



Union High School District

710 Encinitas Boulevard, Encinitas, CA 92024
Telephone (760) 753-6491
www.sduhsd.net

Board of Trustees
Joyce Dalessandro
Beth Hergesheimer
Amy Herman
Maureen "Mo" Muir
John Salazar

Interim Superintendent
Larry Perondi

Risk Management Department
Fax (760) 943-1542

2018/19 School Year

RE: Voluntary Student Accident Insurance

Dear Parent:

The San Dieguito Union High School District **does not** provide medical insurance coverage for school accidents. This means that you are responsible for the medical bills if your child gets hurt during school activities. The District makes student accident insurance available for you to purchase—if you are interested, please see attached application or contact your school site.

Many coverage options are available. The Student Health Care and High Option Full-Time (24-Hour Accident) plans are especially recommended for those students with no other insurance because they provide the most help when injuries occur. Student Health Care covers illness as well as injury, 24 hours a day. We strongly recommend the high option plans for students participating in interscholastic sports.

If your child does have other health coverage, student insurance may also be used to help pay those eligible charges not covered by other insurance (i.e. deductibles and co-payments). Also, the student insurance plans allow you to take your child to any doctor or hospital you choose.

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.

Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by visiting the Website <https://coverageforall.org>.

Attached is information from two insurance providers, Pacific Educators Insurance Services and SD-KHAN. The SD-KHAN program is a division of the Maternal, Child and Family Health Services, a unit in the Office of Public Health, County of San Diego, and the Health and Human Services Agency. The SD-KHAN program refers, educates and provides access to health care coverage through programs **such** as Medi-Cal and Healthy Families, and provides application assistance for the qualified families. For questions regarding the SD-KHAN program please call 1-800-675-2229. **Bilingual representatives are available for parents who need assistance in Spanish.**

Pacific Educators Insurance Services is a fully licensed broker/administrator providing insurance solutions to a wide variety of clients, including professional associations, municipalities, JPAs, school districts, private schools, universities, colleges, and special niche groups. Pacific Educators provides student accident and sickness insurance programs for over 20,000 schools in the West. If you have any questions, please call the plan administrator, Pacific Educators at (800) 722-3365, or (714) 639-0962. Bilingual representatives are available for parents who need assistance in Spanish.



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STUDENT ACCIDENT INSURANCE / HEALTH INSURANCE
2018-2019 School Year

Dear Parents:

The San Dieguito Union High School District **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 District 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

<i>Options</i>	<i>Low</i>	<i>High</i>
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 now assist people in applying for health insurance plans that meet the guidelines of the **Affordable Care Act** and help you avoid potential tax penalties. These penalties will be increasing each year from 2014-on. Some may **qualify for tax savings and government assistance**. They 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 district 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.



- 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

2018-2019 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.

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.

2018-2019 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 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.

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 Fee	25%	25%
ASSISTANT SURGEON Percent of Surgeon's Fees	25%	25%
DOCTOR'S VISITS One visit per day. Does not apply when related to surgery, including Physical Therapy which is limited to 9 visits		
- First visit	\$120	\$60
- Subsequent visits	\$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 Teeth - PER TOOTH	\$300	\$150
EYEGLOSS REPLACEMENT EXPENSE For broken eyeglasses or lenses resulting from an Injury requiring medical treatment	\$150	\$100
RE-AGGRAVATION OR RE-INJURY OF A PRE-EXISTING CONDITION	\$500	\$500
<i>For the benefits shown below, only one of the amounts, the largest, will be paid for loss resulting from any one Accident</i>		
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 school or any Family Member, unless otherwise specified; or are not specifically listed as Covered Charges in the Policy. 2. Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law. Injury by acts of war, whether declared or not. 3. Injury covered by Worker's Compensation or the Occupational Disease Law. 4. Hernia or slipped femoral capital epiphysis. 5. Injury sustained fighting or brawling, except as an innocent victim. 6. Treatment of sickness or disease in any form, blisters, insect bites, frostbite, heat exhaustion or sunstroke. 7. Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts. 8. Injury sustained while operating, riding in or upon, mounting or alighting from, any two-three-or four wheeled motor/engine driven recreational vehicle or snowmobile or all terrain vehicle (ATV). 9. Injury sustained while participating in or practicing for interscholastic tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased.

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

2018-19 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 Grades 9 thru 12	<input type="checkbox"/> \$161 <input type="checkbox"/> \$192	<input type="checkbox"/> \$75 <input type="checkbox"/> \$92
SCHOOL-TIME PLAN Maximum per Injury: \$50,000 for High Option \$25,000 for Low Option Grades Pre-K thru 8 Grades 9 thru 12	<input type="checkbox"/> \$25 <input type="checkbox"/> \$54	<input type="checkbox"/> \$11 <input type="checkbox"/> \$24
OPTIONAL FOOTBALL COVERAGE (2018 Season Only) Payable in addition to School-Time & 24-Hour \$25,000 Maximum per Injury Grade 9 Grades 10 thru 12	<input type="checkbox"/> \$80 <input type="checkbox"/> \$177	<input type="checkbox"/> \$36 <input type="checkbox"/> \$84
EXTENDED DENTAL OPTION <input type="checkbox"/> \$6		
TOTAL \$ _____ (Please do not send cash) MAKE CHECK PAYABLE TO: PACIFIC EDUCATORS, INC.		
NO REFUNDS ARE AVAILABLE		



PLEASE PRINT CLEARLY

STUDENT'S NAME _____ <small>FIRST NAME MIDDLE INITIAL LAST NAME</small>		
DATE OF BIRTH _____ <small>MONTH DAY YEAR</small>		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
SCHOOL DISTRICT _____		SCHOOL _____
GRADE _____ STUDENT'S ADDRESS _____		
CITY _____		STATE _____ ZIP _____
TELEPHONE # _____		DATE OF ENROLLMENT _____
PARENT OR GUARDIAN'S EMAIL ADDRESS _____		
SIGNATURE OF PARENT OR GUARDIAN _____		

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

 Member: California Student ID Number: 26291W22ES Program: UNARxCard RxBIN: 610709 RxGrp: PFCEDU <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;">  © Copyright 2010 United Networks of America </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.



Child Health and Disability Prevention (CHDP) Program



Is Your Child Healthy?

Regular health care and health check-ups are important.

Your child can get a health check-up at no cost from the Child Health and Disability Prevention (CHDP) program if he/she:

- Is under 21 years of age and on Medi-Cal
- Is under 19 years of age and from a low-income family
- Attends a Head Start or state preschool
- Is in foster care

How do you get a CHDP health check-up?

- Call **619-692-8808** to find a CHDP doctor or clinic near you. If you already have a doctor, ask if he/she provides CHDP health check-ups
- Call the doctor's office or clinic and request to make an appointment for a CHDP health check-up

Before your appointment:

- Make a list of any questions you may have about your child's health
- Bring Medi-Cal card (if you have one), any school or sports forms that need to be filled out, and child's immunization record

Why should your child have health check-ups?

- Identify medical, dental, and behavioral health problems
- Get needed shots
- Ask your doctor questions

A health check-up includes:

- Physical exam
- Health and developmental history
- Needed shots
- Nutritional, behavioral, vision, hearing, and oral health screenings
- Lab tests for anemia, lead, tuberculosis, and other problems, as needed
- Health information
- Any needed referrals



CHDP

Child Health and Disability
Prevention Program
County of San Diego

a program of County of San Diego HHSA

 **LIVE WELL**
SAN DIEGO

For more information, call 619-692-8808

County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services
3851 Rosecrans Street, Suite 522, San Diego, CA 92110-3115

Programa de Salud para la Prevención de Discapacidades en Niños y Jóvenes (CHDP)



¿Está su Hijo Saludable?

Chequeos regulares y cuidados para la salud son importantes.

Su niño puede recibir un chequeo físico sin costo por medio del Programa de Salud para la Prevención de Discapacidades en niños y jóvenes (CHDP) si su hijo(a):

- Es menor de 21 años de edad y tiene Medi-Cal
- Es menor de 19 años de edad y su familia es de bajos ingresos
- Asiste al Programa de "Head Start" o preescolar del estado
- Está bajo cuidado de crianza temporal

¿Como obtener un chequeo físico con el Programa CHDP?

- Llame al **619-692-8808** para encontrar a un doctor o clínica cerca de usted que participe en el Programa CHDP. Si ya tiene un médico, pregúntele si proporcionan chequeos de salud por medio del Programa CHDP
- Llame al consultorio médico o clínica y pida una cita para un chequeo de salud con el Programa CHDP

Antes de su cita:

- Haga una lista de preguntas que tenga sobre la salud de su hijo(a)
- Si su hijo(a) tiene Medi-Cal, traiga la tarjeta al igual que las formas que necesiten ser llenadas para la escuela y la cartilla de vacunación

¿Por qué su hijo(a) debe tener chequeos físicos regulares?

- Para detectar a tiempo problemas de salud, dentales, de comportamiento y salud mental
- Para obtener las vacunas necesarias
- Para hacerle preguntas a su doctor

Un chequeo de salud incluye:

- Examen físico
- Historial de salud y desarrollo del niño(a)
- Vacunas necesarias
- Exámenes de nutrición, comportamiento, visión, audición, y salud dental
- Pruebas de laboratorio para anemia, plomo, tuberculosis y otras, si es necesario
- Información de la salud
- Se dan referencia si es necesario



Child Health and Disability
Prevention Program
County of San Diego

a program of County of San Diego HHSA



Para más información llame al 619-692-8808

County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services
3851 Rosecrans Street, Suite 522, San Diego, CA 92110-3115