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Enactment Date	6-22-16



OAKLAND UNIFIED
SCHOOL DISTRICT

Community Schools, Thriving Students

Memo

To Board of Education

From Vernon Hal, Senior Business Officer
Ruth Alahydoian, Chief Financial Officer
Rebecca Cingolani, Risk Management Officer

Date June 22, 2016

Subject **BLANKET STUDENT ACCIDENT INSURANCE - PREMIUM PAYMENT - FISCAL YEAR 2016-2017 - RISK MANAGEMENT**

Action Requested Approval by the Board of Education of payment of premium, Fiscal Year 2016-2017, for Blanket Student Accident Insurance, underwritten by BCS Insurance Company, to Myers-Stevens & Toohey & Company, Inc., Mission Viejo, CA (Broker), not to exceed a cumulative cost of \$84,239.00.

Background Myers-Stevens & Toohey & Company Inc. has arranged Basic Student Accident Insurance coverage (underwritten by BCS Insurance Company.) at a cost of \$84,239.00 (K-12).

This provides coverage to the student for all injuries that occur during school hours and days when the school's regular classes are in session, including one hour before and one hour immediately after regular classes, while continuously on the school premises; while participating in or attending school-sponsored and directly supervised school activities including interscholastic athletic activities; while traveling directly (without interruption) to or from residence and school for regular attendance or from school to off campus site to participate in school sponsored and directly supervised school activities (provided the travel is arranged by the District) and/or traveling in school vehicles at any time.

The benefit maximum per student per accident is \$25,000 with a \$0 deductible. This program would act as an Excess or Secondary insurance for students who are already covered under another valid and collectible insurance or health agreement. For students not covered under a valid or collectible insurance program or health agreement, this would act as primary coverage. Examples of coverage include but are not limited to: Hospital/Facility Services (Inpatient and Outpatient), Physician's Services (surgical, assistant surgeon, anesthesiologist, etc), Other Services (Prescriptions, Lab tests, X-ray, air & ground ambulance, dental, durable medical, etc).

Providing student accident insurance aligns with the OUSD Mission of "serving the whole child (and) eliminating inequity".

Discussion Currently there is no District provided insurance for students injured during school, school sponsored activities (including field trips) or interscholastic athletic activities, including Oakland Athletic League activities or Middle School Sports League activities. State law (EC 35330) and District policy (AR 6153) require that school districts conducting field



trips or excursions provide or make available medical and/or hospital service for students injured while participating in field trips or excursions. Both state law (EC 32221) and District policy (AR 6153) also require that students participating in certain high risk activities, including but not limited to interscholastic athletic activities have insurance coverage. Further, both law and District policy AR 6153 provide that students may not legally be excluded from activities due to an inability to pay.

In the past, District Risk Management funds were used to fund a limited accident insurance program. However, those policies have expired and most families have not purchased student accident insurance which has been made available by the District.

The coverage offered by Myers-Stevens & Toohey & Company is a low per pupil cost and is more comprehensive, providing coverage to students for injuries that occur during school hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises. In addition, the coverage includes all school sponsored interscholastic sports (such as tackle football).

This school year, the District has expanded opportunities for students to participate in [work based learning off site and for] all middle school students to participate in inter scholastic athletic activities with the inception of the District's Middle School Sports League. These are exciting opportunities for students, however they carry increased risk of injuries to students, some of which could result in significant costs for medical treatment.

There is also growing concern related to certain playground and sports injuries such as head injuries and concussions and this coverage would provide a significant benefit to students suffering those injuries and could decrease government code claims filed by families who cannot afford medical expenses.

Both the District and our families would be better served by the assurance of some accident insurance to cover all students. Requiring families who do not have medical insurance to pay for accident insurance can pose a significant financial hardship for many of our families. This is also out of step with changes in the law generally prohibiting pupil fees in public schools and with our mission to serve the whole child, including facilitating access to healthcare and eliminating inequity. This coverage would significantly benefit our students while enabling the District to comply with its legal and policy requirements at a low per pupil cost.

Recommendation

Approval by the Board of Education of payment of premium, Fiscal Year 2016-2017, for Blanket Student Accident Insurance, underwritten by BCS Insurance Company, to Myers-Stevens & Toohey & Company, Inc., Mission Viejo, CA (Broker), not to exceed a cumulative cost of \$84,239.00.



OAKLAND UNIFIED
SCHOOL DISTRICT

Community Schools, Thriving Students

Fiscal Impact

\$84,239.00 (\$0 Deductible with 100% Usual and Customary charges)

Attachments



Myers-Stevens & Toohey & Co. Inc. est.1970

26101 Marguerite Parkway Mission Viejo, California 92692-3203
T: 800.827.4695 F: 949.348.0963 E: srg@myers-stevens.com

Blanket Student Accident Insurance 2016-2017 School Year

APPLICATION TO BCS INSURANCE COMPANY and PARTICIPATION AGREEMENT

Application for participation is hereby made by the undersigned Participating Organization for insurance under Policy Number **MST-01001-xxx** issued to PNC Bank, Trustee for the Family Insurance Trust.

1. Name of Participating Organization: Oakland Unified School District

Address: 1000 Broadway Suite 680 Oakland CA 94607

Coverage Term – 12:01 a.m. 7/1/2016 through 11:59 p.m. 6/30/2017

2. The Participating Organization elects to participate in the Trust identified above.

The Participating Organization has signed this Application on _____ (date)

School District Official's Name please print

James Harris

President, Board of Education

Signature

Title

Antwan Wilson

Secretary, Board of Education

SCOPE OF COVERAGE:

School-Time Accident-Only Coverage covers all enrolled students for 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 directly supervised School Activities including interscholastic athletic activities;
- 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; and while traveling in School Vehicles at any time.

BENEFITS:

Accident Medical Expense Benefit; payable on an excess basis: \$25,000 maximum per Accident (inside limits apply to Motor Vehicle related injuries. \$1,000 maximum Emergency Sickness Benefit. Percentage of Usual, Customary and Reasonable Charges as elected below.

Accidental Death and Dismemberment Benefit: Loss of Life \$10,000; Loss of Sight One Eye, or Single Dismemberment: \$20,000; Loss of Sight Both Eyes, Double Dismemberment, or Paralysis: \$30,000.

PPO Networks: Directed network - *First Health* – Wrap network – *TRPN*

PREMIUM SCHEDULE

School-Time Annual Aggregate Premium:

<input checked="" type="checkbox"/> Option 1:	\$0 Deductible	100% of UCR charges	\$84,239.00
<input type="checkbox"/> Option 2:	\$100 Deductible	80% of UCR charges	\$80,870.00

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Bv:

► The Policy has complete details of the provisions, limits and exclusions. ◀

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 below for details. School related 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. 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 & Toohy & Co., Inc. within 90 days after the date of loss. The plan pays for covered expenses incurred within up to 2 years from the date of injury. Each covered condition may be subject to a deductible - see plan details.

EXCLUSIONS:

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. 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).
7. 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.
8. Mental or nervous disorders (except as specifically provided by the Policy).
9. Treatment of Sickness, ailment, or infections except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances or Emergency Sickness as defined within the policy.
10. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
11. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled motor vehicle.
12. Treatment of osteomyelitis, pathological fractures and hernia.
13. Detached retina (unless directly caused by an Injury).
14. 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.
15. Supplies, except as otherwise provided in the Policy.

Student Accident & Sickness Coverage

2015-2016
School Year



Dear Parent:

Along with providing a quality Catholic education, your school does its best to protect your child from injuries. Even so, accidents happen. Should your child get hurt during School Activities, your school provides insurance to help with the cost of medical treatment not covered by other insurance you may have. This **School-Time Accident** insurance is designed to cover many, but not all, of the possible costs. Details regarding this insurance are detailed within. **PLEASE READ CAREFULLY!**

This brochure also describes a number of optional plans designed to protect your child 24 hours a day, year round. The **Student Accident & Sickness Plan** is particularly recommended for children with no other insurance because it covers accidents as well as sickness. Please note: coverage under the optional plans may also further reduce your out-of-pocket expenses due to school-related injuries.

IMPORTANT: Except for the **Dental Accident Plan**, the Insurance plans described in the brochure include access to the *First Health* Preferred Provider Network. While these plans allow you to use any doctor or hospital, seeking care through *First Health* providers may reduce your costs.

To find a *First Health* contracted provider near you, call 800-226-5116, or log on to www.myfirsthealth.com.

The optional plans will become effective for your child on the day your enrollment form and payment are received by the plan administrator, Myers-Stevens & Toohey & Co., Inc.

If you have any questions, please call Myers-Stevens & Toohey at 800-827-4695. Please keep this brochure in a safe place for future reference.

Arranged and Administered by:



Determine the Plan(s) you want to purchase

You may go to the doctor or hospital of your choice!

The School-Time Accident Plan is paid by your School:

Covers 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 directly 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 directly supervised activities provided travel is arranged by and is at the direction of the School; and while traveling in School Vehicles at any time.

Also covers Emergency Sickness up to \$2,000 maximum. "Emergency Sickness" means a Sickness of such nature that failure to get immediate medical care could put the person's life in danger or cause serious harm to bodily functions.

Coverage begins at 12:01 a.m. on August 01, 2015 and ends at 11:59 p.m. on July 31, 2016.

NOTE – Participation in commercial camps or clinics is not covered under this plan. See "Full-Time 24/7" plans.

Optional Coverages

PARENTS, YOU MAY WANT TO PURCHASE THESE OPTIONAL PLANS TO ENSURE YOUR CHILD IS PROTECTED 24 HOURS A DAY!

Student Accident & Sickness Plan

Students (grades P-12) may enroll in this plan. Covers Injuries sustained and Sickness commencing 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). Repatriation and Medical Evacuation benefits are included. This plan does not cover routine or preventative care.

Benefits are payable according to the "Description of Benefits" up to \$50,000 per Covered Sickness and \$200,000 per Covered Accident.

There is a \$50 deductible per covered Accident or covered Sickness.

You may go to any doctor or hospital, but use of *First Health* contracted providers may decrease out-of-pocket costs. Call (800) 226-5116 or log on to www.myfirsthealth.com to locate your nearest provider.

Coverage begins at 11:59 p.m. on the day Myers-Stevens & Toohy & Co., Inc. (hereinafter called "The Company") receives the completed enrollment form and premium. Coverage ends at 11:59 p.m. 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 Sept. 30, 2016, whichever comes first, provided the required payments are made.

NOTE – Participation in commercial camps or clinics may be covered under this plan.

1st payment: \$208.00 (Covers remainder of month in which you enroll and 1 additional month)

Subsequent Payments: **\$169.00 per month**, billed every 2 months

Full-Time 24/7 Accident Plan

Rate for entire School Year: **\$265.00**

Students (grades P-12 and school employees) may enroll in these plans. Covers Injuries caused by covered Accidents occurring 24 hours a day, anywhere in the world and while participating in all interscholastic sports except high school tackle football.

Coverage begins at 11:59 p.m. on the day the Company receives the completed enrollment form and premium. Coverage ends at 12:01 a.m. on the date School begins regularly scheduled classes for the 2016-2017 School Year.

NOTE – Participation in commercial camps or clinics may be covered under this plan.

Dental Accident Plan (\$75,000 Maximum)

Rate for entire School Year: **\$12.00**

Students (grades P-12) may enroll in these plans. Covers Injuries to teeth caused by covered Accidents occurring 24 hours a day, anywhere in the world, including participation in all sports and all forms of transportation.

Benefits are payable at 100% of the Usual, Reasonable and Customary charges for Treatment of injured teeth, including repair or replacement of existing caps or crowns. We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.

The coverage provides a "Benefit Period" of accident dental benefits for up to one year from the date of first Treatment. 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 begins at 11:59 p.m. on the day the Company receives the completed enrollment form and premium. Coverage ends at 12:01 a.m. on the date School begins regularly scheduled classes for the 2016-2017 School Year.

Pharmacy SmartCard™

Yearly rate for the entire family: **\$36.00**

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 your payment has been processed, NPS will send you your ID card. Present your card each time you or a family member needs a prescription filled to receive your savings. For more detailed information, go to www.pti-nps.com or call 800-546-5677. The SmartCard is not an insurance product and is not insured by BCS Insurance Company.

Determine the benefit level that best fits your needs

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, Reasonable and Customary 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.

Plan Names	School-Time Plan	Full-Time (24/7)	Student Accident & Sickness Plan
Covered Benefit Levels	MAXIMUMS PER ACCIDENT		MAXIMUMS PER ACCIDENT
Per Emergency Sickness	\$2,000	N/A	\$50,000 Maximum per Sickness \$200,000 Maximum per Accident
Per Accident	\$25,000	\$100,000	
Deductible - per condition	\$0	\$0	\$50/\$500*
Covered Expenses	BENEFIT MAXIMUMS		BENEFIT MAXIMUMS
Hospital Room & Board - Semi-Private Room Rate	80%	100%	80%
Inpatient Hospital Miscellaneous Charges Services described below are paid as scheduled. All other miscellaneous charges - Paid up to	80%	100%	80% to \$4,000/Day
Intensive Care Unit - Paid up to	80%	100%	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	100%	100%	100%
Outpatient Surgical (room & supplies)	80%	100%	80% to \$4,000
Physician Non-Surgical Treatment & Examination (excluding Physical Therapy) First visit, each follow up visit, and consultation (when referred by attending Physician)	80%	100%	80%
Surgeon Services	80%	100%	80%
Assistant Surgeon Services	20% of Surgical Maximum	100%	80%
Anesthesiologist Services	80%	100%	80%
Physiotherapy (includes related office visits) when prescribed by a Physician	80% to \$1,000	100%	80% to \$2,000
X-Ray Examinations (including reading)	80%	100%	80%
Diagnostic Imaging MRI, Cat Scan	80% to \$1,000	100%	80%
Ambulance (from site of an emergency directly to hospital)	100%	100%	100%
Laboratory Procedures, Registered Nurse Services, Rehabilitative Braces	80%	100%	80%
Durable Medical Equipment	80%	100%	80%
Out-Patient Prescription Drugs (for Injuries only)	80%	100%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	80%	100%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	\$300	\$300	80%
Medical Evacuation & Repatriation	\$0	\$0	100% to \$10,000

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

(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)

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

Premiums Cannot Be Refunded Or Converted

Instructions

If you decide to enroll in any of our Optional Coverages, please follow these 3 easy steps below:

- 1 **Select** the plan(s) you wish to purchase below:
 - The Student Accident & Sickness Plan will provide our highest level of coverage.
 - Our Accident Plans may be purchased on an individual basis or combined with additional coverage (for example, Full-Time Accident + Dental).
- 2 **Complete** and detach the enrollment form on the reverse side. Please note, we are unable to accept enrollments over the phone.
- 3 **Purchase and Return**
 We accept VISA, MasterCard and personal checks. You may either:
 - **Fax** both sides of the completed Enrollment Form to (949) 348-2630. You may pay by credit card by completing the payment area on reverse or fax a personal check made payable to Myers-Stevens & Toohey & Co., Inc. *Please do not mail original checks if faxing.* We cannot accept Money Orders by fax.
 - **Email** a scanned image of the completed Enrollment Form to apply@myers-stevens.com. You may pay by credit card by completing the payment area on reverse or scan a personal check made payable to Myers-Stevens & Toohey & Co., Inc. *Please do not mail original checks if emailing.* We cannot accept Money Orders by email.
 - **Mail** both sides of the completed Enrollment Form in the enclosed envelope. You may pay by credit card by completing the payment area on reverse or enclose a check or Money Order made payable to Myers-Stevens & Toohey & Co., Inc.

PLEASE DO NOT SEND CASH

Our BEST Plan

Student Accident & Sickness

1st Payment \$208.00

You will be billed \$338.00 every 2 months thereafter.

Our Accident Plans

(One-Time Payment For Entire School Year)

PLANS:

Full-Time (24/7) Accident Plan

Dental Accident Plan

Pharmacy SmartCard

PREMIUM:

\$265.00

\$12.00

\$36.00

Total Amount Due

\$

Print Parent or Guardian Name

I have enrolled for the coverage checked above as provided by the Family Insurance Trust where applicable. I understand premiums cannot be refunded or converted.

X _____
 Parent or Guardian Signature Date

PREMIUMS CANNOT BE REFUNDED OR CONVERTED

2015-2016 Enrollment Form

Complete all information (please print)
and return to Myers-Stevens & Toohey & Co., Inc.

Student Name				First		Middle				Last			
Student Birthdate													
Mailing Address								Apt.#					
City						State			Zip Code				
Parent Daytime Phone Number													
Parent E-mail Address													
District Name													
School Name										Grade			

Method of Payment

Note: \$25.00 service charge for Returned Checks and declined Credit Cards

- Check/Money Order** (Make payable to: Myers-Stevens & Toohey & Co., Inc.) **or**
 Mastercard[®] or Visa[®]



Important: If paying by credit card, complete this form. Your amount of charge will appear as "M-S Student Insurance" on your statement.

Card Number

\$ _____	EXP. DATE	MO.	YR.	3 digit	control #
Amount					

Print Name of Cardholder Zip Code

I authorize Myers-Stevens & Toohey & Co. Inc. to deduct the premium payment, plus a 3% processing fee, from my credit card. If enrolling in the *Student Accident & Sickness Plan*, I am authorizing the initial premium payment and understand that I will be invoiced every 2 months for the subsequent payments.

X _____
 Signature of Cardholder

Auto-Charge Option

Available for your convenience is the option to have your bi-monthly payments automatically charged to your credit card.

By initiating here _____, I hereby authorize Myers-Stevens & Toohey to charge the above credit card \$338, plus a 3% processing fee, on the 5th of the month that my payment is due. This authorization will remain in effect for the 2015/2016 school year until I notify Myers-Stevens & Toohey in writing prior to the next payment date.

Frequently Asked Questions...

If my child has no other insurance, what's my best buy?

The *Student Accident & Sickness Plan*, which covers injuries and sicknesses 24 hours a day.

If I have other insurance, why do I need this coverage?

Our plans can help fill the gaps - deductibles, copays, etc. - in other insurance plans.

Can I take my child to any doctor or hospital?

YES! However, your out-of-pocket costs could be less by using a First Health contracted provider. To find participating doctors/hospitals nearest you, call

800-226-5116 or log on to

www.myfirsthealth.com

Are Accident-only plan rates paid every month?

NO! Accident-only rates are one-time charges for the entire School Year.

If my child has a covered injury or sickness, will benefits for that same injury or sickness be extended if he/she re-enrolls next year?

Once maximum benefits have been paid or the benefit period ends (generally, one year) no further benefits for that injury or sickness will be made. The *Dental Accident Plan* is the only exception. See this brochure for details.

Still need help or have questions?

Go to www.myers-stevens.com or call us for prompt, personalized assistance at (800) 827-4695.

PREMIUMS CANNOT BE REFUNDED OR CONVERTED

How To File A Claim

1. Report School-related Injuries within 72 hours to the School office. To find a *First Health* provider nearest you, call 800-226-5116 or log on to www.myfirsthealth.com.
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 first Treatment.
3. At the same time, please file a claim with your other family sickness and/or Accident carrier.
4. Follow ALL claim form instructions, attach all itemized bills and send to:

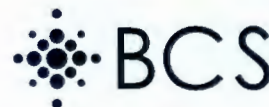


Myers-Stevens & Toohy & Co., Inc.

26101 Marguerite Parkway
Mission Viejo, CA 92692-3203
949-348-0656 or 800-827-4695
Fax 949-348-2630
CA License #0425842

The Insurance Company

(Does not apply to the SmartCard)



BCS Insurance Company
Oakbrook Terrace, Illinois

Rated A- (Excellent) by A. M. Best,
an independent insurance company rating agency
Master Policy form # 28.203

This brochure contains a brief description of the benefits available. Complete details may be found in the Policies on file at your School or district office. Certain provisions may be different if required by state law. Please keep this information as a reference.

Policyholder: Family Insurance Trust,
Situated in District of Columbia