# Voluntary Student Accident & Sickness Plans for the

**2023 - 2024 School Year** 

Arranged and Administered by

# myers | stevens | toohey

Sponsored by:



### **ABOUT OUR COMPANY**

Founded in 1970, Myers-Stevens & Toohey Co., Inc. (MS&T) provides its clients with superior customer service, state-of-the-art technology and over 50 years of experience and knowledge in the very specialized area of student accident and sickness insurance.

As a fully licensed Managing General Agency/Third-Party Administrator (MGA/TPA), we provide integrated insurance solutions to thousands of school systems throughout the Western and Midwestern states. Our clients include school districts, private and charter schools, colleges, consortiums, JPAs, amateur/youth sports programs, foundations, booster clubs and similar organizations serving the needs of young people.



- We are a full-service administrator with on-site claims adjudication and personal customer assistance
- Accident-only, as well as accident & sickness options
- Plans and benefit levels designed to minimize out-ofpocket costs
- Additional coverages provided gratis to further protect the district
- Freedom to seek care from any licensed provider
- Optional access to extensive networks to further reduce costs
- A variety of easy and convenient enrollment options including online, fax, email and U.S. mail
- Convenient direct billings to help prevent coverage lapses
- Bilingual customer service and coverage descriptions available in several different languages

### MS&T'S UNDERWRITING COMPANY

Chubb has been partnering with MST to distribute student insurance for over 15 years. This long-term relationship gives us the trust needed to optimally design our programs to best fit the needs of our schools and students.



### **Overview**

Chubb is the world's largest publicly traded property and casualty insurer, providing commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance.

- As an underwriting company, we assess, assume and manage risk with insight and discipline
- Chubb operates in 54 countries and territories, with approximately 34,000 employees serving a diverse group of clients worldwide

# Balance Sheet Strength (As of December 31, 2022)

- Total assets of \$199.1 billion
- Total capital, which reflects our capacity to take on risk, of \$65.7 billion
- Net loss reserves of \$59.2 billion back our policyholder commitments
- Book value, or shareholders' equity in the company, is \$50.5 billion
- Total investments of \$121.5 billion are predominantly investment grade fixed income securities

Current Ratings <sup>1</sup>							
Rating Agency Ratings	Financial Strength Rating	Outlook	ERM				
S&P	AA	Stable	Strong				
A.M. Best	A++	Stable	-				
Fitch	AA	Stable	-				
Moody's	Aa3	Positive	-				

Ratings apply to Chubb's core operating insurance companies as of January 13, 2023. For ratings of individual insurance companies, see Investor Information on investors.chubb.com.

## **Balanced, Diversified Leader**

- A global leader in traditional and specialty P&C coverage for industrial commercial and mid-market companies
- The leading commercial lines insurer in the U.S. and the largest financial lines provider globally
- The leading personal lines insurer for America's successful individuals and families and a large personal lines provider globally
- A global leader in personal accident and supplemental health insurance
- A P&C reinsurer
- An international life insurer focused on Asia.

### **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**

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 (disappearing\*\*) per Accidental 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.

### **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.

NOTE: Football coverage can be made effective as early as May 1st, 2023.

### 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;
- 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.)

<sup>\*</sup> Plans 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).

<sup>\*\*</sup>May be satisfied by other primary insurance.

### **BENEFITS**

Below are two distinct schedules of benefits for the District to choose from. Each schedule includes several levels of accident coverage: for School-Time, Full-Time (24/7) or Tackle Football only basis. In addition, we offer a Student Accident & Sickness Plan and Dental Accident Plan.

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 First Health contracted providers may reduce out-of-pocket costs.

	NE	Scheduled		Benefit Plan	]	
Covered Benefit Levels	Low Option	High Option	Low Option	High Option	Student Accident & Sickness Plan	
Plan Name	MAXIMUMS PER ACCIDENT		MAXIMUMS PER ACCIDENT		ФГО 000 Манайна и и и и и и и и и и и и и и и и и и и	
Tackle Football Accident Plan	\$25,000	\$75,000	\$25,000	\$75,000	\$50,000 Maximum per Sickness	
Full-Time 24/7 Accident Plan	\$50,000	\$150,000	\$50,000	\$150,000	\$200,000 Maximum per Accident	
School-Time Accident Plan	\$25,000	\$75,000	\$25,000	\$75,000	Accident	
Deductible (Disappearing*) Per Covered Accident/Sickness	\$100	\$0		\$0	\$50	
Covered Expenses	BENEFIT MAXIMUMS		BENEFIT MAXIMUMS		BENEFIT MAXIMUMS	
Hospital Room & Board (per day) - Paid up to	80%	90%	\$500/Day	\$750/Day	80% Semi Private Room Rate	
Ancillary Hospital Expenses. Services described below are paid as scheduled. All other miscellaneous charges - Paid up to	80% to \$2,000/Day	90% to \$3,000/Day	\$800/Day	\$1,750/Day	80% to \$4,000/Day	
Intensive Care Unit - Paid up to	80%	90%	\$1,500/Day	\$2,400/Day	80%	
Hospital Emergency Room (room & supplies)	100%		1	100%	100%	
Emergency Room Physician Charges	100	0%	100%		100%	
Outpatient Surgical (room & supplies)	80% to \$2,500	90% to \$5,000	\$750	\$1,600	80% to \$5,000	
Doctor Non-Surgical Treatment & Exam/Telemedicine (excluding Physical Therapy)	80%	90%	See 3 benefit schedules below		80%	
First Visit	See Doctor Non-Surgical Treatment & Exam/ Telemedicine benefits above		\$70	\$100	80%	
Each Follow Up Visit			\$50	\$65	80%	
Consultation (when referred by attending Doctor)			\$200	\$300	80%	
Doctor's Surgical Expense	80%	90%	60%	90%	80%	
Assistant Surgeon Services	80%	90%	25% of Surgical Allowance		80%	
Anesthesiologist Services	80%	90%	25% of Surgical Allowance		80%	
Physiotherapy (includes related office visits) when prescribed by a Doctor	80% to \$500	90% to \$1,000	\$50/Visit to \$500	\$75/Visit to \$900	80% to \$2,000	
Diagnostic Testing, X-Ray Examinations, MRI and Cat Scans	80%	90%	60%	80%	80%	
Air and Ground Ambulance (from site of an emergency directly to hospital)	100%		100%		100%	
Registered Nurse Services and Laboratory Procedures	80%	100%	60%	100%	80%	
Rehabilitative Braces and Appliances	80%	100%	60%	100%	80%	
Out-Patient Prescription Drugs (for Injuries only)	80%	90%	60%	100%	80%	
Dental Services (including dental x-rays) made necessary by Injury to sound, natural teeth for Treatment due to a covered Accident	80%	90%	60%	90%	80%	
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical attention)	100% to \$750		100% to \$750		100% to \$750	
Aggravations or Re-Injury of an Injury	\$500		\$500		\$500	
Medical Evacuation & Repatriation	\$0		\$0		100% to \$10,000	

### RATES

	Network Benefit Package		Scheduled Benefit Package	
COVERAGE OPTIONS	Low-Option	High-Option	Low-Option	High-Option
Interscholastic Tackle Football	\$235	\$339	\$180	\$338
Full-Time (24/7)	\$225	\$328	\$165	\$317
School-Time	\$53	\$79	\$39	\$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).

### **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, 2023.

### **Termination Dates**

Full-Time (24/7) and Dental coverages end at 12:01 am on the date School begins regularly scheduled classes for the 2024-2025 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 2023-2024 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, 2024, 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	\$25,000
	Double dismemberment or entire loss of sight in both eyes or paraplegia or hemiplegia or quadriplegia	\$50,000
•	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
	Heart or circulatory malfunction death benefit*	\$10,000

<sup>\*</sup>Payable for Loss of Life due to Heart, Circulatory or Pulmonary Malfunction that occurs within 72 hours of participation in a covered activity that is causally connected to such Malfunction (see Definitions on the last page)

### ENHANCED COVERAGE FOR CONCUSSION

If the Insured is diagnosed with a concussion as a result of an Injury received while participating in a Covered Activity, and the Insured is prohibited from participating in Interscholastic Sports as a result of the School's formal concussion protocol, benefits for the treatment of that concussion will be paid at 100% of the Usual, Customary and Reasonable charges with no deductible, subject to all other terms and conditions of the Plan.

### **LIMITED ACTIVITIES COVERAGE**

The following coverages will be provided in consideration of your district's completed application and with the understanding and assurance that the district will make diligent efforts to distribute and promote the voluntary student accident insurance options to the parent/guardian of every enrolled student.

**NOTE:** To receive these coverages, please complete the Limited Activities Agreement attached to the application.

### **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, Customary and Reasonable 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**

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. Provides up to \$1,500 for required counseling resulting from a Felonious Assault which occurs while the Insured Person is:

- At School during the School day while continuously on School premises (including Academic summer classroom sessions) and for up to one hour immediately before and one hour immediately after regularly scheduled classes.
- Attending or participating in School Activities, including all interscholastic athletics activities and non-contact spring football; however, excluding practice or play of interscholastic tackle football.
- · Traveling in any School Vehicle.
- · Traveling directly and without interruption, between home and School to attend regularly scheduled classes.
- Traveling directly and without interruption, between School and the site of School Activities.

### **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 while traveling directly and without interruption, between School and the worksite and between the worksite and home.

Benefits: 100% Usual, Customary and Maximum per Injury \$25,000

Reasonable charges for covered expenses

Rate: \$6.00 per participant Minimum premium required: \$250

### **Short-Term 24-Hour 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 Maximum per Injury: \$25,000

Reasonable charges for covered expenses Maximum per emergency sickness: \$3,000

Catastrophic Benefits Maximum per Injury: \$1,000,000 excess medical

Full details of the plan may be found in the policy.

Rate: \$1.85 per person per day Minimum premium required: \$35

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

Underwritten by ACE American Insurance Company, a member of Chubb, NA.

### **Powder Puff Football Coverage**

Covers students participating in Powder Puff Football activities, including traveling in a School Vehicle.

Benefits: 100% Usual, Customary and Maximum per Injury: \$25,000

Reasonable charges for covered expenses

Rate: \$15.00 per participant Minimum premium required: \$50

### **Exclusions**

- 1. Routine physical examinations and routine testing; preventive testing or treatment; screening examinations or testing in the absence of Injury.
- 2. 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.
- 3. War or any act of war, declared or undeclared
- 4. Participation in a Riot; 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. "Riot" means a public disturbance involving an assemblage of five (5) or more persons which by tumultuous and violent conduct or the threat thereof creates grave danger of damage or injury to property or persons. An exclusion for Riot shall apply only when a person willfully engages in a Riot or willfully incites or urges other persons to engage in a Riot.
- 5. Intentionally self-inflicted Injury, suicide or attempted suicide.
- 6. 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 Doctor.
- 7. Participation in or practice for interscholastic tackle football; intercollegiate sports; semi-professional sports; professional sports. (except as specified in the Coverage Descriptions) (does not apply to the Dental Accident Plan)
- 8. Any Injury that is caused by: Flight in, boarding or alighting from an Aircraft, except as a fare-paying passenger or School chartered aircraft, Military Airlift Command or JROTC Program.
- 9. Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- 10. 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.
- 11. Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
- 12. 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.
- 13. Treatment, services or supplies provided or paid for by any governmental program or law, except Medicaid, Medicare or Tricare.
- 14. Mental or Nervous Disorders.
- 15. 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, except as provided by the Policy.
- 16. Supplies, except as otherwise provided in the Policy.
- Treatment of osteomyelitis.
- 18. 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 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 \$25,000 maximum benefit. School-time and high school tackle football injuries must be reported to the School within 60 days of the date of Injury. The first Physician's visit must be within 120 days after the Accident occurs. A claim form must be filed with Myers-Stevens & Toohey Co., Inc. within 90 days after the date of loss. The School-Time, Tackle Football and Full-Time (24/7) plans pay for covered expenses incurred within up to 104 weeks from the date of injury. The Student Accident & Sickness and Dental Accident plans pay for covered expenses incurred within up to 52 weeks from the date of first treatment, however, should the Injury sustained under the Student Accident & Sickness plan 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.

### **Facility of Payment**

Whenever payments that should have been made under the Policy are made by any other policy, the Company reserves the right to pay over to any plan making such other payments, any amounts the Company determines are warranted in order to satisfy the intent of this provision. The amounts paid are considered benefits paid under the Policy and, to the extent of such payments, the Company shall be fully discharged from liability under the Policy. In no event will the Company pay more than the benefits payable under the Policy for all policies providing the same or similar benefits issued to the Policyholder and underwritten by the Company.

### **Definitions**

Accident means a sudden, unexpected and unintended incident. Covered Accident means an Accident that results in Injury or loss covered by the Policy. Coinsurance means the percentage of Covered Expenses after any Deductible is applied, that are payable under this Policy. Covered Expenses means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. Covered Loss or "Covered Losses" means an accidental death, dismemberment or other Injury covered under the Policy. Disappearing Deductible means the dollar amount of Covered Expenses the Covered Person must incur before We pay any benefits. The Deductible may be satisfied by Other Valid and Collectible Insurance. The Disappearing Deductible is shown on the Schedule of benefits. Emergency Sickness means a Sickness of such a nature that failure to get immediate medical care could put the person's life in danger or cause serious harm to the person's bodily functions. Injury means accidental bodily harm sustained by a Covered Person 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 external, violent and 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, Doctor, or other provider that are required to identify or treat an Injury and that, as determined by The Company, are: (1) consistent with the symptom or diagnosis and treatment of Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; 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 Person's medical symptoms or condition requires that the services cannot be safely provided as an outpatient. The fact that a Doctor may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Policy. Other Valid and Collectible Insurance means any: 1) group plan, program, or insurance policy; 2) any other group hospital, surgical or medical benefit plan; or 3) union welfare plans or group employer or employee benefit programs. Other Valid and Collectible Insurance will not include benefits provided by the United States Social Security Act, any individual health insurance plans or any individual disability insurance plans. School Activity means any activity that is sponsored and supervised by the School. It does not include camps or clinics relating to athletics or cheerleading that are sponsored, controlled and, or organized by any non-School group. Sickness means an illness, disease or infection commencing while coverage under the Policy is in force. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Usual, Customary and Reasonable Charge means the prevailing amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

### **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. (In Arizona: Does not apply to the Sickness-Only coverage under the *Student Accident & Sickness Plan.*)

### IMPORTANT NOTICES:

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at http://www.chubb.com. Insurance provided by ACE American Insurance Company and its U.S. based Chubb underwriting company affiliates. All products may not be available in all states. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. 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-57720. Surplus lines insurance sold only through licensed surplus lines producers. Chubb, 202 Hall's Mill Road, Whitehouse Station, NJ 08889-1600.

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.