

St. Philip the Apostle School

# FALL FEST



October 15th, 2022

4 PM - 9 PM



## Fun for the entire family

Petting Zoo

Gaga Ball

Face Painting

Giant Slide

Balloon Animals

Handel's Ice Cream Truck

Silly String

BINGO

Music / DJ

Great Food



**Save  
the  
Date**

Questions

[ptofallfest@stphiliptheapostle.org](mailto:ptofallfest@stphiliptheapostle.org)



**SAVE THE DATE..... FALL FEST 2022**  
**Saturday, October 15th**  
**4-9pm**

## **Fall Fest Facts:**

1. How many hours do I need to work for Fall Fest?

Anyone on tuition plan A or C is required to do **4** Fall Fest hours. Here is a breakdown of required school hours for you:

**36 total required hours** (30 school hrs / 4 Fall Fest hrs / 2 Red Tie Ball hrs)

2. How do I get my Fall Fest Hours?

A sign up genius will be sent out on **Monday, October 3rd at 9pm**. If you click on it earlier than 9pm, it will not work. There will be plenty of opportunities to volunteer on there. It will be in alphabetical order. If you are looking for "set-up" scroll down to "s".

3. How do I submit my Fall Fest Hours?

Everyone should have registered on Track it Forward. This is where we submit all hours for school. Once registered, you can enter your hours under Fall Fest-Mari Bean. Please be specific in the notes section with where you worked and the times. If you have any issues with Track It Forward, please contact Mr. Yniguez ([ayniguez@stphiliptheapostle.org](mailto:ayniguez@stphiliptheapostle.org)).

**PLEASE SHOW UP FOR YOUR SHIFTS.** This is a fun school community fundraiser and everyone has to volunteer. If you do not show up for your shift, you will be billed.

4. Can I get my tickets ahead of time?

You can pre-order your tickets at a discounted rate by clicking here:

<https://drive.google.com/file/d/1fIBKqec97K6C49kz-512ZhmWlgtbq5yK/view?usp=sharing>

Please note that the last day to pre-order is October 11th. You can also purchase tickets with a credit card at the event.

5. How many tickets should I buy?

This amount can vary quite a bit, but this may help as a guide:

- Bouncers: 3 tickets (1 ticket = \$1)
- Games: 2-5 tickets
- Petting Zoo: 5 tickets
- Silly String: 6 tickets
- Alcohol: 6-8 tickets

6. Food Vendors

Food vendors will **NOT** accept tickets. You can buy food using **credit card and cash**.

7. Bingo is back!!!

Any questions please feel free to reach out to us. We are here to help.

Suzy Hazel Oppenborn and Kelly Paulus (Fall Fest Co-Chairs)

[ptofallfest@stphiliptheapostle.org](mailto:ptofallfest@stphiliptheapostle.org)



**St. Philip the Apostle School**

**FALL FEST '22 SPONSOR**

Yes! I want to sponsor the **St. Philip Fall Festival**. Enclosed is my gift of:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>\$50 Prize Sponsor</b>        | <input type="checkbox"/> <b>\$100 Craft Sponsor</b>           |
| <input type="checkbox"/> <b>\$250 Game Sponsor</b>        | <input type="checkbox"/> <b>\$500 Petting Zoo Sponsor</b>     |
| <input type="checkbox"/> <b>\$750 Giant Slide Sponsor</b> | <input type="checkbox"/> <b>\$1,000 Entertainment Sponsor</b> |
| <input type="checkbox"/> <b>\$ ____ Other Amount</b>      |   |

All sponsors will be acknowledged on a banner prominently displayed during Fall Fest, on our website, St. Philip the Apostle Church Bulletin, and in the school newsletter.

***Thank you for supporting St. Philip the Apostle School!***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ph #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name to appear at Fall Festival banner, website, bulletin and School Newsletter:

---

**Payment Method:**

Check #: \_\_\_\_\_

(Payable to St. Philip the Apostle School)

***Sponsorships due Wednesday,  
Oct 5<sup>th</sup> to appear on Sponsor  
banner at Fall Fest.***

Or donate online from the St. Philip the Apostle School website. Go to [school.stphiliptheapostle.org](http://school.stphiliptheapostle.org) and select **Giving** and **Donate Now**. Make sure you designate "Fall Fest 2022 Sponsor" in the Donation Category.

***All gifts are tax deductible (Tax ID# 95-1831084); sponsors will be acknowledged at the Fall Festival.***

- Please check here if you wish to remain anonymous.

Please contact Tricia Ortega, Development Director, if you have any questions.  
(626) 795-9691 ext. 449 or [tortega@stphiliptheapostle.org](mailto:tortega@stphiliptheapostle.org)

***Thank you for supporting St. Philip the Apostle School!***

PTO fundraising helps provide vital support to the St. Philip the Apostle academic programs, enrichment opportunities, and tuition assistance. Funds in excess of current year expenses and reserves will be contributed to the Fr. Joe Moniz St. Philip the Apostle Educational Fund at CCF-LA.



# Pre-Purchase Festival Tickets at a Discount

**St. Philip Fall Fest is Oct. 15, 2022, 4-9 PM**

Festival tickets are used instead of cash during this event for snacks, beverages, games and services at published prices. Pre-purchasing tickets allows you to save money and plan your event expenses. Take advantage of these savings! \*\*Pick up your pre-purchased tickets at the Ticket Booth on festival day\*\*

**TICKETS NOT VALID FOR FOOD VENDORS**

*Final day to submit festival ticket pre-orders is October 11, 2022*

| CHECK A BOX              | FESTIVAL TICKET VALUE | DISCOUNT | RETURN THIS FORM WITH A PAYMENT BY CHECK IN THIS AMOUNT |
|--------------------------|-----------------------|----------|---|
| <input type="checkbox"/> | \$20                  | 5%       | <b>\$19</b>   |
| <input type="checkbox"/> | \$40                  | 5%       | <b>\$38</b>   |
| <input type="checkbox"/> | \$60                  | 6.5%     | <b>\$56.10</b>  |
| <input type="checkbox"/> | \$80                  | 7.5%     | <b>\$74</b>   |
| <input type="checkbox"/> | \$100                 | 10%      | <b>\$90</b>   |
| <input type="checkbox"/> | \$120                 | 10%      | <b>\$108</b>  |
| <input type="checkbox"/> | \$140                 | 10.75%   | <b>\$124.95</b>   |
| <input type="checkbox"/> | \$160                 | 11.25%   | <b>\$142</b>  |
| <input type="checkbox"/> | \$180                 | 12%      | <b>\$158.40</b>   |
| <input type="checkbox"/> | \$200                 | 12.5%    | <b>\$175</b>  |
| <input type="checkbox"/> | \$250                 | 15.%     | <b>\$212.50</b>   |

Parent's Full Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**You may still purchase tickets on festival day at the regular price with a credit card.**



## HIGH SCHOOL OPTIONS FAIR

TUESDAY, OCTOBER 4, 2022 | 7:00-8:30 PM



7-8TH GRADERS & FAMILIES ARE INVITED!  
CLOSE TO SCHEDULED **20** SECONDARY SCHOOLS  
TO BE IN ATTENDANCE



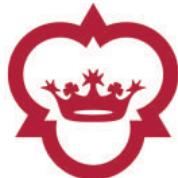
FLINTRIDGE  
PREPARATORY  
SCHOOL



NOTRE DAME  
HIGH SCHOOL



FLINTRIDGE  
SACRED HEART  
ACADEMY



HARVARD  
WESTLAKE  
SCHOOL



WESTRIDGE SCHOOL

THACHER

DAMIEN  
HIGH SCHOOL



The Webb Schools



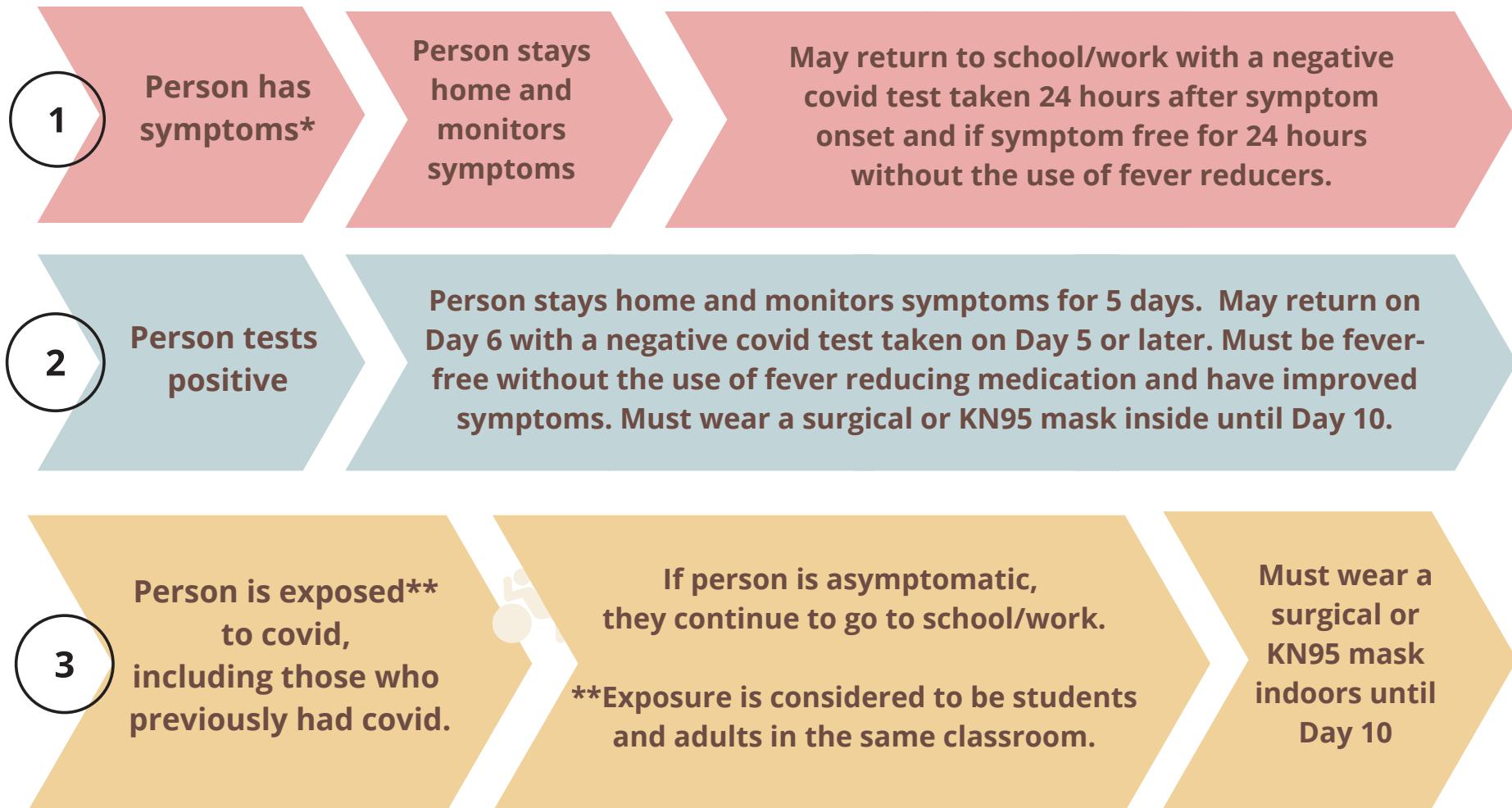
SEQUOYAH  
SCHOOL  
A community of learners

OAKWOOD  
SCHOOL

PROVIDENCE  
HIGH SCHOOL



# Quarantine Pathway for Covid for St. Philip the Apostle School Students and Staff.



\*Symptoms include:

Fever, Chills, Cough, shortness of breath, difficulty breathing, fatigue, body aches, headache, loss of taste or smell, sore throat, congestion, runny nose, nausea , vomiting, diarrhea



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

26101 Marguerite Parkway Mission Viejo, California 92692-3203  
T: 800.827.4695 F: 949.348.2630 E: [info@myers-stevens.com](mailto:info@myers-stevens.com)  
California License Number: 0425842

September, 2022

Re: School-Related Injuries and Insurance – 2022-2023 School Year

Dear Parents,

Keeping our students safe is a matter of critical importance to all of us. Even so, accidents do happen, and school-related injuries to active young people are not uncommon. To help parents access and pay for the medical care needed after a covered injury or emergency sickness occurs, all enrolled students are provided with blanket student accident medical expense insurance. The insurance is meant to assist with eligible expenses left uncovered by any other applicable primary health plan.

Full details on the program are provided within the attached brochure including an explanation of what is covered, what is excluded, requirements, limitations, how to file a claim and other important information. Parents are strongly encouraged to review this information before an injury happens.

Also provided within the brochure are details on a number of optional plans for students to cover them 24/7...both in and outside of school. Plans offered are:

- 1) *Dental Accident Plan* – Covers dental injuries up to \$75,000. Cost is \$12 for the school year.
- 2) *Full-Time (24/7) Accident Plan* – Covers medical and dental injuries up to \$50,000. Cost is \$135 for the school year.
- 3) *Student Accident & Sickness Plan* – Covers injuries up to \$200,000 and sickness up to \$50,000. Monthly cost is \$161 billed every two months.

The brochure provides enrollment instructions. Enrollment can also be done online at [www.myers-stevens.com](http://www.myers-stevens.com).

If you have any questions about the blanket student accident insurance provided, the optional plans or how to file a claim, please contact the program administrator Myers-Stevens & Toohey at (800) 827-4695.

We hope that you and your family have a safe and successful 2022-2023 School Year!

Sincerely,

SCHOOL OFFICIAL

**2022-2023  
School Year**

# **Student Accident & Sickness Insurance**



Dear Parent,

Along with providing a quality Catholic education, your school does its best to protect its students from injuries. Even so, accidents happen. To help families deal with medical costs resulting from covered school-related injuries, the school provides excess, accident medical expense insurance for every student.

You also have the option to insure your child on a full-time, 24/7 basis for dental injuries, injuries in general or for injuries and getting sick.

Plan descriptions, claim filing instructions and the means to enroll in the optional plans are provided in this brochure. Please read carefully before an injury happens!

*Leontine Tomasea*



Pastoral Regions: Our Lady of the Angels  
San Fernando San Gabriel San Pedro Santa Barbara

*Arranged and Administered by:*





|   |          |
|---|----------|
| <b>The School-Time Accident Plan Paid by Your School.....</b> | <b>3</b> |
| <b>Student Accident &amp; Sickness Plan.....</b>              | <b>4</b> |
| <b>Full-Time (24/7) Accident Plan .....</b>                   | <b>5</b> |
| <b>Dental Accident Plan .....</b>                             | <b>6</b> |
| <b>Additional Benefits.....</b>                               | <b>6</b> |
| <b>How to Enroll.....</b>                                     | <b>7</b> |
| <b>Frequently Asked Questions .....</b>                       | <b>8</b> |
| <b>How to File a Claim .....</b>                              | <b>8</b> |
| <b>Exclusions &amp; Limitations.....</b>                      | <b>9</b> |

# THIS PLAN IS PAID FOR BY YOUR SCHOOL

## 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, provided travel is arranged by and is at the direction of the School; and while traveling in School Vehicles at any time.

**NOTE** – Participation in commercial camps or clinics is not covered under this plan. See "Full-Time 24/7" plans. Coverage period is based on dates selected by the school/district.

### 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- see page 10 for details. To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com).

**\$25,000 Maximum per Accident | \$5,000 Maximum per Felonious Assault | \$3,000 Maximum per Emergency Sickness**  
**\$0 Deductible Per Covered Accident**

| COVERED EXPENSES   | BENEFIT MAXIMUMS |
|--|------------------|
| Hospital Room & Board - Semi Private Room Rate   | 100%             |
| Inpatient Hospital Miscellaneous Charges   | 100%             |
| Intensive Care Unit  | 100%             |
| Hospital Emergency Room<br>(room & supplies) incurred within 72 hours of an Injury   | 100%             |
| Emergency Room Physician Charges   | 100%             |
| Outpatient Surgical (room & supplies)  | 100%             |
| Doctor Non-Surgical Treatment & Exam /<br>Telemedicine (excluding Physical Therapy) Including<br>consultation (when referred by attending Physician) | 100%             |
| Surgeon Services   | 100%             |
| Assistant Surgeon Services   | 100%             |
| Anesthesiologist Services  | 100%             |

| COVERED EXPENSES  | BENEFIT MAXIMUMS |
|---|------------------|
| Physiotherapy (includes related office visits)<br>when prescribed by a Physician  | 100%             |
| X-Ray Examinations (including reading)  | 100%             |
| Diagnostic Imaging MRI, Cat Scan  | 100%             |
| Ambulance Expenses Ground or Air (from site of an<br>emergency directly to hospital)  | 100%             |
| Laboratory Procedures, Registered Nurse<br>Services, and Rehabilitative Braces  | 100%             |
| Durable Medical Equipment   | 100%             |
| Out-Patient Prescription Drugs (for Injuries only)  | 100%             |
| Dental Services (including dental x-rays) made<br>necessary by Injury to whole, sound, and natural teeth<br>for Treatment due to a covered Accident | 100%             |
| Eyeglass Replacement (for replacement of broken<br>eyeglass frames or lenses resulting from a covered<br>Accident requiring medical Treatment)      | 100% to \$750    |
| Aggravations or Re-Injury of an Injury  | \$500            |
| Medical Evacuation & Repatriation   | 100%             |

**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.

**Felonious Assault** for psychiatric or psychological counseling. "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.

**Additional benefits to this plan may be found on Page 6!**

# OPTIONAL PLANS FOR OUR BEST COVERAGE

**IMPORTANT:** If you'd like to cover your child beyond the school day, you can supplement the School-Time Accident Plan in the previous page with either the Student Accident & Sickness Plan below or the Full-Time (24/7) Accident Plan on page 6.

## Student Accident & Sickness Plan

In these challenging times, we are pleased to offer your students 24-hour coverage anywhere in the world for both accidental injuries **AND sickness**.

### 1st payment: \$198

(Covers remainder of month in which you enroll and 1 additional month)

Subsequent Payments: \$161 a month, billed every 2 months.



**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**). This plan does not cover routine or preventative care.

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

**Coverage begins** at 11:59 pm on the day that the Company receives a completed enrollment form and payment of premium.

**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, 2023, whichever comes first, provided the required payments are made.

## 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](http://www.myfirsthealth.com).

**\$50,000 Maximum per Sickness** | **\$200,000 Maximum per Accident** | **\$50 Deductible (Disappearing\*) Per Condition**

| COVERED EXPENSES  | BENEFIT MAXIMUMS          |
|---|---------------------------|
| <b>Hospital Room &amp; Board</b> - Semi Private Room Rate   | <b>80%</b>                |
| <b>Inpatient Hospital Miscellaneous Charges</b>   | <b>80% to \$4,000/Day</b> |
| <b>Intensive Care Unit</b>  | <b>80%</b>                |
| <b>Hospital Emergency Room</b><br>(room & supplies) incurred within 72 hours of an Injury   | <b>100%</b>               |
| <b>Emergency Room Physician Charges</b>   | <b>100%</b>               |
| <b>Outpatient Surgical</b> (room & supplies)  | <b>80% to \$5,000</b>     |
| <b>Doctor Non-Surgical Treatment &amp; Exam/ Telemedicine</b> (excluding Physical Therapy) Including consultation (when referred by attending Doctor) | <b>80%</b>                |
| <b>Doctor's Surgical Expense</b>  | <b>80%</b>                |
| <b>Assistant Surgeon Services</b>   | <b>80%</b>                |
| <b>Anesthesiologist Services</b>  | <b>80%</b>                |

| COVERED EXPENSES   | BENEFIT MAXIMUMS        |
|--|-------------------------|
| <b>Physiotherapy</b> (includes related office visits) when prescribed by a Physician   | <b>80% to \$2,000</b>   |
| <b>X-Ray Examinations</b> (including reading)  | <b>80%</b>              |
| <b>Diagnostic Imaging</b> MRI, Cat Scan  | <b>80%</b>              |
| <b>Ambulance Expenses Ground or Air</b> (from site of an emergency directly to hospital)   | <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>Out-Patient Prescription Drugs</b> (for Injuries only)  | <b>80%</b>              |
| <b>Dental Services</b> (including dental x-rays) made necessary by Injury to whole, sound, and natural teeth for Treatment due to a covered Accident | <b>80%</b>              |
| <b>Eyeglass Replacement</b> (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)      | <b>100% to \$750</b>    |
| <b>Aggravations or Re-Injury of an Injury</b>  | <b>\$500</b>            |
| <b>Medical Evacuation &amp; Repatriation</b>   | <b>100% to \$10,000</b> |

\* May be satisfied by other primary insurance.

**Additional benefits to this plan may be found on Page 6!**

## OPTIONAL PLANS (CONT.)

### Full-Time (24/7) Accident Plan

This plan will offer your students coverage for **accidental injuries**:

- ✓ Both in and out of school
- ✓ 24 hours a day, 7 days a week
- ✓ Anywhere in the world
- ✓ While participating in all interscholastic sports (except high school tackle football)

**Rate for the Entire School Year: \$135**

**NOTE** – Students (grades P-12) and school employees may enroll in this plan. Participation in commercial camps or clinics may be covered under this plan.

**Coverage begins** at 11:59 pm on the day that the Company receives a completed enrollment form and payment of premium.  
**Coverage ends** at 12:01 am on the date School begins regularly scheduled classes for the 2023-2024 School Year.

#### 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- see page 10 for details. To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com).

**\$50,000 Maximum per Accident**

**\$0 Deductible Per Condition**

| COVERED EXPENSES   | BENEFIT MAXIMUMS |
|--|------------------|
| <b>Hospital Room &amp; Board</b> - Semi Private Room Rate  | <b>100%</b>      |
| <b>Inpatient Hospital Miscellaneous Charges</b>  | <b>100%</b>      |
| <b>Intensive Care Unit</b>   | <b>100%</b>      |
| <b>Hospital Emergency Room</b><br>(room & supplies) incurred within 72 hours of an Injury  | <b>100%</b>      |
| <b>Emergency Room Physician Charges</b>  | <b>100%</b>      |
| <b>Outpatient Surgical</b> (room & supplies)   | <b>100%</b>      |
| <b>Physician Non-Surgical Treatment &amp; Exam / Telemedicine</b> (excluding Physical Therapy) Including consultation (when referred by attending Physician) | <b>100%</b>      |
| <b>Surgeon Services</b>  | <b>100%</b>      |
| <b>Assistant Surgeon Services</b>  | <b>100%</b>      |
| <b>Anesthesiologist Services</b>   | <b>100%</b>      |

| COVERED EXPENSES  | BENEFIT MAXIMUMS     |
|---|----------------------|
| <b>Physiotherapy</b> (includes related office visits) when prescribed by a Physician  | <b>100%</b>          |
| <b>X-Ray Examinations</b> (including reading)   | <b>100%</b>          |
| <b>Diagnostic Imaging</b> MRI, Cat Scan   | <b>100%</b>          |
| <b>Ambulance</b> (from site of an emergency directly to hospital)   | <b>100%</b>          |
| <b>Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces</b>  | <b>100%</b>          |
| <b>Durable Medical Equipment</b>  | <b>100%</b>          |
| <b>Out-Patient Prescription Drugs</b> (for Injuries only)   | <b>100%</b>          |
| <b>Dental Services</b> (including dental x-rays) for Treatment due to a covered Accident  | <b>100%</b>          |
| <b>Eyeglass Replacement</b> (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment) | <b>100% to \$750</b> |
| <b>Aggravations or Re-Injury of an Injury</b>   | <b>\$500</b>         |
| <b>Medical Evacuation &amp; Repatriation</b>  | <b>\$0</b>           |

**Additional benefits to this plan may be found on Page 6!**

## ADDITIONAL PLAN AND FEATURES



### Dental Accident Plan (\$75,000 Maximum)

- 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, Customary and Reasonable 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.

#### Rate for the Entire School Year: \$12

**Coverage Begins** at 11:59 pm on the day that the Company receives a completed enrollment form and payment of premium.

**Coverage Ends** at 12:01 am on the date School begins regularly scheduled classes for the 2023-2024 School Year.



### ENHANCED COVERAGE FOR CONCUSSION

*(Applies to all plans except Dental Accident)*

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.



### ACCIDENTAL DEATH, DISMEMBERMENT, LOSS OF SIGHT, PARALYSIS, COUNSELING, AND HEART OR CIRCULATORY MALFUNCTION

*(Applies to all plans except Dental Accident)*

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 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 (not applicable in the State of Nevada) | \$10,000 |

# HOW TO ENROLL IN OUR OPTIONAL PLANS



For IMMEDIATE confirmation of enrollment, skip the steps below and [click here](#) to apply online!

Thank you for enrolling your child! To avoid any delay in coverage, please follow these 3 easy steps below:

**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).

**Complete** the enrollment form below. Please note, we are unable to accept enrollments over the phone.

**Purchase and Return** You may either:

- Fax both sides of the completed Enrollment Form to **(949) 348-2630**. You must pay by credit card by completing the payment area below. **Sorry, we cannot accept personal checks or Money Orders by fax.**
- Mail both sides of the completed Enrollment Form to Myers-Stevens & Toohey, 26101 Marguerite Pkwy, Mission Viejo, CA 92692. You may pay by credit card by completing the payment area below or enclose a check or Money Order made payable to Myers-Stevens & Toohey.

## PLEASE DO NOT SEND CASH

### 2022-2023 Enrollment Form

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

#### Our BEST Plan

##### Student Accident & Sickness - 1st Payment \$198

You will be billed \$321 every 2 months thereafter. Coverage cannot exceed 12 calendar months or run past Sept. 30, 2023.

#### Our Accident Plans

(One-Time Payment For Entire School Year)

| PLANS:           | PREMIUM:                       |
|------------------|--------------------------------|
| Full-Time (24/7) | <input type="checkbox"/> \$135 |
| Dental Accident  | <input type="checkbox"/> \$12  |

Total Amount Due

\$

Print Parent or Guardian Name

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

I enroll for the coverage checked above. I understand premiums cannot be refunded or converted.

X \_\_\_\_\_

Parent or Guardian Signature

Date

**Warning:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Student Name      First      Middle      Last

Student Birthdate      Month      Day      Year

Mailing Address      Apt. #

City      State      Zip Code

Parent Daytime Phone Number

Parent Email Address

*Archdiocese of Los Angeles*

Diocese Name

School Name      Grade

#### ALL PREMIUMS ARE FULLY EARNED UPON RECEIPT AND CANNOT BE REFUNDED OR CONVERTED

**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 "MYERS-STEVENS & TOOHEY 800-827-4695 CA" on your statement.

\$



Amount

Card Number

Exp. Date MO. YR.      3 Digit Control #

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 initialing here \_\_\_\_\_, I hereby authorize Myers-Stevens & Toohey to charge the above credit card \$321, plus a 3% processing fee, on the 5th of the month that my payment is due. This authorization will remain in effect for the 2022/2023 school year until I notify Myers-Stevens & Toohey in writing prior to the next payment date.

## FREQUENTLY ASKED QUESTIONS

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

Our plans can expand your choice of providers for your child and high deductibles, high co-insurance and other cost-sharing obligations common to many of today's health plans.

### Under the full-time plans, can I take my child to any doctor or hospital?

**YES!** However, your out-of-pocket costs could be less using a *First Health* contracted provider (see page 10). To find participating doctors/hospitals nearest you, call **800-226-5116** or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com)

### 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, from one to two years depending on the plan) no further benefits for that injury or sickness will be made. The *Dental Accident Plan* is the only exception. See this brochure for details.

### Are accident-only rates paid every month?

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

### Does the School-Time plan cover camps and clinics sponsored and organized by groups other than my child's school?

**NO!** However, such camps and clinics may be covered under our *Full-Time 24/7* or *Student Accident & Sickness* plans. Call us for guidance!

### Still need help or have questions?

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



## 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/Parish-related Injuries within 72 hours.
2. Obtain a claim form from the School/Parish 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:



myers | stevens | toohey

**Myers-Stevens & Toohey Co., Inc.**  
26101 Marguerite Parkway  
Mission Viejo, CA 92692-3203  
**Office 800-827-4695** | Fax 949-348-2630  
[claims@myers-stevens.com](mailto: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

Benefits are not payable under the Policy for any of the following or loss that results there from:

1. 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 teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy and rendered within 12 months of the Accident.
2. War or any act of war, declared or undeclared.
3. Participation in a Riot; fighting or brawling, except in self-defense; commission of or attempt to commit a felony; 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. (Not applicable in the State of Nevada)
6. Practice or play in interscholastic high school tackle football (except as specified in the Coverage Descriptions); intercollegiate sports; semi-professional sports; or professional sports. (Does not apply to the *Dental Accident Plan*.)
7. Treatment, services, or supplies provided: by a Hospital or facility owned or run by the United States Government, unless a charge is made for such services in the absence of insurance; or in a Hospital which does not unconditionally require payment.
8. 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).
9. Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made.
10. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School.
11. Treatment, services, or supplies provided or paid for by any governmental program or law, except Medicaid.
12. Mental or Nervous Disorders.
13. 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*.)
14. 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*.)
15. Nonmalignant warts, moles, or lesions.
16. Any Expenses related to the treatment of tonsils, adenoids, epilepsy, seizure disorder, congenital weakness, or hernia.
17. Supplies, except as otherwise provided in the Policy.
18. Routine physical examinations and routine testing; preventative testing or Treatment; screening examinations or testing in the absence of Injury.
19. Elective Treatments and voluntary testing.
20. Treatment of osteomyelitis. (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
21. Pathological fractures, hernia, detached retina (unless directly caused by an Injury). (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)

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

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. 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 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 first Physician's visit. For School-Time and interscholastic high school tackle football injuries: The plan pays for covered expenses incurred within up to 104 weeks from the date of injury. For Student Accident & Sickness, Full-Time (24/7) and Dental Accident injuries: The plan pays for covered expenses incurred within up to 52 weeks from the date of first treatment (may be extended for certain Injuries). Covered expenses for Emergency Sickness under the School-Time Coverage must be incurred within 24 hours after onset. Each covered condition may be subject to a deductible - see plan details.

## Definitions

An **Accident** is defined as a sudden, unexpected and unintended incident. **Covered Accident** means an Accident that results in Injury or loss covered by this Policy. **Heart and Circulatory Malfunction** means myocardial infarction, angina pectoris, coronary thrombosis, cardiac arrest or a cerebral vascular accident. An **Injury** is defined as Accidental bodily harm sustained by the Covered Person that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. **Medically Necessary** is defined as the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness and which, as determined by the Company, are: (1) consistent with the symptoms or diagnosis and Treatment of the Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an Inpatient, it further means that the Insured Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **Pulmonary Malfunction** means failure of the lungs to operate in the normal manner. **Sickness** is defined as illness or disease contracted by and causing loss to the Insured Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Sickness. **School Activities** means any activity that is sponsored and under the direct, immediate supervision of the School that: (a) the School requires the Insured Person to attend; or (b) is under the sole control and supervision of School authorities. It does not include an activity related to athletics or cheerleading that is under joint sponsorship or supervision arrangement with any non-School group.

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

**Applicable to School-Time Accident Coverage Only-** If the Insured Person is covered by an HMO plan, and seeks Treatment (other than emergency care) from providers not authorized by that plan, we will pay 50% of the amount for such charges that we would otherwise pay if the Insured did not have such HMO coverage.

**IMPORTANT NOTICE:** This brochure 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](http://WWW.HEALTHCARE.GOV).

## ALL PREMIUMS ARE FULLY EARNED UPON RECEIPT AND CANNOT BE REFUNDED OR CONVERTED

*For assistance in Spanish, please call 800-827-4695 | Para asistencia en Español, por favor llame a 800-827-4695*



*Join us  
at our  
next meeting!*

Book discussion of  
“Somehow Saints”  
by Mary Lea Carroll

*In-person  
Thursday, 10/16*

at 7:00pm  
Contact Kathleen at  
[pop@stphiliptheapostle.org](mailto:pop@stphiliptheapostle.org)  
for location details  
in Pasadena.

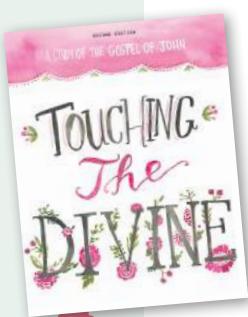
# Come as you are.

YOU ARE WELCOME HERE

**Make authentic connections with other women  
Refuel and refresh | Learn more about God**

The **Touching the Divine** Bible study focuses on qualities of Jesus revealed through the Gospel of John. This study draws us into a deeper, loving relationship with Jesus as we reflect on His life and personality.

Saint John referred to himself as “the disciple whom Jesus loved,” and as we study, John will teach us how much Jesus loves us and how His love is the true satisfaction of our souls.



walking with purpose

[www.walkingwithpurpose.com](http://www.walkingwithpurpose.com)

# FREE COVID-19 & FLU VACCINES

## OCTOBER 2022

**Monday, Oct. 3, 2 - 4:30 p.m.**  
La Pintoresca Branch Library  
1355 N. Raymond Ave.

**Thursday, Oct. 6, 2 - 4:30 p.m.**  
Hill Avenue Branch Library  
55 S. Hill Ave.

**Monday, Oct. 10, 2 - 4:30 p.m.**  
Linda Vista Branch Library  
1281 Bryant St.

**Thursday, Oct. 13, 2 - 4:30 p.m.**  
San Rafael Branch Library  
1240 Nithsdale Rd.

**Thursday, Oct. 20, 2 - 4:30 p.m.**  
Lamanda Park Branch Library  
140 S. Altadena Dr.

**Thursday, Oct. 24, 2 - 4:30 p.m.**  
Santa Catalina Branch Library  
999 E. Washington Blvd.

**Thursday, Oct. 27, 10 a.m. - 2 p.m.**  
Pasadena Senior Center  
85 E. Holly St.  
*Pre-registration REQUIRED*  
*Call (626) 795-4331*



For accessibility information and requests, contact the branch library. Providing at least 72 hours advance notice will help ensure availability.

- Minors must be accompanied by parent/legal guardian -
- Do not attend if you are sick or have COVID-19 -
- Wear a mask -
- Vaccines available to those 6 months and older -
- Pre-register for COVID-19 vaccine at [MyTurn.ca.gov](https://MyTurn.ca.gov) or register on site -
- COVID-19 bivalent vaccine boosters available –

Pasadena Public Health Department often photographs or videotapes programs for use in publicity materials. By being present during these activities, you consent to use of your appearance or likeness by the department, and its licensees, designees, or assignees, in all media, worldwide, in perpetuity. To ensure the privacy of individuals and children, images will not be identified using names or personal identifying information without written approval from the photographed subject, parent or legal guardian.

# VACUNAS GRATUITAS CONTRA EL COVID-19 Y LA GRIPE

## OCTUBRE DE 2022

**Lunes 3 de oct., de 2 - 4:30 p.m.**

Biblioteca de La Pintoresca  
1355 N. Raymond Ave.

**Jueves 20 de oct., de 2 - 4:30 p.m.**

Biblioteca de Lamanda Park  
140 S. Altadena Dr.

**Jueves 6 de oct., de 2 - 4:30 p.m.**

Biblioteca de Hill Avenue  
55 S. Hill Ave.

**Lunes 24 de oct., de 2 - 4:30 p.m.**

Biblioteca de Santa Catalina  
999 E. Washington Blvd.

**Lunes 10 de oct., de 2 - 4:30 p.m.**

Biblioteca de Linda Vista  
1281 Bryant St.

**Jueves 27 de oct., de 10 a.m. - 2 p.m.**

Pasadena Senior Center  
85 E. Holly St.

*SE REQUIERE registración previa*

*Llame al (626) 795-4331*

**Jueves 13 de oct., de 2 - 4:30 p.m.**

Biblioteca de San Rafael  
1240 Nithsdale Rd.



Para información y solicitudes de accesibilidad, comuníquese con la biblioteca que ofrece el programa. Proporcionar al menos de 72 horas de anticipación ayudará a garantizar la disponibilidad.

- Los menores deben estar acompañados por un parent o tutor legal -
- No asista si está enfermo o tiene COVID-19 -
- Necesario usar una mascara -
- Vacunas disponibles para personas de 6 meses o más -
- Pre-inscríbase en [MyTurn.ca.gov](http://MyTurn.ca.gov) o regístrese en el sitio -
- Refuerzos de la vacuna bivalente contra el COVID-19 están disponibles -

El Departamento de Salud Pública de Pasadena frecuentemente toma fotografías o video durante los programas para su uso en materiales de publicidad. Al estar presentes durante estas actividades, usted autoriza la utilización de su apariencia o semejanza por el departamento y sus licenciatarios, representantes o cesionarios, en todos los medios, en todo el mundo, a perpetuidad. Para garantizar la privacidad de los individuos y los niños, las imágenes no serán identificadas utilizando nombres o información de identificación personal sin la aprobación por escrito del parent o tutor legal del sujeto fotografiado



**PASADENA**  
PUBLIC HEALTH DEPARTMENT