Pacific Educators
Insurance Services

- Please note that there are four pages to the brochure (not including this one)
- You may apply online with a credit card here https://www.peinsurance.com/signup/ OR:
- If you would like to apply with a paper application, the third page below is an actual application that you can print and complete by hand, **or you may complete on computer and print**. DO NOT SEND CASH. Make check or money order payable to Pacific Educators and mail to:

- **Pacific Educators**
  2808 E. Katella Ave., Suite 101
  Orange, CA 92867

- The last page is a **FREE Prescription Drug Card Program** you can print and take to a Pharmacy to help anyone lower their prescription drug costs.
- If you have any questions, please do not hesitate to contact us directly
  (800) 722-3365 or email at applications@peinsurance.com

2020-2021 STUDENT ACCIDENT INSURANCE PLANS

WE RECOMMEND 24-HOUR-A-DAY COVERAGE

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are Accident only insurance plans to help cover your child either 24 hours a day (24-Hour Plan) or while in school (School-Time Plan).
- These plans provide benefits to help meet the cost of medical and Hospital expense.
- If you have other insurance, these plans can help offset the deductibles and coinsurance for those plans.
- If you have no other insurance, these plans will provide basic coverage.
- Any benefits payable by the Policy as a result of medical, surgical, dental, Hospital or nursing service will be paid directly to the Hospital or person rendering such service unless proof of payment in full is provided.

24-HOUR	SCHOOL TIME	IMPORTANT PROTECTION FACTS
✓	✓	Becomes effective the date premium payment is received by Guarantee Trust Life Insurance Company (GTL) or its representative (but not prior to the opening day of school).
✓	✓	Provides coverage during the hours that school is in regular session.
✓		Provides 24-Hour-A-Day protection.
✓	✓	Provides coverage during the time necessary for travel between the insured's home and the beginning or end of regular school sessions.
✓	✓	Provides coverage while participating in (or attending) activities organized, sponsored and supervised by the school. Coverage is also provided for travel directly to and from such activities in a Designated Vehicle furnished by the school.
	✓	Coverage expires at the close of the regular school term. (Coverage will be extended while attending academic classes for credit in the summer, when classroom sessions are exclusively sponsored and solely supervised by the school; however, no coverage will be provided for travel to and from classes).
✓		Coverage continues without interruption all summer until school re-opens for the following term.

OPTIONAL FOOTBALL COVERAGE BEGINS ON THE DATE OF PREMIUM RECEIPT BY GTL, ITS REPRESENTATIVES OR SCHOOL OFFICIALS, BUT NOT PRIOR TO THE FIRST OFFICIAL DATE OF PRACTICE; AND CONTINUES THROUGH THE DATE OF THE LAST OFFICIAL GAME OF THE CURRENT SEASON INCLUDING PLAYOFFS.

To file a claim: Report accidents to the school official. Simplified forms will be furnished through the principal's office (during vacation time contact the administrators of the plan). Completed proof of loss and accumulated bills must be received by GTL within 90 days.

24-HOUR-A-DAY ACCIDENT COVERAGE

24-Hour-A-Day Protection for each Covered Accident

Helps protect your child for the entire school year and extends **throughout the summer** - right up to the day school opens.

Your child's coverage is good **WORLDWIDE, 24-HOURS-A-DAY**. This includes covered accidents:

✎ At home ✎ At play ✎ At school ✎ On vacation ✎ Scouting, camping etc. ✎ During covered travel

✎ While engaged in sports, except those specifically excluded or for which optional coverage is required*

***See OPTIONS for available optional sports coverage, if any.**

SCHOOL-TIME ACCIDENT COVERAGE

Helps protect your child while attending regular school sessions. Includes coverage for travel directly to and from your residence to attend regular school sessions for travel time required, but not more than one hour before or after regular classes. Travel time on the school bus is extended for any additional time needed. In addition, coverage is provided while participating in (or attending) covered activities exclusively organized, sponsored and solely supervised by the school and school employees, including travel directly to and from the activity in a Designated Vehicle furnished by the school and supervised solely by school employees. Optional coverage may be required for interscholastic sports. See OPTIONS for available optional sports coverage, if any.

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.

This is an illustration of your child's benefits. Please keep for your records. This is not a contract. The Master Policy is on file with your school.

Blanket Accident insurance products are issued on Form Series GP-2030, GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. These products and their features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. The exact provisions governing the insurance are contained in the Policy issued to the Policyholder and certain provisions may be administered to conform to state requirements. The Policy shall control in the event of any conflict between the Policy and this brochure. For complete details of coverage please contact the agent administering the program.

2020-2021 STUDENT ACCIDENT INSURANCE PLANS

What's Covered? *Up to* $50,000.00 as described under Benefits Per Injury *for:*

■ Accidents occurring while coverage is in force. ■ Loss from accidental bodily Injury resulting directly and independently of all other causes. ■ Covered medical expense which begins within 120 days of the Accident and is incurred within 52 weeks of the date of first medical treatment.

Your school district does not carry medical or dental insurance for your child should he/she be injured on school premises while under school grounds jurisdiction, or through school sponsored activities. However it does make this plan available to you, for your consideration.

Esto es para avisarle que su Districto de la Escuela no tiene aseguranza medica ni dental para su nino/nina si se lastima en el terreno de la esquela aunque haiga supervisor en las actividades. Pero se puede tener un plan para su consideracion. Este plan de aseguranza es voluntario. Usted debe saber que la ley del estado requiere cualquier estudiente que participe en deportes escolares debe tener aseguranza adecuada para medico antes de paticipar en deportes.

BENEFITS PER INJURY - Payable *up to* the dollar amounts specified below	HIGH OPTION	LOW OPTION
HOSPITAL & GENERAL NURSING CARE - Room and board per day, semi-private room rate	100% of R&C*	$300
- Intensive Care, per day	$1,200	$600
HOSPITAL MISCELLANEOUS EXPENSE	$3,000	$1,500
HOSPITAL EMERGENCY CARE	$300	$150
DOCTOR'S FEES FOR SURGERY In accordance with the Surgical Schedule, per Unit Value of	$270	$175
ANESTHESIA SERVICES Percent of Surgical Schedule allowance	25%	25%
ASSISTANT SURGEON Percent of Surgical Schedule allowance	25%	25%
NON-SURGICAL DOCTOR'S VISITS One visit per day including Physical Therapy which is limited to 9 visits		
- First visit	$120	$60
- Each visit thereafter	$60	$30
ORTHOPEDIC APPLIANCES Includes braces and crutches	$100	$50
CASTS Non-surgical cases	$100	$50
AMBULANCE EXPENSE	100% of R&C*	$250
OUTPATIENT IMAGING PROCEDURES Including X-rays and interpretation		
- Fracture or dislocation	$500	$250
- No fracture or dislocation	$100	$50
- Magnetic Resonance Imaging (MRI) or CAT Scan	$900	$500
PRESCRIPTION DRUGS	100% of R&C*	$50
DENTAL TREATMENT For Injury to Sound Natural Teeth - **PER TOOTH**	$300	$150
EYEGLASS REPLACEMENT EXPENSE For broken eyeglasses, lenses or contact lenses resulting from an Injury requiring medical treatment	$150	$100
RE-AGGRAVATION OR RE-INJURY OF A PRE-EXISTING CONDITION	$500	$500
For the benefits shown below, only one of the amounts, the largest, will be paid for loss resulting from any one Accident		
ACCIDENTAL DEATH Caused by an Injury and occurring within 365 days of covered Accident	$5,000	$5,000
ACCIDENTAL DISMEMBERMENT Caused by an Injury and occurring within 365 days of covered Accident		
- Loss of one hand, one foot or one eye	$5,000	$5,000
- Both hands, feet or eyes	$10,000	$10,000

*The Policy provides benefits for Reasonable and Customary (R&C) charges determined by geographic area for Medically Necessary services.

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 Insurance Company will pay up to a maximum of $100 in lieu of all other dental benefits.

EXCLUSIONS: The Policy does not provide benefits for: 1. 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 Policyholder or any Family Member, unless otherwise specified; or are not specifically listed as Covered Charges in the Policy; 2. Intentionally self-inflicted Injury; 3. Injury received while violating or attempting to violate any duly enacted law; 4. Injury by acts of war, whether declared or not; 5. Injury covered by Workers' Compensation or the Occupational Disease Law; 6. Heat exhaustion; 7. Hernia or slipped femoral capital epiphysis; 8. Injury directly caused by fighting or brawling, except as an innocent victim; 9. Injury directly caused by operating, riding in or upon, mounting or alighting from, any two- or three- or four- wheeled recreational motor/engine driven vehicle or snowmobile or all-terrain vehicle (ATV); 10. Injury directly caused by participating in or practicing for interscholastic tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased; 11. Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or unintentional ingestion of a contaminated substance; 12. Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures.

Administered by: **PACIFIC EDUCATORS, INC.,** 2808 E. Katella Ave., Suite 101, Orange, CA 92867-5299
(714) 639-0962 or (800) 722-3365 - Pacific Educators' California License No. 0429928

Underwritten and Claims Paid by: **GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**, Glenview IL - (800) 622-1993

2020-21 School Year Enrollment Form

ONE TIME ANNUAL PAYMENT		
OPTIONS	**High Option**	**Low Option**
24-HOUR-A-DAY PLAN **$50,000 Maximum per Injury**		
Grades Pre-K thru 8	❑ $161	❑ $75
Grades 9 thru 12	❑ $192	❑ $92
SCHOOL-TIME PLAN **Maximum per Injury:** **$50,000** for High Option **$25,000** for Low Option		
Grades Pre-K thru 8	❑ $25	❑ $11
Grades 9 thru 12	❑ $54	❑ $24
OPTIONAL FOOTBALL COVERAGE (2020 Season Only) Payable in addition to School-Time & 24-Hour **$25,000 Maximum per Injury**		
Grade 9	❑ $80	❑ $36
Grades 10 thru 12	❑ $177	❑ $84
EXTENDED DENTAL OPTION	❑ $6	

TOTAL $_____
(Please do not send cash)
MAKE CHECK PAYABLE TO:
PACIFIC EDUCATORS, INC.

NO REFUNDS ARE AVAILABLE

PLEASE PRINT CLEARLY

GTL Guarantee Trust Life

Student's Name _____
First Name Middle Initial Last Name

Date of Birth _____ **Male** ❑ **Female** ❑
Month Day Year

School District _____ **School** _____

Grade _____ **Student's Address** _____

City _____ **State** _____ **Zip** _____

Telephone # _____ **Date of Enrollment** _____

Parent or Guardian's Email Address _____

Name of Parent or Guardian (please print) _____

Signature of Parent or Guardian _____

GA-15-KEF

TO PAY BY CREDIT/DEBIT CARD (fee applies) PLEASE GO TO:
WWW.PEINSURANCE.COM OR CALL (800) 722-3365

PLEASE REMEMBER TO:

COMPLETE THE ENROLLMENT FORM AND CHECK THE PLAN AND OPTIONS YOU WANT.

MAKE YOUR CHECK OR MONEY ORDER (PLEASE DO **NOT** SEND CASH) FOR THE TOTAL ENCLOSED PAYABLE AS INDICATED.

MAIL THE ENROLLMENT FORM WITH YOUR CHECK OR MONEY ORDER TO:

Pacific Educators, Inc.
2808 E. Katella Ave., Suite 101
Orange, CA 92867-5299

PLEASE NOTE: YOUR CANCELED CHECK IS YOUR RECEIPT. IF CANCELED CHECK IS NOT RECEIVED WITHIN 60 DAYS, PLEASE CONTACT YOUR PLAN ADMINISTRATOR.

For faster service you can pay by credit or debit card (fee applies) please visit us online at:
Pacific Educators
www.peinsurance.com
click Products then Students
or call (800) 722-3365

Pacific Educators
FREE Prescription Drug Card

Member: California Student
ID Number: 26291W22ES
Program: UNARxCard
RxBIN: 610709
RxGrp: PFCEDU

Note: Everyone is eligible for this program. There are no age or income restrictions. Each family member must have his/her own card. If you can't print a card have your pharmacy call the Pharmacy Help Line and we will help them process your prescription.

THIS PROGRAM IS NOT INSURANCE
THIS PROGRAM IS A POINT OF SALE DISCOUNT PLAN

INSTRUCTIONS **This card is pre-activated and can be used immediately. Simply print this card and take to any participating pharmacy to receive a discount. You can search pharmacy, pricing information, and FAQ's on the website. We are restricted from disclosing drug pricing over the phone.**
Customer Service (TOLL FREE) 800-726-4232

ATTENTION PHARMACIST **If you need help processing a prescription call our Pharmacy Help Line at Pharmacy Help Line (TOLL FREE) 877-321-6755.**

PROGRAM POWERED BY:

United Networks OF AMERICA UNARxCard

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IMPORTANT: PRINT CARD. YOU WILL NEED TO BRING THIS CARD TO THE PHARMACY WITH YOUR PRESCRIPTION.

We are proud to announce that Pacific Educators is now making available a **FREE Prescription Drug Card Program** to help anyone lower their prescription drug costs.

This card can be used with a primary plan and/or on prescriptions not covered by your insurance plan. It also can be used even if you don't have any insurance. The Rx Card Program has no restrictions or participation requirements and is open to anyone.

This Free Prescription Drug Card is pre-activated and can be used immediately.