

# 2023-24 CALIFORNIA STUDENT ACCIDENT INSURANCE PROGRAM Multi-Benefit Protection

*Administered in California by:*



2808 East Katella Avenue, Suite 101  
Orange, CA 92867  
(800) 722-3365  
[www.PEInsurance.com](http://www.PEInsurance.com)  
Lic.# 0429928  
Associate Member - CASBO



## ***ACCIDENT INSURANCE PROTECTION HELPING PROVIDE:***

**For the Student** - Sound coverage with a selection of plan options

**For the Parent** - Additional financial security to help in times of increasing medical costs

**For You** - The fulfillment of an administrative service and responsibility

*Underwritten & Claims Administered by:*



Guarantee Trust Life Insurance Company (GTL)  
1275 Milwaukee Ave., Glenview, IL 60025  
1-800-622-1993  
[www.gtlic.com](http://www.gtlic.com)



# ACCIDENT INSURANCE PLANS

## for all students and athletes

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**SCHOOL-TIME STUDENT ACCIDENT COVERAGE:** Helps protect your students the entire school year, during regular school sessions, as well as participating in other school-sponsored activities requiring the attendance of the student. Also provides protection for your students while traveling directly to or from the student's Residence and school to attend or participate in school activities. The expiration date of coverage shall be the close of the regular nine month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the school during the summer.

**24-HOUR-A-DAY ACCIDENT COVERAGE:** Provides protection for your students 24-hours-a-day, year-round and continues until the end of the Policy Year. The student is protected AT HOME, AT SCHOOL, AT CAMP, ON VACATION. . . ANYWHERE ACCIDENTS CAN HAPPEN.

**SPORTS ACCIDENT COVERAGE:** Interscholastic sports (including practice) are covered by the School-Time and 24-Hour-A-Day Accident Coverage. Travel is also covered when going directly and uninterruptedly to and from practice or competition when traveling as a group in a Designated Vehicle. High school tackle football for grades 9 through 12 is only covered by the optional Football Only Accident Coverage which requires an additional premium.

**FOOTBALL ONLY ACCIDENT COVERAGE:** Players in Grades 9 through 12 are covered for accidents occurring while participating in high school Interscholastic tackle football practice or competition. Travel is also covered when going directly and uninterruptedly to and from such practice or competition when traveling as a group in a Designated Vehicle. Only schools applying for and offering the School-Time Student Accident Coverage to ALL students in the school district or systems are eligible to apply for Football Only Accident Coverage.

**EFFECTIVE COVERAGE DATES:** Coverage will be effective on the date of premium receipt by GTL, its representatives or school officials, or the official first day of school, whichever is later. Coverage can pre-date the official first day of school for students who are participating in pre-school practice for Interscholastic sports. In such cases coverage will be effective as of the date of premium receipt but only while participating in actual practice sessions. Other aspects of coverage will not commence until the official first day of school.

Football Only Accident Coverage begins on the first day of scheduled football practice, provided the list of players to be insured is submitted to GTL, or its representative, within three days after the date of the first practice, but not prior to the first official date of practice. Coverage for additional players is effective subject to receipt of premium the day AFTER the postmark on the return envelope. Coverage continues through the date of the last official game of the current season, including playoffs.

**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. GTL will pay the first \$500 in Covered Charges regardless of other insurance.

**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 or heat stroke; 7. Hernia or slipped femoral capital epiphysis; 8. Injury sustained fighting or brawling, except as an innocent victim; 9. Injury sustained while 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 sustained while 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; 13. Charges for treatments, services or supplies which exceed reasonable and customary charges; 14. Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; 15. Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; 16. Any loss directly or indirectly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

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.

## 2023-24 POLICY 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, GTL will pay for Charges as listed below for any one covered Accident. Covered Charges must begin within 120 days of the Accident and be incurred within 52 weeks of the first medical or Hospital treatment. Covered Charges may not exceed the Reasonable and Customary Charges for services, supplies and treatments normally charged within the state in which the Charges were incurred.			
MAXIMUM BENEFIT AMOUNTS, PER INJURY		HIGH OPTION	LOW OPTION
School-Time .....		\$50,000	\$25,000
24-Hour .....		\$50,000	\$50,000
Football Only .....		\$25,000	\$25,000
HOSPITAL ROOM & BOARD AND GENERAL NURSING CARE		Up to the semi-private room rate	Up to \$300/day
INTENSIVE CARE		Up to \$1,200/day	Up to \$600/day
INPATIENT AND OUTPATIENT HOSPITAL MISCELLANEOUS CHARGES		Up to \$3,000	Up to \$1,500
HOSPITAL EMERGENCY CARE, excluding professional charges		Up to \$300	Up to \$150
DOCTOR'S CHARGES FOR SURGERY	In accordance with the surgical schedule	\$270 unit value	\$175 unit value
ADMINISTRATION OF ANESTHESIA	Percent of surgical schedule allowance	25%	25%
ASSISTANT SURGEON CHARGE	Percent of surgical schedule allowance	25%	25%
OUTPATIENT NON-SURGICAL DOCTOR'S VISITS	Including Physical Therapy, limited to one visit per day; Physical Therapy is limited to 9 visits: <b>First Visit</b> <b>Each Visit Thereafter</b>	Up to \$120 Up to \$60	Up to \$60 Up to \$30
OUTPATIENT X-RAY SERVICES		Up to \$500	Up to \$250
OUTPATIENT IMAGING PROCEDURES	Including interpretation for MRI/CAT Scan	Up to \$900	Up to \$500
DURABLE MEDICAL EQUIPMENT	Including orthopedic appliances	Up to \$100	Up to \$50
AMBULANCE CHARGES		100% of R&C	Up to \$250
PRESCRIPTION DRUGS		100% of R&C	Up to \$50
EYEGLASS REPLACEMENT EXPENSE	For broken eyeglasses, lenses or contact lenses resulting from an Injury requiring medical treatment	Up to \$150	Up to \$100
DENTAL TREATMENT	For Injury to Sound Natural Teeth, per tooth	Up to \$300	Up to \$150
RE-AGGRAVATION OR REINJURY OF A PRE-EXISTING CONDITION		Up to \$500	Up to \$500
ACCIDENTAL DEATH	Caused by an Injury and occurring within 365 days of covered Accident*	\$5,000.00	\$5,000.00
DISMEMBERMENT	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 named above, 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, GTL will pay up to a maximum of \$100 in lieu of all other dental benefits.



## **PREMIUM RATES**

**Single one-time payment — No refunds are available**

<b><u>SCHOOL-TIME STUDENT ACCIDENT COVERAGE</u></b>	<b><u>High Option</u></b>	<b><u>Low Option</u></b>
Grades P-8 .....	\$ 25.00 .....	\$ 11.00
Grades 9-12 .....	\$ 54.00 .....	\$ 24.00
<b><u>24-HOUR-A-DAY ACCIDENT COVERAGE</u></b>		
Grades P-8 .....	\$161.00 .....	\$ 75.00
Grades 9-12 .....	\$192.00 .....	\$ 92.00
<b><u>FOOTBALL ONLY ACCIDENT COVERAGE — Per Player</u></b>		
Grade 9 .....	\$ 80.00 .....	\$ 36.00
Grades 10-12 .....	\$177.00 .....	\$ 84.00
<b><u>EXTENDED DENTAL BENEFIT OPTION</u></b> .....	\$ 6.00 .....	\$ 6.00

**ALL SCHOOL PLAN — Covers all students under the School-Time “Low Option” plan.**

Grades P-12, School-Time Coverage: \$11.00 per student x total enrollment

Grades P-12, 24-Hour Coverage: \$54.00 per student x total enrollment

Elementary Districts Only, without tackle football participation: \$7.00 per student x total enrollment

High School Districts (Grades 9-12) Only: \$15.00 per student x total enrollment

Football Only Coverage (High School): \$3,450.00 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 parent/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 -**

GTL covers injuries to your district's 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 payable under the "Low Option" plan 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 non-competitive activities associated with the events, e.g., members of school bands, cheerleaders, pompom girls and team managers. Benefits are payable under the "High Option" plan up to a maximum of \$1,500.

**ONE-DAY FIELD TRIP COVERAGE -** GTL covers 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 payable under the "High Option" plan up to a maximum of \$1,500.

### **OPTIONAL COVERAGE TO THE DISTRICT**

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

**ELEMENTARY COMPETITORS COVERAGE -** GTL 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 are payable under the "Low Option" plan to a maximum of \$1,500. Grades K-8: Rate \$1.50 per student. All players must be covered. Minimum Premium \$50.00.

**POWDER PUFF FOOTBALL -** Benefits are payable under the "Low Option" plan, up to the \$25,000 maximum. 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 are payable under the "Low Option" plan to a maximum of \$25,000. This coverage is provided for students and chaperones at a per person rate of \$3.00 per day for snow skiing; 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 payable under the "Low Option" plan up to \$1,500 per Injury. The rate is \$5.00 per player. All players must be covered. Please see application request for enrollment.

## **INSTALLATION PROCEDURES**

1. Complete Application as soon as possible, indicating plan desired, and forward to Pacific Educators, Inc. This will serve as a requisition for your electronic supplies and will authorize the issuance of your Policy and assignments of its effective date.
2. Distribute the electronic enrollment information to each student's family. The electronic enrollment information will give brief plan details along with information on where to go either online or via toll-free phone service to learn more about the plans and completing the enrollment process.
3. Pacific Educators provides 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. No listing of names required for 100% all-school plans.
5. Any eligible student may enroll at any time by submitting the appropriate total premium and a completed enrollment form to Pacific Educators.
6. For claims inquiries, an "800" number is provided.