

**MALAGA COVE
ADMINISTRATION
CENTER**

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Palos Verdes Estates
California 90274-1277
(310) 378-9966
www.pvpusd.net

Ira J. Toibin, Ph.D.
Interim Superintendent
of Schools

Board of Education

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President

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Suzanne Seymour
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Member

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Member

Department Extensions
and FAX Numbers

Superintendent, x 404
(310) 378-0732 (FAX)

Business Services, x 418
(310) 791-1306 (FAX)

Curriculum and Instruction,
x 163
(310) 791-2919 (FAX)

Human Resources, x 417
(310) 791-2948 (FAX)

Student Services, x 551
(310) 378-1971 (FAX)

Palos Verdes Peninsula Unified School District

Dear Parent:

September 2018

REFERENCE: INSURANCE PROTECTION FOR YOUR CHILD
EXTRA-CURRICULAR ACTIVITIES AND SPORTS

The Palos Verdes Peninsula Unified School District takes appropriate steps to protect your child from injuries. Even so, accidents can and do happen while participating in activities that take place on campus, on school trips and during extra-curricular activities and sports.

Students participating in interscholastic sports including spring football training are required by state law to have medical insurance.

Some students may qualify to enroll in no-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling: (a) Medi-Cal – 1-800-541-5555, or (b) Healthy Families Program – 1-800-880-5305.

Since the Palos Verdes Peninsula Unified School District **does not** provide accident medical insurance for school-related injuries, it makes available through the plan administrator, Myers-Stevens & Toohy & Co, Inc. a variety of affordable insurance plans to help you in the event of an accident and urges you to purchase the plan that best fits your needs.

Please review the brochure on medical insurance options. There are a variety of plans that may be selected. The "High Option" level of benefits is recommended if your child has no family coverage or if your private coverage has a high deductible. All plans are available on a "School-Time", "Interscholastic Tackle Football" or "Full-Time (24/7)" basis.

IMPORTANT: You are urged to consider the Student Health Care Plan, which provides the broadest scope of coverage. One that covers illnesses and accidents, 24-hours a day, including all sports except high school tackle football.

Complete the application, enclose payment and have your student return the application to the Student Store. Keep this brochure in a safe place in case your child gets hurt. An ID card verifying coverage will be mailed to your home.

If you have questions or need help with your application, please call the plan administrator, Myers-Stevens & Toohy & Co, Inc. at (800) 827-4695 or (949) 348-0656 or go to: <http://www.myers-stevens.com>. If your child does have other health coverage, student insurance may also be used to help pay those charges not covered by other insurance.

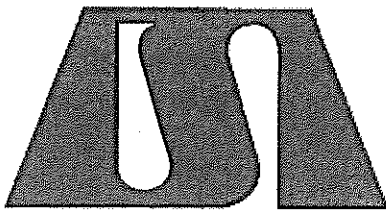
Sincerely,

Ira J. Toibin, Ph.D.
Interim Superintendent of Schools

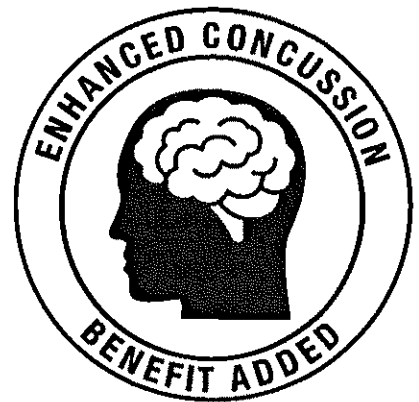
California Voluntary Student Accident & Sickness Plans for the

2018 - 2019 School Year

Arranged and administered by:



myers | stevens | toohey



Sponsored by:



See page 4 for details!

CA-120

Exhibit B
5-9-2018
Page 1 of 6

PLAN DESCRIPTIONS

Our voluntary participation plans are a low-cost way for parents to provide protection for their children. They can be used on a standalone basis for those with no other health coverage or as "gap coverage" to assist with the high deductibles, high co-pays and other inside limits common to many of today's health plans. They offer complete freedom of choice of provider!

Student Accident & Sickness Plan

Covers Injuries sustained and Sickness commencing while covered under the plan. Coverage protects your student 24 hours a day, anywhere in the world, including participating in all interscholastic sports, except high school tackle football. Repatriation and Medical Evacuation benefits are included.

\$200,000 maximum coverage per Injury • \$50,000 maximum coverage per Sickness • \$10,000 accidental death benefit

There is a \$50 deductible per Injury or Sickness.

Any student of a participating School or School District, grades P-12, is eligible to purchase the Student Accident & Sickness Plan. The first payment provides coverage for the remainder of the month premium is received by the Company plus the following month. Thereafter, premium is billed and payable every two months. If subsequent payments are not made for any reason, the student's coverage under the Student Accident & Sickness Plan will end. However, the student will be covered under the School-Time Low-Option Plan, with a \$1,500 maximum per injury, for the remainder of the School Year.

Tackle Football Accident Plans

Covers injuries caused by accidents occurring:

- While practicing or playing in interscholastic high school tackle football activities which are School-sponsored and directly supervised, including spring practice and summer conditioning, weight training and passing league; and
- While traveling for football in a School Vehicle or traveling directly and without interruption between School and off-campus sites for such activities provided travel is arranged by and is at the direction of the School.

NOTE: Football coverage can be made effective as early as May 1st, 2018.

Full-Time (24/7) Accident Plans

Covers injuries caused by accidents occurring 24 hours a day, anywhere in the world, except while participating in interscholastic tackle football.

Note: Faculty/staff are also eligible for this plan!

School-Time Accident Plans

Covers injuries caused by accidents occurring:

- While on School premises during the hours and on the days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while the Covered Person is continuously on the School premises;
- While participating in or attending School-sponsored and directly supervised School Activities including interscholastic athletic activities and non-contact spring football (except interscholastic high school tackle football);
- While traveling directly and without interruption: to or from residence and School for regular attendance; or School and off-campus site to participate in School-sponsored and directly supervised School Activities provided travel is arranged by and is at the direction of the School;
- While traveling in School Vehicles at any time.

Dental Accident Plan

Covers injuries to teeth caused by accidents occurring anywhere in the world, 24 hours a day, including participation in all sports and all forms of transportation. The "Benefit Period" under the dental plan provides accident dental benefits for up to one year from the date of first Treatment. However, the benefit period for an Injury may be extended each year, provided that: coverage is renewed prior to October 1, the student remains enrolled in grades P-12, and written notice is received by the Company at the time of injury that further Treatment will be deferred to a later date.

Coverage is not limited to treatment of sound, natural teeth. We pay a maximum of \$75,000 up to 100% of the Usual, Customary and Reasonable charges for Treatment of injured teeth, including repair or replacement of existing caps and crowns. (We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.)

Pharmacy SmartCard™

Available to students, their families and school staff through our partnership with National Pharmaceutical Services (NPS), the SmartCard offers savings of up to 95% of prescription drug costs and is accepted at over 63,000 pharmacies nationwide. In addition, the program can provide "Instant Alerts" to potential medication interactions to better protect your family along with unique "Proof of Savings" reports mailed directly to you every six months.

After payment has been processed, NPS will send an ID card that can be presented each time a member needs a prescription filled. All members of the household may participate.

The SmartCard is not an insurance product and is not insured by BCS Insurance Company.

VOLUNTARY BENEFITS

Below are two distinct schedules of benefits for the District to choose from. Each schedule includes several levels of accident coverage: a School-Time, Full-Time (24/7) or Tackle Football only basis. In addition, we offer a Student Accident & Sickness Plan, Dental Accident Plan and Pharmacy SmartCard.

We will pay benefits only for covered injuries sustained or Covered Sickness commencing while insured under this School Year's plan. Benefits payable will be based on the Usual, Customary and Reasonable charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements and limitations. We do not pay for a service or supply unless it is Medically Necessary and listed in the Description of Benefits, below. Applicable benefits mandated by the state of residence will be included in the covered expenses. *Applies to all voluntary plans except the Dental Accident Plan.*

Parents may take their child to any provider they choose; however, seeking treatment through a *First Health* contracted provider may reduce out-of-pocket costs.

Covered Benefit Levels	The Provider Network Discount (PND) Package			The Scheduled Benefit Package			Student Accident & Sickness Plan
	Low Option	Mid Option	High Option	Low Option	Mid Option	High Option	
Plan Name	MAXIMUMS PER ACCIDENT			MAXIMUMS PER ACCIDENT			\$50,000 Maximum per Sickness \$200,000 Maximum per Accident
Tackle Football Accident Plan	\$25,000	\$50,000	\$75,000	\$25,000	\$50,000	\$75,000	
Full-Time 24/7 Accident Plan	\$50,000	\$100,000	\$150,000	\$50,000	\$100,000	\$150,000	
School-Time Accident Plan	\$25,000	\$50,000	\$75,000	\$25,000	\$50,000	\$75,000	
Deductible Per Covered Accident/Sickness	\$200	\$100	\$50	\$0	\$0	\$0	\$50
Covered Expenses	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board - Paid up to	80%	80%	90%	\$500/Day	\$600/Day	\$750/Day	80% Semi Private Room Rate
Inpatient Hospital Miscellaneous Charges. Services described below are paid as scheduled. All other miscellaneous charges - Paid up to	80% to \$2,000/Day	80% to \$2,500/Day	90% to \$3,000/Day	\$800/Day	\$1,000/Day	\$1,750/Day	80% to \$4,000/Day
Intensive Care Unit - Paid up to	80%	85%	90%	\$1,500/Day	\$1,800/Day	\$2,400/Day	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an injury	100%			100%			100%
Emergency Room Physician Charges	100%			100%			100%
Outpatient Surgical (room & supplies)	\$2,500	\$3,000	90% to \$5,000	\$750	\$900	\$1,600	80% to \$4,000
Physician Non-Surgical Treatment & Exam (excluding Physical Therapy)	80%	80%	90%	See benefits below			80%
First Visit	See benefits above			\$70	\$80	\$100	80%
Each Follow Up Visit				\$50	\$55	\$65	80%
Consultation (when referred by attending Physician)				\$200	\$250	\$300	80%
Surgeon Services	80%	80%	90%	60%	75%	90%	80%
Assistant Surgeon Services	80%	80%	90%	25% of Surgical Allowance			80%
Anesthesiologist Services	80%	80%	90%	25% of Surgical Allowance			80%
Physiotherapy (includes related office visits) when prescribed by a Physician	80% to \$500	80% to \$750	90% to \$1,000	\$50/Visit to \$500	\$60/Visit to \$600	\$75/Visit to \$900	80% to \$2,000
X-Ray Examinations (including reading)	80% to \$500	80% to \$750	90% to \$1,000	60% to \$500	70% to \$600	80% to \$700	80%
Diagnostic Imaging MRI, Cat Scan	80%	80%	90%	60%	60%	80%	80%
Ambulance (from site of an emergency directly to hospital)	100%	100%	100%	100%	100%	100%	100%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	80%	80%	90%	60%	80%	100%	80%
Durable Medical Equipment	80% to \$400	80% to \$750	90% to \$1,000	60% to \$500	80% to \$600	100% to \$800	80%
Out-Patient Prescription Drugs (for Injuries only)	80%	80%	90%	60%	80%	100%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	80%	80%	90%	60%	80%	90%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical attention)	\$500			\$500			80%
Medical Evacuation & Repatriation	\$0	\$0	\$0	\$0	\$0	\$0	100% to \$10,000

VOLUNTARY RATES

Plan Rates

Accident-Only Rates:

(One-Time Payment Per Student for Entire School Year)

COVERAGE OPTIONS	<i>Provider Network Package</i>			<i>Scheduled Benefit Package</i>		
	Low-Option	Mid-Option	High-Option	Low-Option	Mid-Option	High-Option
Interscholastic Tackle Football	\$235	\$295	\$339	\$180	\$235	\$338
Full-Time (24/7)	\$225	\$276	\$328	\$165	\$219	\$317
School-Time	\$53	\$68	\$79	\$39	\$63	\$77

Student Accident & Sickness Rates: **\$208** First Payment covers the remainder of that month in which it was paid and the month following
\$338 Subsequent payments cover additional two-month periods

Dental Accident Coverage is **\$16** if purchased separately or **\$12** when added to any purchased Plan(s).
 Pharmacy SmartCard is **\$36** for the entire family for 1 full year.

Effective Dates

Coverage begins at 11:59 pm on the day that the Company receives a completed enrollment form and payment of premium. Coverage for all plans may begin as early as May 1, 2018.

Termination Dates

Full-Time (24/7) and Dental coverages end at 12:01 am on the date School begins regularly scheduled classes for the 2019-2020 School Year.
 Interscholastic High School Tackle Football and School-Time coverages end at 11:59 pm on the closing date of regular classes for the 2018-2019 School Year.
 Student Accident & Sickness coverage ends at 11:59 pm on the last day of the month for which payment has been made. Coverage may be continued for up to 12 calendar months, or through September 30, 2019, whichever comes first, provided the required payments are made.

Additional Benefits

Accidental death, dismemberment, loss of sight, paralysis and psychiatric/psychological counseling benefits (applies to all voluntary plans except the Dental Accident Plan).
 In addition to medical benefits, if, within 365 days from the date of Accident covered by the policy, bodily injuries result in any of the following losses, we will pay the benefit set opposite such loss. Only one such benefit (the largest) will be paid for all such losses due to any one Accident.

- Accidental Death **\$10,000**
- Single dismemberment or entire loss of sight in one eye **\$20,000**
- Double dismemberment or entire loss of sight in both eyes or paraplegia or hemiplegia or quadriplegia **\$30,000**
- Counseling – In addition to the AD&D benefits, we will pay 100% of the Usual, Customary and Reasonable costs of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to: **\$5,000**

ENHANCED CONCUSSION BENEFIT

If a covered injury causes a Concussion resulting in the student's required removal from participation in an interscholastic sport, then Covered Expenses will be paid at 100% of the Usual, Customary and Reasonable charges with no Deductible, subject to stated Motor Vehicle benefit maximums, the maximum aggregated benefit amount per injury and all other terms and conditions of the policy.

LIMITED ACTIVITIES COVERAGE

The following coverages may be provided to your district at no additional charge in consideration of your district's application and diligent efforts to provide the voluntary Student Accident Coverage materials to the parent/guardian of every student in the district and maintenance of a proper system of signed waiver/proof of insurance (where required by law). Some of these coverages are designed to assist with district compliance of Education Code requirements where applicable.

NOTE: To receive these coverages, please complete the Limited Activities Agreement attached to the application.

Interscholastic Sports Oversight Coverage

Covers injuries to interscholastic athletes who: 1) did not purchase student accident insurance because district personnel inadvertently failed to offer student accident insurance plans to the injured athlete as required by Education Code (where applicable) and 2) did not file a Waiver of Student Insurance, and 3) participated in interscholastic athletics without any insurance coverage. Benefits are paid at 100% of Usual, Reasonable and Customary charges up to a maximum of \$1,500 per Accident.

Non-Competing Participants Coverage

Covers injuries occurring while traveling in School-provided and operated vehicles to and from athletic events for which they have been selected by the district to directly assist in the noncompetitive activities associated with the events, e.g., members of school bands, cheerleaders, pompom girls and team managers. Benefits are paid at 100% of Usual, Reasonable and Customary charges up to a maximum of \$1,500 per Accident.

One-Day Field Trip Coverage

Covers injuries which occur while your students are attending or participating in School-sponsored one-day field trips which are under the direct and immediate supervision of School personnel.

In order to qualify as a bona-fide "Field Trip", the district must be fully responsible for the students while they are participating in the outing. Benefits are paid at 100% of Usual, Reasonable and Customary charges up to a maximum of \$1,500 per Accident.

Students attending or participating in interscholastic events are not covered under this plan.

Blanket Accidental Death Coverage

Provides a \$2,500 accidental death benefit for all of your students and district employees for loss resulting from covered injuries occurring while attending School or participating in activities sponsored and under the direct and immediate supervision of the School during the regular School Year, including all sports and while being transported in a School-provided and operated vehicle.

Felonious Assault (Counseling Benefit) Coverage

Provides up to a \$1,500 psychiatric or psychological counseling benefit for all of your students for counseling required after a felonious assault. Benefits are provided for any student whose injury occurs during the regular School Year while: traveling directly to or from School; participating in a School-sponsored and supervised activity; or on the School's premises. A felonious assault is an act of violence directed against a student, which results in a bodily injury for which a student requires and seeks medical Treatment, and the School files a written report with the police within 24 hours of the assault.

EXCLUSIONS

Benefits are not payable for any of the following or loss that results from them:

1. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
2. War or any act of war, declared or undeclared.
3. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony or violating or attempting to violate any duly enacted law.
4. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
5. Injury or Sickness contributed to by the use of alcohol or drugs unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician.
6. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports. (Does not apply to the *Dental Accident Plan*.)
7. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law including, but not limited to group, group type, and individual automobile "No Fault" coverage (excluding School Vehicle coverage).
8. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School, or by any member of the Covered Person's immediate family; or for which no charge is normally made.
9. Mental or nervous disorders (except as specifically provided by the Policy).
10. Treatment of Sickness, ailment, or infections (except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances). (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
11. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
12. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled motor vehicle. (Does not apply to the *Dental Accident Plan*.)
13. Treatment of osteomyelitis, pathological fractures and hernia. (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
14. Detached retina (unless directly caused by an injury). (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan* or the Emergency Sickness Benefit.)
15. Any expenses related to the Treatment of tonsils, adenoids, epilepsy, seizure disorder or congenital weakness; or expenses for Treatment of congenital anomalies and conditions arising or resulting directly there from.
16. Supplies, except as otherwise provided in the Policy.

Requirements and Limitations

Aggravations of Injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a Motor Vehicle are limited to a \$5,000 maximum benefit (up to \$10,000 if vehicle is a School Vehicle). Some Motor Vehicle Injuries are not covered – see Exclusions above for details. School-time and interscholastic high school tackle football injuries should be reported immediately to the school but in no event beyond 60 days from the date of injury. The first Physician's visit must be within 120 days after the Accident occurs. This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit us from providing insurance, including but not limited to, the payment of claims. A claim form must be filed with Myers-Stevens & Toohy & Co., Inc. within 90 days after the date of loss. The plan pays for covered expenses incurred within a year from the date of the first Physician's visit. However, should the Injury sustained require the removal of surgical pins, continued Treatment for serious burns, or Treatment of a non-union or mal-union fracture, the benefit period will be extended to 104 weeks. Each covered condition may be subject to a deductible – see plan details.

Non-Duplication of Benefits (Excess Provision)

In order to keep premium as affordable as possible, these plans pay benefits on a non-duplicating basis. This means, if a person is covered by one or more of these plans and by any other valid insurance or health agreement, any amount payable or provided by the other coverages will be subtracted from the covered expenses and we will pay benefits based on the remaining amount.

This brochure contains a brief description of the benefits available. Rates shown in this brochure include all administrative expenses, commissions and taxes.

Plans arranged and administered by:
**Myers-Stevens & Toohy & Co.,
Inc.**

CA License #0425842
www.myers-stevens.com



myers | stevens | toohy

Student Accident and Sickness Plans underwritten by:
BCS Insurance Company
Oakbrook Terrace, Illinois
Rated A – (Excellent) by A.M. Best, an independent
insurance company rating agency.
**Policyholder: Family Insurance Trust, situated in
District of Columbia**



Sponsored by:



Catastrophic Short-Term 24-Hour
underwritten by

ACE American Insurance Company
2017 Best rated A++ (Superior)
(A.M. Best Rating ranges from A++ to D)

This rating is an indication of the company's financial
strength and ability to meet obligations to its insureds.



Insurance

The Board of Education encourages all students to have health and accident insurance protection to ensure that they receive needed health care services in the event of illness or injury.

The Superintendent or designee shall provide information to students and their parents/guardians about available insurance against injuries occurring during school-related activities, which may include printed matter furnished by the insurer or membership corporation. Parents/guardians shall not be required to enroll their children in insurance programs offered by the district.

(cf. 3530 - Risk Management/Insurance)

(cf. 3540 - Transportation)

(cf. 3543 - Transportation Safety and Emergencies)

(cf. 5141 - Health Care and Emergencies)

(cf. 5141.6 - Student Health and Social Services)

(cf. 6142.7 - Physical Education)

(cf. 6178 - Vocational Education)

(cf. 6178.1 - Work Experience Education)

Athletic Teams

Each student participating on a school athletic team shall have insurance protection in the amounts specified in law and administrative regulation for medical and hospital expenses resulting from accidental bodily injury. (Education Code 32221)

(cf. 6145 - Extracurricular and Cocurricular Activities)

(cf. 6145.2 - Athletic Competition)

If a student does not have insurance protection or a reasonable equivalent of health benefits through other means, including, but not limited to, purchase by the student or his/her parent/guardian, the district shall offer a medical or hospital service or insurance program. (Education Code 32221)

The cost of the insurance protection shall be paid by the parent/guardian of an athletic team member or other persons on the student's behalf.

However, if the parent/guardian is financially unable to pay the costs, the costs shall be paid by the district and/or student body organization. (Education Code 32221)

(cf. 3260 - Fees and Charges)

(cf. 3452 - Student Activity Funds)

Field Trips/Excursions

The district shall offer medical and/or hospital service or insurance protection for students injured while participating in any excursion or field trip under the jurisdiction of, sponsored by, or controlled by the district. (Education Code 35331)

(cf. 3541.1 - Transportation for School-Related Trips)

(cf. 6153 - School-Sponsored Trips)

Parents/guardians choosing to participate in the insurance program offered by the district shall pay the costs of the medical or hospital service or insurance protection.

Legal Reference:

EDUCATION CODE

10900-10914.5 Community recreation activities

32220-32224 Insurance for athletic teams

33353.5 Interscholastic federation; insurance program; nontransaction of insurance

35331 Insurance for field trips and excursions

48980 Parental notifications

48985 Notices to parents in language other than English

49470-49474 District medical services and insurance

51760 Insurance, work experience programs

52530 Insurance for healing arts program students

INSURANCE CODE

10493 Benefit and relief association

CODE OF REGULATIONS, TITLE 22

51050-51190.5 Definitions of Medi-Cal providers and services

Management Resources:

WEB SITES

CSBA, Medi-Cal Services Program: http://www.csba.org/ds/medi_cal.htm

California Department of Health Care Services: <http://www.dhcs.ca.gov>

California Department of Insurance: <http://www.insurance.ca.gov>

Centers for Medicare and Medicaid Services: <http://www.cms.hhs.gov>

Healthy Families Program: <http://www.healthyfamilies.ca.gov>

Medi-Cal: <http://www.medi-cal.ca.gov>

Policy PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

adopted: March 8, 2001 Palos Verdes Estates, California

revised: October 25, 2007

Insurance

Athletic Teams

"Members of a school athletic team" include: (Education Code 32220)

1. Members of any extramural athletic team engaged in athletic events on or outside school grounds
2. Members of school bands or orchestras, cheerleaders and their assistants, pompom girls, team managers and their assistants, and any student selected by the school or student body organization to directly assist in the conduct of the athletic event, including incidental activities, but only while such members are being transported by or under the sponsorship or arrangements of the district or the district's student body organization to or from a school or other place of instruction and the place at which the athletic event is being conducted

Insurance for members of school athletic teams shall provide coverage for injury arising while students are: (Education Code 32221)

1. Engaging in or preparing for an athletic event sponsored or arranged by the district or student body organization
2. Being transported by the school district, or under its sponsorship, to and from the school and place of the athletic event

(cf. 3530 - Risk Management/Insurance)

(cf. 3541.1 - Transportation for School-Related Trips)

(cf. 3543 - Transportation Safety and Emergencies)

(cf. 5141 - Health Care and Emergencies)

(cf. 5141.6 - Student Health and Social Services)

(cf. 6145 - Extracurricular and Cocurricular Activities)

(cf. 6145.2 - Athletic Competition)

Injuries arising while students are engaged in community recreational activities pursuant to Education Code 10900-10914.5 are excluded. (Education Code 32222)

The district shall offer for medical and hospital expenses resulting from accidental bodily injury at least \$1,500 for all medical and hospital expenses. (Education Code 32221)

The district requires each student participating on a school athletic team to have insurance protection in the amount offered by the district. (Education Code 32221)

Prior to participating in athletic activities, each member of an athletic team shall provide proof of insurance coverage to the Superintendent or designee.

Offers of insurance coverage sent to athletic team members shall include the following statement printed in boldface type of prominent size: (Education Code 32221.5)

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 students 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 calling:

Medi-Cal: 1-(800) 541-5555

Medicare: 1-(800) Medicare

Healthy Families Program: 1-(800) 880-5305

The above statement shall also be included into any other letters or printed materials, in boldface type of prominent size, that contain the name and/or logo of the district and are sent to members of school athletic teams to inform them of the provisions of Education Code 32220-32224 or any other state law regarding the provision of insurance protection. (Education Code 32221.5)

(cf. 5145.6 - Parental Notifications)

Regulation PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

approved: March 8, 2001 Palos Verdes Estates, California

revised: October 25, 2007