

CALIFORNIA STUDENT AND ATHLETIC ACCIDENT INSURANCE

PROGRAM 2011-2012



Excellent
Accident Insurance
Protection with
Easily Affordable Rates,
Providing:

FOR THE STUDENT ... sound,
guaranteed coverage with a selection of
Plans and Benefit Options

FOR THE PARENT ... additional financial security in these
times of booming medical costs

FOR YOU ... the fulfillment of an administrative service and responsibility

Designed Especially For:

**Students of Public
and Private Schools
in California**

**TOLL FREE
CLAIMS SERVICE**

POLICY MAXIMUMS

FULL TIME (24 HOUR) \$50,000 • SCHOOL TIME UP TO \$50,000

The 1st \$500.00 of covered expense will be paid regardless of any other insurance.

If the Insured Person receives treatment by a legally qualified medical or dental practitioner because of injury, the Company will pay for expenses as listed below for any one accident. Covered medical expense must begin within 120 days of the accident and be incurred within 52 weeks of the first medical or hospital treatment. Covered expenses may not exceed the reasonable and customary expense for services, supplies and treatments normally made within the State in which treatment was given.

COVERAGE AND BENEFITS		HIGH BENEFIT OPTION	STANDARD BENEFIT OPTION
Deductible Per Injury		0	0
HOSPITAL ROOM & BOARD	Each day - Paid up to	Semi-Private Rate	\$300.00/day
HOSPITAL INTENSIVE CARE	Each day - no maximum - Paid up to	2 x Semi-Private Rate	\$600.00/day
MISCELLANEOUS HOSPITAL	Includes the following: (1) Inpatient Hospital Ancillary Charges (2) Outpatient Expense and Supplies for same day surgery (3) Nurse Expense during hospital confinement (U.C.R.) (4) Laboratory Tests (Inpatient)	100% to \$3,000.00	100% to \$1,500.00
EMERGENCY ROOM CARE		\$150.00	\$75.00
SURGERY	Per unit - Unit value based on the 5th edition of the C.R.V.S. (1) Surgeons charges at a conversion factor of (2) Assistant Surgeon - percent of surgical allowance (3) Anesthesiologist - percent of surgical allowance	\$270.00 25% 25%	\$175.00 25% 25%
DOCTOR CHARGES	For non-surgical treatment/examination. When treatment primarily involves physiotherapy, diathermy, heat treatment, manipulation or massage, there will be a maximum of 9 visits. First Visit Each Additional Visit Thereafter	\$60.00 \$30.00	\$30.00 \$15.00
CASTS	Per injury (non-surgical)	\$50.00	\$25.00
X-RAYS	(1) Fracture (2) No Fracture	\$500.00 \$100.00	\$250.00 \$50.00
DIAGNOSTIC IMAGING	Magnetic Resonance Imaging (MRI)/Cat Scan, etc. Aggregate charges - Paid up to	100% to \$600	100% to \$300
ORTHOPEDIC APPLIANCES	Braces and Crutches	\$100.00	\$50.00
LAND AMBULANCE EXPENSE	Per injury	Reasonable and Customary	\$250.00
OUTPATIENT PRESCRIPTION DRUGS	Paid up to	100%	100% to \$50.00
DENTAL EXPENSE	Per sound natural tooth resulting from a covered accident	\$300.00	\$150.00
EYEGLASS REPLACEMENT	For replacement of broken eyeglass frames or lenses resulting from a covered accident requiring medical treatment Paid up to	\$150.00	\$100.00
AGGRAVATION OR REINJURY BENEFIT	Any charges for treatment of aggravation or reinjury of a manifested and existing condition shall be limited to a maximum allowance per policy year of	\$500.00	\$500.00
ACCIDENTAL DEATH	Caused by an injury and occurring within 90 days of covered accident*	\$5,000.00	\$5,000.00
DISMEMBERMENT	Caused by an injury and occurring within 90 days of covered accident*: One hand, foot or eye Both hands, feet or eyes	\$5,000.00 \$10,000.00	\$5,000.00 \$10,000.00

*Only one of the amounts above-named, the largest, will be paid for loss resulting from any one accident, and shall be in addition to any other benefits payable for such accident. Loss shall mean in regard to hand or hands or foot or feet, actual severance through or above wrist or wrists, or ankle or ankles, and loss of sight of eye or eyes shall mean the irrecoverable loss of the entire sight thereof.

POLICY BENEFIT MAXIMUMS

	STANDARD BENEFIT OPTION	HIGH BENEFIT OPTION
School-Time.....	\$25,000	\$50,000
24-Hour	\$50,000	\$50,000
Interscholastic Football	\$25,000	\$25,000

PREMIUM RATES

*Single one time payment
No refunds are available*

School-Time Coverage

Students		
Grades P-8.....	\$10.00	\$23.00
Grades 9-12.....	\$22.00	\$50.00

24-Hour Coverage

Students		
Grades P - 8	\$70.00	\$150.00
Grades 9 - 12.....	\$86.00	\$179.00

Football Coverage

Football Players		
Grade 9.....	\$34.00	\$ 75.00
Grades 10-12.....	\$78.00	\$165.00

ALL-SCHOOL PLAN

Covers all students under the combined School-Time "Standard Benefit Option" Plan.

Premium: \$10.00 Per Student x Total Enrollment grades P-12.

Premium: \$6.50 Per Student x Total Enrollment for Elementary Districts only with no interscholastic football participation.

Premium: \$14.00 Per Student x Total Enrollment for High School Districts (9-12) only.

Premium: \$50.00 Per Student for 24-Hour Coverage.

Interscholastic tackle football

Premium: \$3,450 per high school per season.

Other blanket type coverages are available, please call (800) 722-3365 for details.

FREE COVERAGE TO THE DISTRICT

The following coverages may be provided to your District in consideration of your District's diligent efforts to distribute the Voluntary Student Accident Coverage materials to the parents/guardians of every student in the district and acceptance of a proper system of written waivers of student insurance. These coverages are designed to assist compliance with California Education Code where applicable.

INTERSCHOLASTIC SPORTS OVERSIGHT COVERAGE

We cover injuries to your District interscholastic athletes who: 1) did not purchase student accident insurance because District personnel failed to provide the student accident insurance plan to the injured athletes as required by the California Education Code and 2) did not file a Waiver of Student Insurance, and 3) participated in interscholastic athletics without coverage. Benefits are paid under the "Standard Benefit Option" plan schedule up to a maximum of \$1,500.

NON-COMPETING PARTICIPANTS COVERAGE

Students will be covered while traveling in school-provided vehicles to and from athletic events for which they have been designated by the school district to directly assist in the noncompetitive activities associated with the events, e.g. members of school bands, cheerleaders, pompom girls and team managers. Benefits are paid under the "High Benefit Option" plan schedule up to a maximum of \$1,500.

ONE-DAY FIELD TRIP COVERAGE

We cover all accidents which occur while your students are participating in school-sponsored and directly supervised one-day field trips. A bona fide "Field Trip", is when the school district is fully responsible for the students while they are participating in the trip. Benefits are paid under the "High Benefit Option" plan schedule up to a maximum of \$1,500.

INSTALLATION PROCEDURES

1. Complete Master Application as soon as possible, indicating plan desired, and forward to Pacific Educators, Inc. This will serve as a requisition for your supplies and will authorize the issuance of your Master Policy Contract.
2. Distribute the enrollment forms to each student. Ask them to take the envelope home for their parents consideration and return to Pacific Educators with payment.
3. We provide training for the athletic director, and a computer listing of all your students who have purchased the coverage. Listings include names, grade, school location, effective date and type of coverage, for ease of administration at claim time.
4. Brochures are packaged by school and delivered when and where requested. **Mail-back envelopes come directly to us**, therefore alleviating any inconvenience to the district.
5. No listing of names required for 100% all school plans.
6. Any eligible student, teacher or administrator may enroll at any time by submitting the appropriate total premium in a completed enrollment form to Pacific Educators, Inc. address below.
7. **For claims, an "800" number to help answer insured students' parents' questions.**

EXTENDED DENTAL BENEFIT OPTION

For \$6.00 Dental treatment Benefit for a covered accident will be increased to pay all reasonable and customary expenses with a \$250.00 maximum for dental prosthesis. Covers the student 24 hours a day.

OPTIONAL LIFE INSURANCE

By adding \$1.00 to the regular school premium, parents may apply for Life Insurance protection for their children for a 3 month period. Extended coverage then offered.

Underwritten by **Student Accident Division**
GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue - Glenview, Illinois 60025
your guarantee of protection ... founded and serving since 1936

OPTIONAL COVERAGE TO THE DISTRICT

ELEMENTARY COMPETITORS COVERAGE

We will cover students who participate in school sponsored and supervised interscholastic sports. No coverage is provided for tackle football. Coverage includes interscholastic sports contests, including school furnished transportation to practice and contests. Benefits payable under the "Standard Benefit Option" Plan to a maximum of \$1500. The first \$500.00 of covered expenses will be paid regardless of other insurance. Grades K-8: Rate \$1.50 per student. Minimum Premium \$25.00.

POWDER PUFF FOOTBALL

Benefits payable under the "Standard Benefit Option" plan, up to the \$25,000 maximum with the first \$500.00 of covered expenses paid regardless of other insurance. All participants must be covered. The rate is \$2.00 per student. Minimum Premium \$50.00.

TRAVEL ACCIDENT COVERAGE

This is a Per Trip Coverage for school district sponsored trips on a twenty-four hour basis. Benefits payable under the "Standard Benefit Option" Plan to a maximum of \$25,000. The first \$500.00 of covered expenses will be paid regardless of other insurance. Rate: \$3.00 per student, per day for snowskiing. Rate: \$1.00 per student, per day for all other trips. Minimum Premium per trip \$50.00.

INTERSCHOLASTIC TACKLE FOOTBALL "TRY-OUT" ACCIDENT INSURANCE PLAN

Covers injuries caused by accidents during practice for high school interscholastic football. Also covers injuries caused by accidents occurring while traveling in a school-provided vehicle to and from practice. Coverage commences the first official day of practice, terminating fourteen (14) days later. Benefits are provided under the "Standard Benefit Option" structure up to \$1,500 per injury. The rate is \$5.00 per player. Please see Application Request for enrollment. All players must be covered.

ACCIDENT INSURANCE PLAN FOR ALL STUDENTS – ALL ATHLETES

SCHOOL-TIME COVERAGE

PROTECTS YOUR STUDENTS WHILE –

- (1) AT SCHOOL during the hours and on the days when school is in regular session.
- (2) TRAVELING directly to or from the student's residence, as defined herein, and the school for regular sessions, for such travel time as is required, but not to exceed one hour before regular school classes begin, and not more than one hour after regular classes are dismissed, or if additional travel time on the school bus is required, coverage hereunder shall extend for such additional travel time that might be necessary.
- (3) SCHOOL SPONSORED ACTIVITIES: participating in or attending exclusively organized, sponsored and solely supervised by the School and School Employees, including travel directly to or from such an activity in a vehicle furnished by the School and supervised solely by School Employees. Optional Coverage is required for school sponsored interscholastic football, grades 9-12

EXTENDED 24-HOUR "AROUND-THE-CLOCK" COVERAGE ALSO AVAILABLE (Includes Skiing)

Provide full 24-hour a day protection, not limited to school connected accidents but also covers accidents at home or away – at play – at camp – on vacation and weekends – scouting – sports, except those specifically excluded or school sponsored interscholastic tackle football, grades 9-12, for which optional coverage is required – youth group activities – at picnics – or just playing in the neighborhood – ANY COVERED ACTIVITY – ANYTIME – ANYWHERE. Continuous protection from the effective date to the opening of the next school term.

EFFECTIVE AND EXPIRATION DATE

Applicants applying for coverage shall be as of noon, local time, on the date they apply but not prior to the opening day of school. The expiration date of coverage (except those applying for "Around-the-Clock" coverage) shall be the close of the regular nine month school term, except while the insured is attending academic classroom sessions during the Summer exclusively and solely supervised by the School.

SENIOR HIGH SCHOOL FOOTBALL PROTECTION

SAME BENEFITS AS PROVIDED IN THE BASIC SCHOOL-TIME COVERAGE.

PROVIDES PROTECTION while practicing for, participating in, or traveling as a team member (under direct adult supervision) to or from "away from home" games.

Only those persons whose names are submitted to the Company in the prescribed manner will be eligible for benefits under this Policy as a result of injury sustained while engaged in the practice or play of Senior High School Tackle Football, and such injury must be incurred DURING REGULARLY SCHOOL SPONSORED AND SUPERVISED PRACTICE, GAMES, OR TRAVEL TO AND FROM THESE ACTIVITIES.

Coverage shall become effective for individual participants on the first day of scheduled football practice, provided the list of players to be insured is SUBMITTED TO THE COMPANY WITHIN THREE DAYS AFTER THE DATE OF THE FIRST PRACTICE.

No refunds or credits can be allowed for players who fail to "make the squad" or fail to complete the season.

IMPORTANT - Any player who does not go out for Practice Sessions but participates in ONE or more Scheduled Games MUST pay the full premium.

Coverage for additional players is effective the day AFTER the post-mark on the envelope in which such additions are forwarded to your Administrating Agent.

NOTE: Only schools applying for and offering the Basic School-Time Coverage to ALL students in the School District or Systems are eligible to apply for Football Coverage.

(THIS IS AN ILLUSTRATIVE BROCHURE, NOT A POLICY)
(Plan subject to insurance department approval.)

POLICY BENEFITS PROVISION

DEFINITIONS

Within the terms and provisions of the Policy, the term "residence" as used herein shall be considered to mean the property on which the home, dwelling place, or residence is located. "School-sponsored activities" as herein used shall be construed to mean all School functions which are organized and scheduled solely by the School on or off School premises, including classes, and which are under the sole direct supervision of qualified School authorities, including School-sponsored and supervised travel to and from such activities, as provided in the Insuring Clause. "Surgical operations" as used herein shall be construed to mean: (1) the repair of lacerations requiring sutures; (2) reduction of fractures and/or dislocations; (3) any surgical operation performed by endoscopic, cryogenic, photo-coagulative, laser, cauterization or cutting means.

LIMITATIONS

The intention of the policy is to help parents from having UNEXPECTED MEDICAL EXPENSES due to accidents during the described exposure. In order to insure continuance of the same low premium thereby bringing the benefits within the reach of all parents, the policy pays benefits on a non-duplicating basis when other insurance or plan is involved on all claims over \$500.00 (The 1st \$500.00 OF COVERED EXPENSE WILL BE PAID REGARDLESS OF ANY OTHER INSURANCE.) Aggravation of pre-existing conditions are paid up to \$500 maximum. Accidents resulting from surfing or involving any covered motor vehicle are limited to an aggregate maximum of \$5,000. This does not apply to motor vehicles which are excluded from coverage.

EXCLUSIONS

This policy does not provide benefits for: (a) Treatment, services or supplies which: are not medically necessary; are not prescribed by a doctor as necessary to treat an injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; are received from persons employed or retained by the school or any family member; or are not specifically listed as covered charges in the Policy. (b) Injury by acts of war, whether declared or not. (c) Injury covered by Workers' Compensation or the Occupational Disease Law. (d) Expense in excess of \$500 for re-injury or complications of an injury which occurred prior to the Policy's effective date. (e) Hernia, any type, regardless of cause. (f) Injury sustained fighting or brawling, except as an innocent victim. (g) Treatment of sickness or disease in any form, blisters, insect bites, frostbite, heat exhaustion or sunstroke. (h) Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts. (i) Injury sustained skiing, except when 24-Hour Coverage is purchased. (j) Injury sustained while operating, riding in or upon, mounting or alighting from, any two-, three- or four-wheeled recreational motor/engine driven vehicle or all terrain vehicle (ATV). (k) Injury sustained while participating in or practicing for interscholastic tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased.

Administered in
California by:

Pacific  Educators
Insurance Services

2808 East Katella Avenue • Suite 101 • Orange, CA 92867 • (800) 722-3365
Lic.# 0429928 Associate Member – CASBO

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