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 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 studentinsurance@peinsurance.com

2013-2014 STUDENT INSURANCE PLANS

WE RECOMMEND 24-HOUR-A-DAY COVERAGE

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are affordable accident insurance plans to cover your child either 24 hours a day (24 hour plan) or while in school (at school plan).
- These plans provide cash benefits to help meet the cost of medical and hospital expense.
- If you have other insurance, these plans will help meet the deductibles and coinsurance gaps in those plans.
- If you have no other insurance, these plans will provide low cost, 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-HR-A-DAY	AT SCHOOL	IMPORTANT PROTECTION FACTS
✓	✓	BECOMES EFFECTIVE THE DATE PREMIUM PAYMENT IS RECEIVED BY THE COMPANY 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 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 THE COMPANY, 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.

HIGH MAXIMUM 24-HOUR A DAY

&

AT SCHOOL COVERAGE !

✎ **Low Cost**

✎ **Helps Fill The Gaps Your Other Insurance Does Not Cover**

SA-8 ***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). COMPLETE PROOF OF LOSS AND ACCUMULATED BILLS MUST BE RECEIVED BY THE COMPANY WITHIN 90 DAYS.

Accident Insurance

24-Hour-A-Day Protection

Maximum Protection for each Covered Accident Good All Year 'Round!

Protects 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 travel (see Exclusions and Limitations)

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

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

At School Protection

Your child is protected while attending regular school sessions. Also covered is 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 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.

2013-2014 STUDENT INSURANCE PLANS

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

- ACCIDENTS OCCURRING WHILE COVERAGE IS IN FORCE
- LOSS RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES FROM ACCIDENTAL BODILY INJURY
- 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.

COVERAGE & BENEFITS

BENEFITS ARE PAYABLE *UP TO* THE DOLLAR AMOUNTS SPECIFIED BELOW

BENEFITS EACH ACCIDENT		HIGH OPTION	LOW OPTION
INPATIENT HOSPITAL EXPENSE	**ROOM AND BOARD**, Per Day	Semi-private	$300.00
	INTENSIVE CARE, Per Day	2x Semi-private	$600.00
	MISCELLANEOUS EXPENSE, (Includes outpatient same day surgery requiring general anesthetics)	$3,000.00	$1,500.00
OUTPATIENT HOSPITAL EXPENSE	**EMERGENCY CARE** (Hospital or other emergency care facility)	$300.00	$150.00
SURGERY (Includes reduction of fractures, suturing or cutting operations)	**DOCTOR'S FEE,** Per Unit Unit Value Determined by a Relative Value Schedule	$270.00	$175.00
	ANESTHETIST, Percent of Surgical Allowance	25%	25%
	ASSISTANT SURGEON, Percent of Surgical Allowance	25%	25%
DOCTOR FEES Non-surgical	First Visit	$120.00	$60.00
	Subsequent Visits	$60.00	$30.00
	When treatment primarily involves physiotherapy, diathermy, heat treatment, manipulation or massage, there will be a maximum of **9** visits		
ORTHOPEDIC APPLIANCES	Includes Braces and Crutches	$100.00	$50.00
AMBULANCE EXPENSE	Payment shall be made to the medical transportation provider directly	Reasonable & Customary	$250.00

BENEFITS EACH ACCIDENT		HIGH OPTION	LOW OPTION
OUTPATIENT IMAGING PROCEDURES Including X-rays and Interpretation	**FRACTURE OR DISLOCATION**	$500.00	$250.00
	NO FRACTURE OR DISLOCATION	$100.00	$50.00
	MAGNETIC RESONANCE IMAGING (MRI) or **CAT SCAN**	$900.00	$500.00
OUTPATIENT PRESCRIPTION DRUGS		100%	$50.00
DENTAL EXPENSE	Treatment for injury to sound, natural teeth - **PER TOOTH**	$300.00	$150.00
EYEGLASS REPLACEMENT	For broken eyeglasses or lenses resulting from an accident requiring medical treatment	$150.00	$100.00
CASTS	For non-surgical cases	$100.00	$50.00
OTHER BENEFITS The largest of these benefits will be payable in addition to the benefits shown above	**ACCIDENTAL DEATH** caused by an injury and occurring within 100 days of the covered accident	$5,000.00	$5,000.00
	DISMEMBERMENT caused by an injury and occurring within 100 days of the covered accident		
	Loss of one hand, one foot or on eye	$5,000.00	$5,000.00
	Both hands, feet or eyes	$10,000.00	$10,000.00
GP-1200 (CA-1)			

EXTENDED DENTAL BENEFIT OPTION The DENTAL EXPENSE BENEFIT can be increased to pay reasonable & customary charges for examination, diagnoses and x-ray, restorative treatment, endodontics and oral surgery (not to include periodontics or orthodontics). A maximum of $250.00 shall be payable for dental prostheses (bridge, full or partial denture) or replacement of previous dental repairs. If dentist certifies in writing within 52 weeks of the accident that treatment must be deferred, we will pay a maximum of $100.00 in place 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; or are not specifically listed as covered charges in the Policy.
2. Injury by acts of war, whether declared or not.
3. Injury covered by Worker's Compensation or the Occupational Disease Law.
4. Expense in excess of $500 for re-injury or complications of an injury which occurred prior to the Policy's effective date.
5. Hernia, any type, regardless of cause.
6. Injury sustained fighting or brawling, except as an innocent victim.
7. Treatment of sickness or disease in any form, blisters, insect bites, frostbite, heat exhaustion or sunstroke.
8. Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts.
9. Injury sustained skiing, except when 24-Hour Coverage is purchased.
10. Injury sustained while operating, riding in or upon, mounting or alighting from, any two- three- or four wheeled motor/engine driven recreational vehicle or all terrain vehicle (ATV).
11. Injury sustained while participating in or practicing for interscholastic tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased.

LIMITATIONS

1. After the first $500.00 in benefits are paid, this plan will not duplicate payment by any other insurance. IT WILL PAY ANY BALANCES EXISTING AFTER SUCH INSURANCE UP TO THE BENEFIT OTHERWISE PAYABLE.
2. Accidents resulting from surfing or involving a motor vehicle are limited to an aggregate maximum of $5,000.00. This does not apply to motor vehicles which are excluded from coverage.

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.

For Claims Call: (800) 622-1993

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

2013-14 School Year Application

0260

ONE TIME ANNUAL PAYMENT		
OPTIONS	**HIGH OPTION**	**LOW OPTION**
24-HOUR-A-DAY PLAN **$50,000 Maximum per injury**		
Grades Pre-K thru 8	❑ $161.00	❑ $75.00
Grades 9 thru 12	❑ $192.00	❑ $92.00
AT SCHOOL PLAN **$50,000 Maximum per injury - High Option** **$25,000 Maximum per injury - Low Option**		
Grades Pre-K thru 8	❑ $25.00	❑ $11.00
Grades 9 thru 12	❑ $54.00	❑ $24.00
OPTIONAL FOOTBALL COVERAGE (2013 Season Only) Payable in addition to At School and 24 -Hour **$25,000 Maximum per injury**		
Grade 9	❑ $80.00	❑ $36.00
Grades 10 thru 12	❑ $177.00	❑ $84.00
EXTENDED DENTAL OPTION	❑ $6.00	

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

NO REFUNDS ARE AVAILABLE

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

G·T·L

Guarantee Trust Life Insurance Company

PLEASE PRINT CLEARLY

Student's Name _____ **Date of Birth** _____
First Name Middle Initial Last Name Month Day Year

School District _____ **School** _____

Grade _____ **Student's Address** _____

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

Telephone # _____ **Date of Application** _____

Signature of Parent or Guardian _____

L-06-30

Print Form

PLEASE REMEMBER TO:

COMPLETE THE APPLICATION 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 APPLICATION 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. Please visit us online at:
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.

CVS/pharmacy Longs Drugs kmart pharmacy Winn-Dixie SAFEWAY
Aurora Pharmacy Cub Pharmacy Kroger Super D Drug Store Ukrop's Pharmacy TARGET
meijer pharmacy FRED'S Pharmacy Walgreens BI-LO
DILLONS PHARMACY FredMeyer WAL*MART PHARMACY Stop&Shop Sweetbay
KING Soopers SHOPKO Osco Pharmacy Schnucks Pharmacy Good Neighbor Pharmacy Giant
Pharmacy Albertsons Savon HyVee Raley's VONS Wegmans