguerite Parkway, Mission Viejo, CA 92692-3203
Office 800-827-4695 | Fax 949-348-2630 | claims@myers-stevens.com | CA License #0425842

**The Insurance
Company**

CHUBB®

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

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. The terms and conditions of coverage are set forth in the policies issued in the states in which the policy is delivered under form number AH-11648a. Complete details may be found in the policies which can be found on file with the district office. Coverage may not be available in all states or certain terms may be different where required by state law. 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.

Exclusions

1. War or any act of war, declared or undeclared
2. 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 where the Insured is a voluntary participant.
3. Intentionally self-inflicted Injury, suicide or attempted suicide.
4. Participation in or practice for intercollegiate sports; semi-professional sports; professional sports (except as provided in the Policy).
5. Treatment, care or services rendered for an Injury covered by Workers' Compensation Employers' Liability or similar occupational laws. Expenses payable by any automobile insurance policy without regard to fault.
6. Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
7. Treatment, services or supplies provided by the School's infirmary or its employees, or by medical providers Doctors, or Other Medical Care Providers who work for the School or are contracted or retained by the School. Treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of the Covered Person's household.
8. Treatment, services or supplies provided or paid for by any governmental program or law, except Medicaid, Medicare or Tricare.
9. Mental or Nervous Disorders.
10. Treatment of osteomyelitis.
11. Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, hernia, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy).

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

School-related injuries must be reported to the School within 72 hours of the date of Injury. The first Physician's visit must be within 180 days after the Accident occurs. A claim form must be filed with Myers-Stevens & Toohey Co., Inc. within 90 days after the date of first Physician's visit. The plan pays for covered expenses incurred within up to 104 weeks from the date of injury. Covered expenses for Emergency Sickness under the School-Time Coverage must be incurred within 24 hours after onset.

Definitions

An **Accident or Accidental** means a sudden, unforeseen, and unexpected event which: happens by chance; arises from a source external to an Insured Person; is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; occurs while the Insured Person is insured under this policy which is in force; and is the direct cause of loss. **Accidental Bodily Injury** means bodily injury, which: is Accidental; is the direct cause of a loss; and occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not mean a Repetitive Motion Injury. **Covered Activity** means those activities set forth in the Covered Activities Hazard, and for which an Insured Person is insured under this policy. **Insured Person** means a person, qualifying as a Class member under Section I of the Schedule of Benefits: for whom insurance is elected, and on whose behalf premium is paid.

Non-Duplication of Benefits (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 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.

Primary Coverage Waiver

Failure by a Covered Person to follow the terms and conditions of his or her primary coverage will result in a benefit reduction of Covered Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment.

IMPORTANT NOTICE: This summary 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-11648a. 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.