

STUDENT ACCIDENT INSURANCE / HEALTH INSURANCE
2019-2020 School Year

Dear OPA Families:

Oxford Preparatory Academy **does not provide medical, accident or dental insurance** for pupils injured on school premises or through school activities. In accordance with Education Code Section 49472, the School is making available a low cost medical/dental accident insurance program.

Accident Only Plans

The purpose of these plans is to provide assistance at a minimum cost to meet some of the expenses for accidental injury. The plans pay the first \$500.00 in benefits in addition to other insurance, which can help you meet your primary insurance deductibles and/or co-payments.

The plan costs are in the chart below. Please visit your Childs' School Office to obtain a detailed brochure/application, or you may obtain one and sign up online at www.peinsurance.com (click on Products, then Student Insurance). Please read the Student Benefits Plan Brochure to select the plan that best meets your needs.

All Plans Are A **ONE TIME ANNUAL** Payment

Options	Low	High
At School Plan		
Grades P-8	\$11.00	\$25.00
Grades 9-12	\$24.00	\$54.00
24-Hr-a-Day Plan		
Grades P-8	\$75.00	\$161.00
Grades 9-12	\$92.00	\$192.00
Optional Tackle Football Coverage		
Grade 9	\$36.00	\$80.00
Grades 10-12	\$84.00	\$177.00

Please see brochure for complete plan details

Health Insurance Plans

Pacific Educators can also assist people in applying for regular health insurance plans. Some may **qualify for tax savings and government assistance**. We will be happy to help you get all the potential assistance/subsidies you are eligible for. Please call the number below or visit our website at www.peinsurance.com click 'products' and then 'health insurance'.

Since the school does **NOT** provide medical/dental accident insurance, we urge that serious consideration be given to these programs. If you have further questions, please call Pacific Educators, Inc., at (800) 722-3365 or (714) 639-0962.

Amy Kernan
Chief Academic Officer

2019-20 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
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



ACCIDENT INSURANCE PLANS

for all students and athletes



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; 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.

Group Blanket Accident insurance products are issued on Form Series 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.

2019-20 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 expenses as listed below for any one covered 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.			
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
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 surgical schedule allowance	25%	25%
ASSISTANT SURGEON	Percent of surgical schedule allowance	25%	25%
NON-SURGICAL DOCTOR'S VISITS	Including Physical Therapy, limited to one visit per day; Physical Therapy is limited to 9 visits: First Visit Each Visit Thereafter	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: Fracture or Dislocation No Fracture or Dislocation MRI/CAT scan	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, lenses or contact 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 Sound Natural 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
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

SCHOOL-TIME STUDENT ACCIDENT COVERAGE	High Option	Low Option
Grades P-8	\$ 25.00	\$ 11.00
Grades 9-12	\$ 54.00	\$ 24.00
24-HOUR-A-DAY ACCIDENT COVERAGE		
Grades P-8	\$161.00	\$ 75.00
Grades 9-12	\$192.00	\$ 92.00
FOOTBALL ONLY ACCIDENT COVERAGE — Per Player		
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 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 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 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 supplies and will authorize the issuance of your 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. 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. Brochures are packaged by school and delivered when and where requested. Return envelopes come directly to us, 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.
7. For claims inquiries, an "800" number is provided.



2019-2020 SCHOOL YEAR STUDENT ACCIDENT INSURANCE APPLICATION

NAME OF SCHOOL OR SCHOOL DISTRICT _____

ADDRESS _____ CITY _____, CA ZIP _____

CONTACT AT DISTRICT _____

DATE TRADITIONAL SCHOOL BEGINS _____ DATE TRADITIONAL SCHOOL ENDS _____

DATE YEAR-ROUND SCHOOL BEGINS _____ DATE YEAR-ROUND SCHOOL ENDS _____

For interscholastic sports (other than football) that begin prior to the first day of school: Coverage begins on the first day of the earliest practice, which is _____. Coverage for each individual sport terminates at the end of its season, as determined by the State High School Athletic Association.

If any schools in your district participate in Interscholastic Tackle Football, coverage shall become effective on the official start date which is _____ and ends on December 31st of the same year. Spring Football begins on _____.

ANTICIPATED TOTAL DISTRICT ENROLLMENT (ADA) _____

The District is responsible for notifying parents (per ed-code sec. 49470 - 49472) that there is no coverage in place for accidents but a plan is being made available to them. They will be directed to obtain more information from the school office, or our website. Sample letters are available. Brochures will be provided electronically only.

Per ed-code sec. 32220 - 32221.5, each athlete (including band, cheer, etc...) must show proof of insurance before participating. Sample waiver/release forms are available if needed.

COVERAGE OPTIONS

- Voluntary Coverage, All School Plan, Elementary Competitors Coverage, Powder Puff Football Coverage, Travel Accident Coverage

OTHER INSTRUCTIONS (Or use a separate sheet) _____

NAME OF SCHOOL DISTRICT OFFICIAL _____ TITLE _____ (PLEASE PRINT)

SIGNATURE _____ DATE _____ TEL # _____

PLEASE COMPLETE THIS APPLICATION, THE ENCLOSED SUPPLY REQUEST FORM, AND MAIL IN THE ENVELOPE PROVIDED TO: PACIFIC EDUCATORS, INC. P.O. BOX 1526 ORANGE, CA 92856-9975 (800)722-3365, (714)639-0962, FAX (714)532-1539