



VISTA ALTERNATIVE PROGRAM

PRINCIPAL'S MESSAGE

October 2022

Dear Parents/Guardians:

I want to thank all of you who attended our Back to School Night and Parent/Teacher Conferences. Many parents took advantage to meet teachers and speak with school administrators and counselors. I cannot stress enough the importance of consistent communication with your student, teachers, counselor, and administration regarding student grades, progress and attendance.

As we enter the second Semester, it is important for you to continue encouraging your students to attend regularly and take advantage of the opportunities for academic success that our education program provides. I would also recommend for you to closely monitor your student's progress in Infinite Campus, a great tool to monitor your student's progress and communicate with staff, Edmentum Plato for VISTA students. As always, teachers are willing to confer with parents when needs arise.

Being prepared and punctual to class each morning is highly important. Our teachers work diligently to ensure that your students receive engaging instruction in their learning. When students fail to attend classes, they miss important instruction and fall further behind. This is not in the best interest of the students or the teachers. Please partner with us to ensure that your student arrives at school promptly at 8:40 am and stays until 2:36 pm.

In addition to the importance of attendance, maintaining a safe, orderly, and positive learning environment for our students is, as always, a very high priority. Feel free to contact the school with any comments or concerns that require clarification. We are here to serve the Robertson/Vista community; my door is always open, and together we can make a difference.

Sincerely,

Salvador Herrera, Jr.
Principal



Attendance Corner

- Oct 17: RHS Beginning of 2nd Semester**
- Oct 19: Wednesday Minimum Day**
- Oct 26: Wednesday Minimum Day**
- Nov 2: Wednesday Minimum Day**
- Nov 6: Standard Time Begins**
- Nov 10: Thursday Minimum Day**
- Nov 11: Veteran's Day - No School**
- Nov 17: Parent Conferences 4-7pm**
- Nov 18: Friday Minimum Day**
- Nov 21-25: Thanksgiving Break-No School**
- Nov 30: Wednesday Minimum Day**
- Dec 7: Wednesday Minimum Day**
- Dec 14: Wednesday Minimum Day**
- Dec 20&21: Finals Minimum Day- Out 12:14pm**
- Dec 22: End of 1st Semester – Vista
End of 2nd Semester – RHS
Thursday Minimum Day**
- Dec 23-Jan 6 2023: Winter Break**
- Jan 9: Beginning of RHS 3rd Semester
Vista 2nd Semester**
- Jan 13: Friday Minimum Day**
- Jan 16: MLK Day- No School**
- Jan 18: Wednesday Minimum Day**
- Jan 25: Wednesday Minimum Day**

For Robertson - If your student is absent for any reason, please call Mrs. Barrs, the Attendance Clerk, at 510-657-9155 Ext. 49104, or press 7 to leave a message on the attendance line.

For Vista – If your student is absent for any reason on the contract day, please call Ms. Nan at (510)657-7028 Ext. 49113 or press 7 to leave a message on the attendance line.

Unverified absences will result in absences being marked “unexcused”. Students with 3 or more unexcused absences will receive a truancy letter based on Ed. Code 48260.

Automated calls will go out to students with absences in one or more periods. If you feel you have received a call in error, please call the attendance clerk, or have your student see Mrs. Barrs or Ms. Nan in the student office.

Importance of Attendance

We have 180 days of instruction each school year. Each day of learning is important to your student's academic success, and each student brings valuable contributions to their classroom progress and culture when they're present.

When at all possible, please refrain from scheduling elective appointments and vacations that cause your student to miss school.

COVID PROCESS

If your student is sick, please see the flowcharts below:

COVID-19 FLOWCHART FOR PARENTS

Use these charts if student has symptoms of COVID-19 or was exposed to COVID-19 (Vaccinated or Unvaccinated)

[COVID-19 Flowchart for Parents](#) | [Diagrama de Flujo COVID-19 para Padres](#) | [面向家长的 2019 冠状病毒病应对流程图](#) | [تراچولف](#)

FUSD [student COVID-19 screening](#)

Free Covid Testing for students at Robertson High School/Vista

Thursday 8 - 11:30am in Room 27

or

At the District Office - 4210 Technology Dr.

Monday-Friday 7 am- 3pm.

(Drive around to the back of the building)

Transcripts

To order transcripts please go to www.parchment.com and select either Robertson High School or Vista Alternative.

Career Center News

Seniors- FAFSA (Free Application for Federal Student Aid)/CADAA (California Dream Act Application) for the 2023-2024 school year is now open. Please do not wait to apply. Information about Cash 4 College session is sent out via Infinite campus mail. Cash 4 College explains the FAFSA and helps with the application. Register for a session now!

Ohlone- Keep an eye out for communication about Ohlone Application sessions

Career Fair – In search of a career, but not sure where to start? Get on the job, training and classroom instruction for a trade with an apprenticeship. Sound interesting? Consider

attending the apprentice, career fair Nov. 16 in Pleasanton. See Ms. Rodriguez for questions.

Voluntary Parent Donations

As most of you are aware, the student activity and rewards programs are solely supported by parent and community donations. To continue offering reward incentives to our students, we must rely on parent and community donations. Your contributions enable us to reward student achievements and provide scholarships.

If you are able to make a voluntary, tax-deductible donation, we will be able to continue providing quality activities and rewards for student achievement, good attendance, etc. If you wish to donate to our staff wish list, we have listed the items that are used frequently: Kleenex, binder paper, hand sanitizer, pencils, hi-lighters, blue or black pens, white board markers, white board erasers and white copy paper. Thank you in advance for your donation!



Have you signed up for Infinite Campus yet? If no, you still can.

Infinite Campus (IC) is a web-based student information system that stores student data. It provides students the ability to access their class related information as well as allowing the parent / guardian the ability to view their students' academic information. If you have not signed up for Infinite Campus, please check district website at [here](#) for more information.

You will need an Activation Code to sign up. Please email mbarrs@fusdk12.net who will reply with your Activation Code.



FREMONT UNIFIED SCHOOL DISTRICT

Student Meals

Student Meals are **FREE** for the school year 2022/23

All FUSD students will have access to 1 free breakfast and 1 free lunch daily regardless of their family's economic need.

Snack and beverage items are **NOT** included in the free meals; they can be purchased at designated Ala Carte lines by cash or by using your prepaid Ala Carte accounts.

Student Transit Pass Program

The [Student Transit Pass Program](#) provides free youth Clipper cards to eligible middle and high school students in Alameda County which can be used for unlimited free bus rides in their area, as well as a 50% discount on BART trips and youth discounts on other transit systems.

The Alameda County Transportation Commission implements the program to make it easier for students to travel to and from school and school-related programs, jobs and other activities.

[Click here to view the application for FUSD schools.](#)

COUNSELOR'S CORNER

Academic Counselor

Our academic counselors meet with your student at least once a quarter to check-in with them and go over their academic plan. If you or your student is thinking about returning to your home school, now is the time to have that conversation with your counselor. Counselors will sit down with you and map out the different options that are available. Many of our students may be eligible to graduate early, so be sure to ask your counselor about that.

Mrs. Annabel Chai is here to assist Robertson students.
achai@fusdk12.net
Phone: (510)657-9155 Ext. 49109

Mr. Mike Hellerud is here to assist VISTA students.
mhellerud@fusdk12.net
Phone: (510)657-7028 Ext. 49206

Both academic counselors have an open-door policy so feel free to have your student contact them anytime with any questions or concerns.

SPED Counselor

Dina Lara is our counselor for Special Education and helps all students when needed, however, focuses on supporting students in resource classes at Robertson. She is bilingual in Spanish.

dinalara@fusdk12.net
(510)657-9155 Ext. 49106

Wellness Center

Robertson and VISTA students will be able to visit the Wellness Center during school hours for a chance to relax, refresh, hang out with friends and learn about our mental health services on campus.

Hours of Operation

Flex & Lunch

PARENT TEACHER CONFERENCES:

On-Site Parent Teacher Conferences will be held Thursday, November 17th, from 4:00-7:00pm. In addition to speaking with teachers, your counselor will also be available to answer any questions that you may have about your student's progress.



G.E.D. INFORMATION:

For students, who are interested in getting information on getting a diploma by examination through the GED program, please see your counselor.

In general, the GED exam is given to students who are within 60 days of their 18th birthday and deficient in credits. Students who wish to do this MUST get an application to become a full-time adult school student from their counselor. Once this application is approved, by the district and adult school, the student and his/her family will be contacted to make an appointment at Fremont Adult School to complete the process of enrolling for GED preparation classes.

SELECTIVE SERVICE REGISTRATION

According to Federal Law, all men must register with Selective Service within 30 days of their 18th birthday. You must register with Selective Service to stay eligible for, financial aid, student loans, government jobs, job training and obtaining or renewing a driver's license in most states. Registration is easy and takes only a matter of minutes. Simply go on-line at WWW.SSS.GOV or visit the local Post Office and ask for a registration card.

Dress Code

- Sunglasses, hats, caps, hoods and other non-religious/cultural head coverings shall not be worn indoors.
- Shirts, tops, and dresses must have straps.
- May not wear any gang-related clothing, jewelry, emblems.
- May not wear chains, spikes on jackets/pants.
- Midriff must be covered.
- Garments covering the lower body must be sufficient to cover the buttocks.
- Additionally, protective attire may be required in specialized settings.
- Shoes must be worn.

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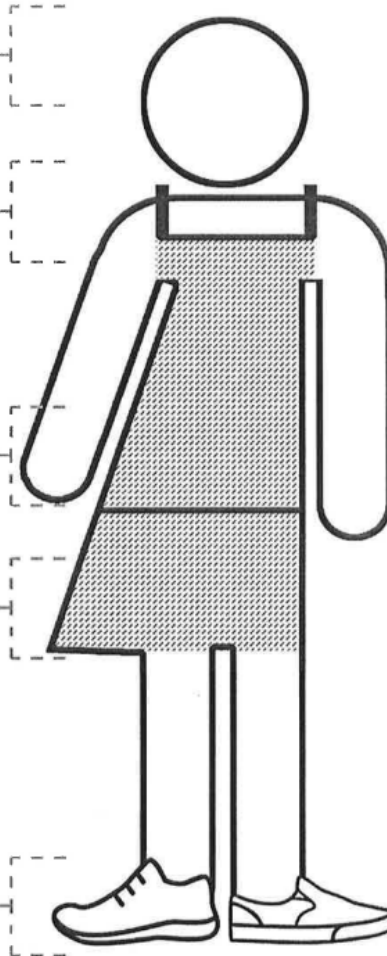
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i-Ready Assessment

[i-Ready](#) is a district-adopted assessment program that is used in grades 1-8 in FUSD for reading and mathematics, and grades 9-12 in FUSD for reading. Your child has recently completed an i-Ready assessment in reading and/or mathematics. Reports will be emailed home.

To help you understand your child's reports, we have included the following resources:

- Understanding your Child's Diagnostic Results: [English](#) [Spanish](#) [Chinese](#)
- [Other i-Ready Family Resources](#) (multiple languages available)
- Video (3:47) - Understanding Your Student's Diagnostic Data: [English](#) [Spanish](#) [Chinese](#)
(click on **CC** to view subtitles in English, Spanish, or Chinese)

Students in grades 1-6 who completed the diagnostic assessment will have access to online i-Ready lessons based on their results. These lessons are unique based on your child's strengths and areas for growth.

If you have any questions, please email your child's math or English teacher.

[i-Ready](#) es un programa de evaluación adoptado por el distrito que se utiliza en los grados 1-8 en FUSD para lectura y matemáticas y grados 9-12 en FUSD para lectura. Su hijo completó recientemente una evaluación i-Ready en lectura y/o matemáticas. Los informes se enviarán a casa por correo electrónico.

Para ayudarlo a comprender los informes de su hijo, hemos incluido los siguientes recursos:

- Comprensión de los resultados del diagnóstico de su hijo: [inglés](#), [español](#), [chino](#)
- [Otros recursos familiares de i-Ready](#) (varios idiomas disponibles)
- Video (3:47) - Comprensión de los datos de diagnóstico de su estudiante: [inglés español chino](#) (haga clic en **CC** para ver los subtítulos en inglés, español, o chino)

Los estudiantes en los grados 1-6 que completaron la evaluación de diagnóstico tendrán acceso a las lecciones i-Ready en línea según sus resultados. Estas lecciones son únicas en función de las fortalezas y áreas de crecimiento de su hijo.

Si tiene alguna pregunta, envíe un correo electrónico al maestro de matemáticas o inglés de su hijo.

[i-Ready](#) 是一個學區採用的評估計劃，用於 FUSD 的 1-8 年級閱讀和數學以及 9-12 年級閱讀。貴子弟最近完成了閱讀和/或數學方面的 i-Ready 評估。報告將通過電子郵件送回家。為幫助您了解貴子弟的報告，我們提供了以下資源：

- 了解貴子弟的診斷結果：[英文](#) [西班牙語](#) [中文](#)
- [其他 i-Ready 家庭資源](#) (有多種語言版本)
- 視頻 (時長 3 分鐘 47 秒) - 了解貴子弟的診斷數據：[英語](#) [西班牙語](#) [中文](#) (點選 CC 開啟英文語、西班牙語或中文字幕)。

完成診斷評估的 1-6 年級學生將可以根據他們的結果使用在線 i-Ready 課程。根據貴子弟的長處和需要成長的領域，這些課程是獨一無二的。

如果您有任何問題，請電郵貴子弟的數學或英語老師。

2022-2023 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 charges.
- 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. GTL 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.

Blanket Accident insurance products are issued on Form Series GP-2030, 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.

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 charges which begin within 120 days of the Accident and are 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 participar 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
INPATIENT AND OUTPATIENT HOSPITAL MISCELLANEOUS CHARGES	\$3,000	\$1,500
HOSPITAL EMERGENCY CARE , excluding professional charges.....	\$300	\$150
DOCTOR'S CHARGES FOR SURGERY , in accordance with the surgical schedule.....	\$270	\$175
	Unit Value	Unit Value
ADMINISTRATION OF ANESTHESIA , percent of surgical schedule allowance.....	25%	25%
ASSISTANT SURGEON CHARGE , percent of surgical schedule allowance.....	25%	25%
OUTPATIENT NON-SURGICAL DOCTOR'S VISITS , including Physical Therapy, limited to one visit per day; Physical Therapy is limited to 9 visits		
- First visit	\$120	\$60
- Each visit thereafter.....	\$60	\$30
DURABLE MEDICAL EQUIPMENT , including orthopedic appliances.....	\$100	\$50
AMBULANCE CHARGES	100% of R&C*	\$250
OUTPATIENT X-RAY SERVICES	\$500	\$250
OUTPATIENT IMAGING PROCEDURES , including interpretation for MRI/CAT Scan.....	\$900	\$500
PRESCRIPTION DRUGS	100% of R&C*	\$50
DENTAL TREATMENT , for Injury to Sound Natural Teeth, per tooth.....	\$300	\$150
EYEGLOSS REPLACEMENT EXPENSE , for broken eyeglasses, lenses or contact lenses resulting from an Injury requiring medical treatment.....	\$150	\$100
RE-AGGRAVATION OR RE-INJURY OF A PRE-EXISTING CONDITION	\$500	\$500
For the benefits shown below only one of the amounts, the largest, will be paid for loss resulting from any one Accident		
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
- Loss of 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, GTL 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 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 or heat stroke; 7. Hernia or slipped femoral capital epiphysis; 8. Injury sustained fighting or brawling, except as an innocent victim; 9. Injury sustained while 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 sustained while 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; 12. Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; 13. Charges for treatments, services or supplies which exceed reasonable and customary charges; 14. Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; 15. Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; or 16. Any loss directly or indirectly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

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

 <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.





- Please note that there are four pages to the brochure (not including this one)
- You may apply online with a credit card here <https://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 applications@peinsurance.com

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***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. GTL 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.

Blanket Accident insurance products are issued on Form Series GP-2030, 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.

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 charges which begin within 120 days of the Accident and are 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 participar 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
INPATIENT AND OUTPATIENT HOSPITAL MISCELLANEOUS CHARGES	\$3,000	\$1,500
HOSPITAL EMERGENCY CARE , excluding professional charges.....	\$300	\$150
DOCTOR'S CHARGES FOR SURGERY , in accordance with the surgical schedule.....	\$270	\$175
	Unit Value	Unit Value
ADMINISTRATION OF ANESTHESIA , percent of surgical schedule allowance.....	25%	25%
ASSISTANT SURGEON CHARGE , percent of surgical schedule allowance.....	25%	25%
OUTPATIENT NON-SURGICAL DOCTOR'S VISITS , including Physical Therapy, limited to one visit per day; Physical Therapy is limited to 9 visits		
- First visit	\$120	\$60
- Each visit thereafter.....	\$60	\$30
DURABLE MEDICAL EQUIPMENT , including orthopedic appliances.....	\$100	\$50
AMBULANCE CHARGES	100% of R&C*	\$250
OUTPATIENT X-RAY SERVICES	\$500	\$250
OUTPATIENT IMAGING PROCEDURES , including interpretation for MRI/CAT Scan.....	\$900	\$500
PRESCRIPTION DRUGS	100% of R&C*	\$50
DENTAL TREATMENT , for Injury to Sound Natural Teeth, per tooth.....	\$300	\$150
EYEGLOSS REPLACEMENT EXPENSE , for broken eyeglasses, lenses or contact lenses resulting from an Injury requiring medical treatment.....	\$150	\$100
RE-AGGRAVATION OR RE-INJURY OF A PRE-EXISTING CONDITION	\$500	\$500
For the benefits shown below only one of the amounts, the largest, will be paid for loss resulting from any one Accident		
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
- Loss of 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, GTL 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 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 or heat stroke; 7. Hernia or slipped femoral capital epiphysis; 8. Injury sustained fighting or brawling, except as an innocent victim; 9. Injury sustained while 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 sustained while 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; 12. Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; 13. Charges for treatments, services or supplies which exceed reasonable and customary charges; 14. Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; 15. Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; or 16. Any loss directly or indirectly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

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

 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.





- Tenga en cuenta que hay cuatro páginas del folleto (no incluido ésta)
- Usted puede aplicarse en línea con una tarjeta de crédito. Aquí la información:
<https://www.peinsurance.com/signup/>
- Si desea realizar su solicitud, la tercera página es la aplicación que puede imprimir y llenar a mano, **o puede completar en la computadora e imprimir**. POR FAVOR NO ENVIE DINERO EN EFECTIVO. Haga un cheque o giro postal a Pacific Educators y envíelo a:
 - **Pacific Educators**
2808 E. Katella Ave, Suite 101
Orange, CA 92867
- La última página es una **tarjeta GRATIS del programa de prescripción para medicamentos**, se puede imprimir y llevar a una farmacia para ayudar a alguien a reducir el costo de medicamentos.
- Si tiene alguna pregunta, por favor no dude en ponerse en contacto directamente con nosotros (800) 722-3365 o correo electrónico en applications@peinsurance.com

PLANES DE SEGUROS DE ACCIDENTES PARA ESTUDIANTES 2022-2023

RECOMENDAMOS LA COBERTURA DE 24 HORAS DEL DÍA

- ¡Los accidentes son comunes! Cuando le suceden a su hijo, alguien debe pagar esos costos.
- Aquí le presentamos planes de seguros contra accidentes para cubrir a su hijo las 24 horas del día (Plan de 24 horas) o en la escuela (Plan de Tiempo Escolar).
- Estos planes le proporcionan beneficios para ayudarlo a cubrir los costos médicos y hospitalarios.
- Si usted tiene otro seguro, estos planes pueden ayudarlo a cubrir los deducibles y los coseguros de dichos planes.
- Si usted no tiene otro seguro, estos planes le proporcionarán cobertura básica.
- Cualquier beneficio pagable por esta póliza como resultado de un servicio médico, quirúrgico, dental, hospitalario o de enfermería será pagado directamente al hospital o a la persona que proporcione dichos servicios, a menos que se proporcione prueba del pago completo.

24 HORAS	TIEMPO ESCOLAR	DETALLES IMPORTANTES SOBRE LA PROTECCIÓN
✓	✓	La cobertura se vuelve efectiva el día que Guarantee Trust Life Insurance Company (GTL) o su representante reciba el pago de la prima (pero no antes del primer día que abra la escuela).
✓	✓	Proporciona cobertura durante las horas en las cuales la escuela está en actividades regulares.
✓		Proporciona cobertura las 24 horas del día.
✓	✓	Proporciona cobertura durante el tiempo necesario para viajar entre el hogar del asegurado y el inicio o fin de las actividades escolares regulares.
✓	✓	Proporciona cobertura mientras se participa (o se asiste) a actividades organizadas, patrocinadas y supervisadas por la escuela. También se proporciona cobertura para viajar directamente hacia y desde tales actividades en un vehículo designado y proporcionado por la escuela.
	✓	La cobertura expira al terminar el ciclo escolar regular. (La cobertura se extenderá mientras se asista a clases académicas para obtener créditos en el verano, cuando las actividades escolares son patrocinadas y supervisadas exclusiva y únicamente por la escuela, no se proporcionará cobertura para el transporte de y hacia las clases.
✓		La cobertura continúa sin interrupción todo el verano, hasta que la escuela inicie el siguiente ciclo escolar.

La cobertura opcional de fútbol comienza en la fecha en que GTL, sus representantes o los oficiales de la escuela reciban la prima, pero no antes de la primera fecha oficial de entrenamiento, y continúa hasta la fecha del último partido oficial de la temporada actual, incluyendo las eliminatorias.

Para presentar un reclamo: Reporte los accidentes al oficial de la escuela. se proporcionarán formularios simplificados en la oficina del director (durante las vacaciones, contacte a los administradores del plan). Se debe proporcionar una prueba completa de pérdida y facturas acumuladas a Guarantee Trust Life Insurance Company dentro de 90 días.

COBERTURA DE ACCIDENTES LAS 24 HORAS DEL DÍA

¡Protección las 24 horas para cada accidente cubierto!

Ayuda a proteger a su hijo durante todo el año escolar y se extiende durante el verano - hasta que la escuela inicie nuevamente.

Su hijo estará cubierto EN TODO EL MUNDO, LAS 24 HORAS DEL DÍA. Esto incluye accidentes cubiertos:

- ✍ En el hogar
- ✍ Al jugar
- ✍ En la escuela
- ✍ Durante las vacaciones
- ✍ Al acampar, explorar, etc.
- ✍ Durante viajes cubiertos

✍ Mientras participe en deportes, excepto aquellos que estén excluidos específicamente o para los cuales se requiere cobertura opcional*

*Vea las OPCIONES para descubrir cualquier cobertura opcional para deportes.

COBERTURA DE ACCIDENTES DURANTE EL TIEMPO ESCOLAR

Su hijo está protegido al asistir a las actividades escolares regulares. También está cubierto el viaje directamente hacia y desde su residencia para asistir a las actividades escolares regulares para el tiempo requerido, pero no más de una hora antes o después de las clases regulares. El tiempo de viaje en el autobús escolar se extiende a cualquier tiempo adicional necesario. Además, se proporciona cobertura al participar en (o asistir a) actividades cubiertas que son organizadas, patrocinadas y supervisadas exclusiva y únicamente por la escuela y los empleados de la escuela, incluyendo el viaje directamente hacia y desde una actividad en un vehículo asignado para el traslado, proporcionado por la escuela y supervisado únicamente por empleados de la escuela. La cobertura opcional puede ser necesaria para deportes interescolares. Vea las OPCIONES para descubrir cualquier cobertura opcional para deportes.

Ecláusula De Exceso: El pago de todos los cargos cubiertos superiores a los \$500 será considerado como exceso, si cualquier otro seguro o plan válido y cobrable cubre a la persona asegurada. GTL pagará los primeros \$500 en cargos cubiertos sin importar la existencia de otro seguro.

Este es un ejemplo de los beneficios de su hijo. Por favor guárdelo. Esto no es un contrato. La póliza principal está archivada en la escuela.

Los productos de seguro de Blanket Accident se emiten en Form Series GP-2030, GP-2020 o GP-1200 por Guarantee Trust Life Insurance Company, Glenview, IL. Estos productos y sus características están sujetos a la disponibilidad del estado y pueden variar según el estado. Ciertas exclusiones y limitaciones pueden aplicar. Las disposiciones exactas que rigen el seguro están contenidas en la Política emitida al Titular de la Póliza y ciertas disposiciones pueden administrarse para cumplir con los requisitos del estado. La Política controlará en caso de conflicto entre la Política y este folleto.

Para obtener detalles completos de la cobertura, comuníquese con el agente que administra el programa.

¿Qué cubren? Hasta un máximo de \$50,000 de acuerdo a la descripción en la Beneficios Por Lesión

■ Accidentes que ocurran durante la vigencia de la cobertura. ■ Pérdida debido a lesiones accidentales que resulten directa e independientemente de todas las otras causas. ■ Gastos médicos cubiertos, los cuáles comienzan en los primeros 120 días después del accidente y que se incurrir en las primeras 52 semanas de la primera fecha de tratamiento médico.

BENEFICIOS POR LESIÓN - Los beneficios se pagan <i>hasta el</i> monto en dólares especificado a continuación	OPCIÓN ALTA	OPCIÓN BAJA
ATENCIÓN HOSPITALARIA Y DE ENFERMERÍA GENERAL Alojamiento y manutención por día		
- Tarifa de cuarto semiprivado	100% de lo razonable y usual	\$300
- Cuidado intensivo, por día	\$1,200	\$600
CARGOS VARIOS PARA PACIENTE HOSPITALIZADO Y AMBULATORIO	\$3,000	\$1,500
ATENCIÓN HOSPITALARIA DE EMERGENCIA Honorarios profesionales excluidos.....	\$300	\$150
HONARIOS DEL DOCTOR POR CIRUGÍA De acuerdo a la programación quirúrgica	\$270	\$175
	Valor de Unidad	
ADMINISTRACIÓN DE ANESTESIA Porcentaje de la asignación para el Programa quirúrgico	25%	25%
HONORARIOS DEL CIRUJANO ASISTENTE Porcentaje de la asignación para el Programa quirúrgico	25%	25%
CONSULTAS NO QUIRÚRGICAS AMBULATORIAS		
Una visita por día, incluida la terapia física, la cual se limita a 9 visitas		
- Primera Visita	\$120	\$60
- Cada visita a partir de ese momento.....	\$60	\$30
EQUIPOS MÉDICOS DURADEROS Incluyendo aparatos ortopédicos	\$100	\$50
CARGOS POR AMBULANCIA	100% de lo razonable y usual	\$250
SERVICIOS AMBULATORIOS DE RAYOS X	\$500	\$250
PROCEDIMIENTOS DE DIAGNÓSTICO POR IMÁGENES Incluyendo la interpretación por RMI/TAC	\$900	\$500
MEDICAMENTOS DE PRESCRIPCIÓN	100% de lo razonable y usual	\$50
TRATAMIENTO DENTAL Para una lesión de dientes sanos naturales, por cada diente	\$300	\$150
GASTOS DE REEMPLAZO DE ANTEOJOS Para anteojos rotos, lentes o lentes de contacto resultantes de una lesión requiriendo tratamiento medico	\$150	\$100
AGRAVACIÓN O LESIÓN POR CONDICIÓN EXISTENTE	\$500	\$500
<i>Para los beneficios que se muestran a continuación, sólo se pagará una de las cantidades, la más grande, por cualquier pérdida resultante de un accidente</i>		
MUERTE ACCIDENTAL Causada por una lesión y que ocurra dentro de los 365 días del accidente cubierto.....	\$5,000	\$5,000
DESMEMBRAMIENTO Causado por una lesión y que ocurra dentro de los 365 días del accidente cubierto		
- Pérdida de una mano, pie u ojo	\$5,000	\$5,000
- Ambas manos, pies u ojos	\$10,000	\$10,000

Opción De Beneficio Dental Extendido: Por una prima adicional, el Beneficio de Tratamiento Dental se incrementará para pagar todos los cargos razonables y usuales para examinación, diagnósticos y rayos X; tratamiento restaurativo, endodoncia; y cirugía oral (no incluye periodoncia u ortodoncia); hasta \$250 por prótesis dental para pagar el costo de un puente, dentadura parcial o dentadura, o para reemplazar reparaciones dentales en condiciones similares. Si durante el Período de Beneficios el dentista del Asegurado certifica que el tratamiento debe ser aplazado, la aseguradora pagará hasta un máximo de \$100 por todos los otros beneficios dentales.

Exclusiones: La póliza no proporciona los siguientes beneficios: 1. Tratamiento, servicios o suministros que: no sean médicamente necesarios; no son pre-critos por un Médico a como sea necesario para tratar alguna lesión; están determinados a ser de naturaleza Experimental/Investigativa; se reciben sin cargo ni obligación legal de pago; se reciben de personas empleadas o retenidas por el titular de la póliza o cualquier miembro de la familia, a menos que se especifique lo contrario; o no están específicamente listados como Cargos Cubiertos en la Póliza; 2. Lesión intencionalmente autoinfligida; 3. Lesión recibida al violar o intentar violar cualquier ley debidamente promulgada; 4. Lesiones por actos de guerra, ya sea declarada o no; 5. Lesiones cubiertas por la Compensación a Trabajadores o la Ley de Enfermedades Profesionales; 6. Agotamiento por calor golpe de calor; 7. Hernia o epifisis capital de femoral deslizado; 8. Lesión causada directamente por peleas o altercados, excepto como víctima inocente; 9. Lesiones sufridas al operar, viajar o subirse o bajarse de cualquier vehículo recreativo de dos, tres o cuatro ruedas con motor / máquina o motonieve o vehículo todo terreno (ATV); 10. Lesión sufrida mientras participaba o jugaba fútbol americano de tackle interescolar en los grados 9-12, incluido el viaje para participar, a menos que se haya comprado una cobertura opcional; 11. Tratamiento de enfermedades, dolencias o infecciones, excepto infecciones que resulten de alguna lesión accidental o infecciones que resulten por la ingestión accidental, involuntaria o no intencionada de alguna sustancia contaminada; 12. Cualquier multa impuesta por otro plan o seguro válido y cobrable por no seguir los procedimientos del plan; 13. Los cargos por tratamientos, servicios o suministros que excedan los cargos razonables y habituales; 14. Pérdidas derivadas directa o indirectamente de cualquier liberación y/o contaminación química o biológica que resulte de una actividad terrorista; 15. Cualquier pérdida como resultado de una actividad terrorista y/o de armas de destrucción masiva no detonantes; 16. Cualquier pérdida que surja directa o indirectamente de cualquier explosión, detonación, liberación y/o contaminación nuclear, ya sea en tiempo de paz o de guerra, e independientemente de cualquier otra causa o evento que contribuya simultáneamente o en cualquier otra secuencia a ello.

Administrado por: **PACIFIC EDUCATORS, INC.**, 2808 E. Katella Ave., Suite 101, Orange, CA 92867-5299 - (714) 639-0962 or (800) 722-3365
Licencia en California de Pacific Educators No. - 0429928

Reclamaciones suscritas y pagadas por: **GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**, 1275 Milwaukee Ave., Glenview, IL 60025 - (800) 622-1993

FORMULARIO DE INSCRIPCIÓN PARA EL AÑO ESCOLAR 2022-23



POR FAVOR ESCRIBIR CLARAMENTE:

SOLO UN PAGO POR AÑO		
OPCIONES	Opción Alta	Opción Baja
PROTECCIÓN LAS 24 HORAS AL DÍA \$50,000 MAXIMO POR LESIÓN Grados P- 8 Grados 9-12	<input type="checkbox"/> \$161 <input type="checkbox"/> \$192	<input type="checkbox"/> \$75 <input type="checkbox"/> \$92
PLAN TIEMPO ESCOLAR MÁXIMO POR LESIÓN: \$50,000 Para Opción Alta \$25,000 Para Opción Baja Grados P- 8 Grados 9- 12	<input type="checkbox"/> \$25 <input type="checkbox"/> \$54	<input type="checkbox"/> \$11 <input type="checkbox"/> \$24
COBERTURA FÚTBOL AMERICANO (SÓLO TEMPORADA 2022) \$25,000 MAXIMO POR LESIÓN Pagable en adición a los planes 24 horas o Tiempo Escolar Grado 9 Grados 10 - 12	<input type="checkbox"/> \$80 <input type="checkbox"/> \$177	<input type="checkbox"/> \$36 <input type="checkbox"/> \$84
OPCIÓN DE BENEFICIOS DENTALES EXTENDIDOS <input type="checkbox"/> \$6		
TOTAL \$ _____ (favor no enviar efectivo) HAGA CHEQUE PAGADERO A: PACIFIC EDUCATORS, INC.		
No Hay Reembolsos Disponibles		

NOMBRE DEL ESTUDIANTE _____
PRIMER NOMBRE INICIAL 2o. NOMBRE APELLIDO

FECHA DE NACIMIENTO _____
MES DÍA AÑO MASCULINO FEMENINO

DISTRITO ESCOLAR _____ ESCUELA _____

GRADO _____ DIRECCIÓN DEL ESTUDIANTE _____

CIUDAD _____ ESTADO _____ CÓDIGO POSTAL _____

TELÉFONO # _____ FECHA DE INSCRIPCIÓN _____

CORREO ELECTRONICO DEL PADRE O TUTOR _____

FIRMA DEL PADRE O TUTOR _____

PARA PAGAR CON TARJETA DE CRÉDITO / DÉBITO (APLICAN TARIFAS) WWW.PEINSURANCE.COM
 (MARQUE: PRODUCTS Y LUEGO: STUDENTS) O LLAMA AL 800-722-3365

POR FAVOR RECUERDE:



COMPLETAR EL FORMULARIO DE INSCRIPCIÓN Y MARCAR EL PLAN Y LAS OPCIONES QUE DESEA.



EMITIR SU CHEQUE O GIRO POSTAL (POR FAVOR NO ENVÍE EFECTIVO) POR EL TOTAL A PAGAR DE ACUERDO A LO INDICADO.

Envíe su formulario de inscripción con su cheque o el giro postal a:





Pacific Educators, Inc.
2808 E. Katella Ave., Suite 101
Orange, CA 92867-5299



POR FAVOR TOME EN CUENTA: SU CHEQUE CANCELADO ES SU RECIBO. SI NO RECIBE UN CHEQUE CANCELADO DENTRO DE 60 DÍAS, POR FAVOR COMUNÍQUESE CON EL ADMINISTRADOR DE SU PLAN.

Para obtener un servicio más rápido, puede pagar por medio de tarjeta de crédito o débito (aplican tarifas). Por favor visítenos en:

Pacific Educators - www.peinsurance.com
(chasque PRODUCTS entonces STUDENTS)
o llama 800-722-3365

 <p>Pacific Educators FREE Prescription Drug Card</p> <p>Member: California Student ID Number: 26291W22ES Program: UNARxCard RxBIN: 610709 RxGrp: PFCEDU</p> <p>Note: Todos son elegibles para este programa. No hay restricciones de edad or income . Cada miembro de la familia debe tener su tarjeta / herown . Si no puede imprimir una una tarjeta de tener su farmacia llamada Línea de Ayuda thePharmacy y les ayudará yourprescription proceso.</p> <p><u>ESTE PROGRAMA NO ES SEGURO</u> Este programa es un PUNTO DE VENTA plan de descuento</p>	<p>INSTRUCCIONES Esta tarjeta es pre-activado y se puede utilizar inmediatamente. Sólo hay que imprimir esta tarjeta participating pharmacy to receive a discount. You can search y llevar a cualquier farmacia participante para recibir un descuento. Puede buscar farmacia, información de precios, preguntas frecuentes en el sitio web. Estamos restringidos de la revelación de precios de los medicamentos sobre el teléfono.</p> <p>Atención al cliente (llamada gratuita) 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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IMPORTANTE: TARJETA DE IMPRESIÓN . USTED NECESITA PARA LLEVAR ESTA TARJETA A LA FARMACIA CON SU RECETA.

Estamos orgullosos de anunciar que el Pacífico Educadores ahora está haciendo disponible una **GRATIS con receta Programa de la tarjeta de drogas** para ayudar a alguien a reducir sus costos de medicamentos recetados.

Esta tarjeta se puede utilizar con un plan primario y / o en las recetas no cubiertos por su plan de seguro. También puede ser usado incluso si usted no tiene ningún tipo de seguro . El Programa Rx Card no tiene restricciones o requisitos de participación y está abierto a cualquier persona.

Esta receta gratuitos tarjeta de medicamentos es pre - activado y se puede utilizar inmediatamente.

