

# CALIFORNIA STUDENT AND ATHLETIC ACCIDENT INSURANCE

PROGRAM 2016-2017



*Underwritten by:*

**GTL** | **GUARANTEE  
TRUST  
LIFE**

**Accident Insurance  
Protection Providing:**

*FOR THE STUDENT ...* sound

coverage with a selection of plans and benefit options

*FOR THE PARENT ...* additional financial security in  
times of rising 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**

# COVERAGE AND BENEFITS

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

If the Insured receives treatment by a Doctor or other provider covered by the Policy 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 charged within the State in which the expenses were incurred.

<b>Policy Maximum-Up to \$50,000</b> See Policy Benefit Maximums for details		HIGH BENEFIT OPTION	STANDARD BENEFIT OPTION
HOSPITAL ROOM & BOARD AND GENERAL NURSING CARE		Up to the semiprivate room rate	Up to \$300/day
INTENSIVE CARE		Up to \$1,200/day	Up to \$600/day
HOSPITAL MISCELLANEOUS EXPENSE	During Hospital confinement or for outpatient surgery under general anesthetic, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies	Up to \$3,000	Up to \$1,500
HOSPITAL EMERGENCY CARE		Up to \$300	Up to \$150
DOCTOR'S FEES FOR SURGERY	In accordance with the surgical schedule	\$270 unit value	\$175 unit value
ANESTHESIA SERVICES	Percent of the surgical fee	25%	25%
ASSISTANT SURGEON	Percent of surgeon's fee	25%	25%
DOCTOR'S VISITS	Including Physical Therapy, limited to one visit per day; does not apply when related to surgery; Physical Therapy is limited to 9 visits: <b>First Visit</b> <b>Subsequent Visits</b>	Up to \$120 Up to \$60	Up to \$60 Up to \$30
CASTS, NON-SURGICAL		Up to \$100	Up to \$50
OUTPATIENT IMAGING PROCEDURES	Including x-rays and interpretation: <b>Fracture or Dislocation</b> <b>No Fracture or Dislocation</b> <b>MRI/CAT scan</b>	Up to \$500 Up to \$100 Up to \$900	Up to \$250 Up to \$50 Up to \$500
ORTHOPEDIC APPLIANCES	Including braces and crutches	Up to \$100	Up to \$50
AMBULANCE EXPENSE		100% of R&C	Up to \$250
PRESCRIPTION DRUGS		100% of R&C	Up to \$50
EYEGLOSS REPLACEMENT EXPENSE	For broken eyeglasses or lenses resulting from an Injury requiring medical treatment.	Up to \$150	Up to \$100
RE-AGGRAVATION OR REINJURY OF A PRE-EXISTING CONDITION		Up to \$500	Up to \$500
DENTAL TREATMENT	For Injury to Teeth, per tooth	Up to \$300	Up to \$150
ACCIDENTAL DEATH	Caused by an Injury and occurring within 365 days of covered Accident*	\$5,000.00	\$5,000.00
DISEMBLEMENT	Caused by an Injury and occurring within 365 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. Loss shall mean in regard to hand or hands or foot or feet, actual severance at or above wrist or wrists, or ankle joint, and loss of sight of eye or eyes shall mean the total, permanent loss of the eye.

## EXTENDED DENTAL BENEFIT OPTION

For an additional premium the dental treatment benefit will be increased to pay all Reasonable and Customary charges for: examination, diagnoses and x-ray; restorative treatment; endodontics; and oral surgery (not to include periodontics or orthodontics); up to \$250 for dental prostheses toward the cost of a bridge, partial denture or denture, or for replacement in kind of previous dental repairs. If during the Benefit Period, the Insured's dentist certifies that treatment must be deferred, the Company will pay up to a maximum of \$100 in lieu of all other dental benefits.

## POLICY BENEFIT MAXIMUMS

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

## PREMIUM RATES

*Single one time payment  
No refunds are available*

### School-Time Accident Coverage

Students		
Grades P-8.....	\$25.00	\$11.00
Grades 9-12.....	\$54.00	\$24.00

### 24-Hour Accident Coverage

Students		
Grades P - 8 .....	\$161.00	\$75.00
Grades 9 - 12.....	\$192.00	\$92.00

### Interscholastic Tackle Football Coverage

Football Players		
Grade 9.....	\$80.00	\$36.00
Grades 10-12.....	\$177.00	\$84.00

### Extended Dental Benefit Option ..... \$6.00 \$6.00

### ALL-SCHOOL PLAN

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

*Premium: \$11.00 Per Student x Total Enrollment grades P-12.*

*Premium: \$7.00 Per Student x Total Enrollment for Elementary Districts only with no interscholastic tackle football participation.*

*Premium: \$15.00 Per Student x Total Enrollment for High School Districts (9-12) only.*

*Premium: \$54.00 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 Other Accident 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 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 a Designated Vehicle 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, pom-pom 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 and assignments of its effective date.
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, 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 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.

Underwritten by  
**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
1275 Milwaukee Avenue - Glenview, Illinois 60025

## OPTIONAL COVERAGE TO THE DISTRICT

The following Other Accident coverages are available to the district for an additional premium.

### 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 in a Designated Vehicle to practice and contests. Benefits payable under the "Standard Benefit Option" plan to a maximum of \$1,500. 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. This coverage is provided for students and chaperones at a per person rate of \$3.00 per day for snowskiing; and a per person rate of \$1.00 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 Designated 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" plan 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 ACCIDENT 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 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 Designated Vehicle furnished by the school and supervised solely by school employees. Optional Coverage is required for school sponsored interscholastic tackle football, grades 9-12.

### EXTENDED 24-HOUR ACCIDENT COVERAGE ALSO AVAILABLE

Provides 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 in the Policy 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 effective 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 24-Hour Accident Coverage) shall be the earlier of the close of the regular nine month school term, the date the Policy terminates, or the end of the period for which any applicable premium has been paid, except while the Insured is attending academic classroom sessions during the summer exclusively and solely supervised by the school.

## INTERSCHOLASTIC TACKLE FOOTBALL COVERAGE

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

PROVIDES PROTECTION while practicing for, participating in, or traveling as a team member (under the school's 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 the Policy as a result of Injury sustained while engaged in the practice or play of Interscholastic 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 INSURANCE COMPANY WITHIN THREE DAYS AFTER THE DATE OF THE FIRST PRACTICE.**

No refunds or credits are allowed.

**IMPORTANT - All insureds MUST pay the full premium.**

Coverage for additional players is effective subject to receipt of premiums, the day **AFTER** the postmark on the envelope in which such additions are forwarded to your administrating agent.

**NOTE:** Only schools applying for and offering the School-Time Accident Coverage to **ALL** students in the school district or systems are eligible to apply for Interscholastic Tackle Football Coverage.

Blanket Accident insurance is issued on Form Series GP-1200 by Guarantee Trust Life Insurance Company. This product, and its features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. This brochure is a brief description of the coverage. For complete details of coverage please contact the agent administering the program.

## EXCESS PROVISION AND EXCLUSIONS

### EXCESS PROVISION

All Covered Charges over \$500 will be considered for payment on an Excess basis if any Other Valid and Collectible Insurance or Plan covers the Insured person. The Company will pay the first \$500 in Covered Charges regardless of other insurance.

### 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; are received without charge or legal obligation to pay; are received from persons employed or retained by the school or any Family Member unless otherwise specified; or are not specifically listed as Covered Charges in the Policy. (b) Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law. Injury by acts of war, whether declared or not. (c) Hernia or slipped femoral capital epiphysis. (d) Injury covered by Workers' Compensation or the Occupational Disease Law. (e) Injury sustained fighting or brawling, except as an innocent victim. (f) Injury sustained

while participating in or practicing for interscholastic tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased. (g) Treatment of sickness or disease in any form, blisters, insect bites, frostbite, heat exhaustion or sunstroke. (h) Treatment of vegetation or promaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts. (i) Injury sustained while operating, riding in or upon, mounting or alighting from, any two-, three- or four-wheeled recreational motor/engine driven vehicle or snowmobile or all terrain vehicle (ATV).

Administered in  
California by:

Pacific  Educators  
Insurance Services

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www.PEInsurance.com Lic.# 0429928 Associate Member – CASBO