



- Please note that there are four pages to the brochure (not including this one)
- If you would like to apply, the third page is the 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 wp@peinsurance.com

2010-2011 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.

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.

PROTECT YOUR CHILD FOR LIFE
Very affordable life insurance for your Child

For now and throughout their growing years the Great Start Plan provides all the basic life insurance you need on your child...up to \$10,000. Just check (✓) the box for **life insurance** and select the amount you want for your child as you sign up for accident protection. For their future.....depending on your original policy, your young adult can increase their original \$10,000 coverage to a full \$40,000 for their young and growing family. Your child is fully insured from the day your policy is approved and issued. The only exclusion is suicide in the first 2 years (1 year in CO and ND). This policy provides term insurance until your child reaches age 26. At age 26, the policy automatically converts to a whole life policy that begins to build cash value. Ages 3 months to age 25 are eligible to apply. Simply complete and sign the application form. Policies are available for \$5,000 and \$10,000 benefit amounts. The rate for a \$5,000 policy is \$20 a year and \$40 a year for a \$10,000 policy. At age 26, the rate changes to \$18.20 every three months for a \$5,000 policy and \$36.40 every three months for a \$10,000 policy. The rate is guaranteed to remain the same for life.



Why not take a positive step to PROTECT YOUR CHILD FOR LIFE? \$1 to start. Easy application. Easy to keep. APPLY TODAY!

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.

2010-2011 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 Distrito de la Escuela no tiene aseguranza medica ni dental para su nino/nina si se lastima en el terreno de la escuela 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 estudiante 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	BENEFITS EACH ACCIDENT		HIGH OPTION	LOW OPTION
INPATIENT HOSPITAL EXPENSE	ROOM AND BOARD, Per Day	Semi-private	\$300.00	OUTPATIENT IMAGING PROCEDURES Including X-rays and Interpretation	FRACTURE OR DISLOCATION	\$500.00	\$250.00
	INTENSIVE CARE, Per Day	2x Semi-private	\$600.00		NO FRACTURE OR DISLOCATION	\$100.00	\$50.00
	MISCELLANEOUS EXPENSE. (Includes outpatient same day surgery requiring general anesthetics)	\$3,000.00	\$1,500.00		MAGNETIC RESONANCE IMAGING (MRI) or CAT SCAN	\$600.00	\$300.00
OUTPATIENT HOSPITAL EXPENSE	EMERGENCY CARE (Hospital or other emergency care facility)	\$150.00	\$75.00	OUTPATIENT PRESCRIPTION DRUGS	100%	\$50.00	
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	DENTAL EXPENSE	Treatment for injury to teeth - PER TOOTH	\$300.00	\$150.00
	ANESTHETIST , Percent of Surgical Allowance	25%	25%	EYEGLASS REPLACEMENT	For broken eyeglasses or lenses resulting from an accident requiring medical treatment	\$150.00	\$100.00
	ASSISTANT SURGEON , Percent of Surgical Allowance	25%	25%	CASTS	For non-surgical cases	\$50.00	\$25.00
DOCTOR FEES Non-surgical	First Visit	\$60.00	\$30.00	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
	Subsequent Visits When treatment primarily involves physiotherapy, diathermy, heat treatment, manipulation or massage, there will be a maximum of 9 visits	\$30.00	\$15.00		DISMEMBERMENT caused by an injury and occurring within 100 days of the covered accident	\$5,000.00	\$5,000.00
ORTHOPEDIC APPLIANCES	Includes Braces and Crutches	\$100.00	\$50.00	Loss of one hand, one foot or on eye	\$5,000.00	\$5,000.00	
AMBULANCE EXPENSE	Payment shall be made to the medical transportation provider directly	Reasonable & Customary	\$250.00	Both hands, feet or eyes	\$10,000.00	\$10,000.00	

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

 <p>Member: California Student ID Number: 26291W22ES Program: UNARxCARD RxBIN: 610709 RxGrp: PFCEDU</p> <p>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.</p> <p>THIS PROGRAM IS NOT INSURANCE THIS PROGRAM IS A POINT OF SALE DISCOUNT PLAN</p>	<p>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</p> <p>ATTENTION PHARMACIST If you need help processing a prescription call our Pharmacy Help Line at Pharmacy Help Line (TOLL FREE) 877-321-6755.</p> <p>PROGRAM POWERED BY:</p> <div style="text-align: center;">  <p>© Copyright 2010 United Networks of America</p> </div>
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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.

