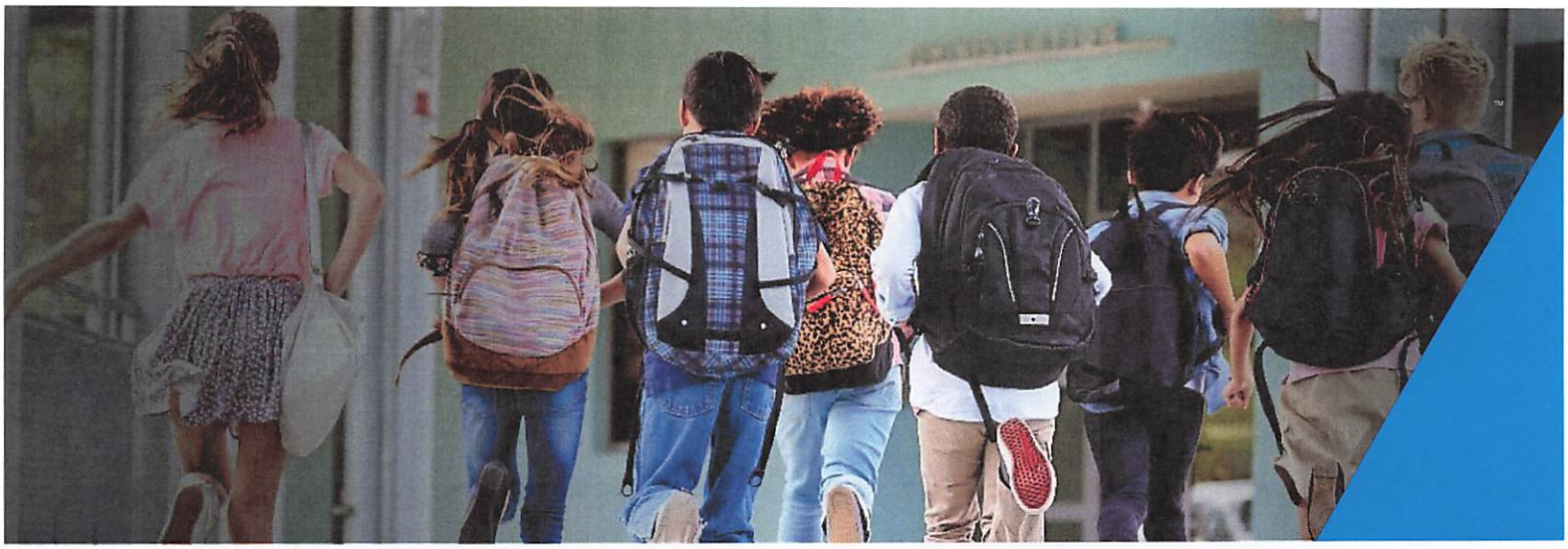

Voluntary Student Accident Insurance Program

Your school has purchased Student Accident Insurance that covers supervised and sponsored school activities.
This brochure provides you with the opportunity to extend the accident insurance coverage purchased by your school, as explained below.

Optional 24-hour accident coverage

Under your school's Student Accident Insurance, coverage is provided for covered injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises. This optional 24-hour accident coverage extends coverage to enrolled students during the weekends and vacation periods, including the entire summer. Students are protected while at home or away, any place, anytime, anywhere in the United States, Canada or Mexico. No coverage is provided while participating in 1) interscholastic sports or 2) school sponsored and supervised activities that are already covered under the Student Accident Insurance program purchased by the school.

The cost for this additional coverage is $74.00.

Why Purchase Voluntary Student Accident Insurance?

Our Voluntary Student Accident Insurance program offers you and your family peace of mind. This coverage protects your child against medical and dental injuries, whether at home or on summer break. With our Voluntary Student Accident Insurance coverage, we help make it possible for schools to fulfill their commitment to the health and well-being of their students.

Coverage period

Coverage under the optional 24-hour accident coverage starts on the date of premium receipt but not before the start of the school year. If the student remains enrolled in school, the optional 24-hour accident coverage ends when school reopens for the following school year. Coverage is available throughout the school year at the premium included on the enrollment form.
(No pro rata premiums available.)

Coverage basis: Primary

Benefits are payable for covered accident medical expenses from the first dollar of expense incurred. Benefits are paid in addition to and without regard to payments from other insurance.



Claims Procedures

Always keep a copy of all claim related documents. Written proof of loss must be submitted within 90 days from the date of such loss.
1) Contact your school or BMI Benefits to obtain an accident claim form.
2) Complete the claim form in its entirety and submit to BMI Benefits within 90 days from the date of the accident.
3) Attach all itemized bills to the completed claim form and submit to:

BMI BENEFITS, LLC
PO Box 511
Matawan, NJ 07747
Phone: 800.445.3126 | Fax 732.583.9610 | Email: BMI@bobmccloskey.com

Call the Claim Administrator, BMI Benefits, with any claims questions

everest®

Gallagher
Insurance | Risk Management | Consulting

Program Manager
Gallagher Benefit Services of California Insurance Services

Bob McCloskey Insurance
BMI BENEFITS - FULL TPA SERVICES

Managing General Agent & Claim Administrator
Bob McCloskey Insurance & BMI Benefits
P.O. Box 511 ▪ Matawan, NJ 07747

Description of coverage

California Student Accident Insurance Program (CSAIP) – Voluntary K-12 Program

This optional 24-hour accident coverage extends coverage to enrolled students during the weekends and vacation periods, including the entire summer. Students are protected while at home or away, any place, anytime, anywhere in the United States, Canada or Mexico. No coverage is provided while participating in 1) interscholastic sports or 2) school sponsored and supervised activities that are already covered under the Student Accident Insurance program purchased by the school.

The cost for this additional coverage is $74.00.

Accident Medical Expense Maximum Benefit (AME)	**$25,000**
Deductible	$100
Loss Period – Treatment Must Begin	Within 90 days after a Covered Accident
Benefit Period	1 year from the date of the Covered Accident
Coverage	80% Usual & Customary (U&C) Charges
Plan Design	Primary
Inpatient	
Hospital Room & Board	80% of the semi-private room rate
Hospital Intensive Care	80% U&C Charges
Hospital Miscellaneous	80% U&C Charges
Outpatient	
Ambulatory Medical Center	80% U&C Charges
Emergency Room Treatment	80% U&C Charges
Physician Services	
Surgical	80% U&C Charges
Anesthesiologist	35% of Surgeon's Allowance
Assistant Surgeon	35% of Surgeon's Allowance
Physician's Assistant	80% U&C Charges
Physical Therapy	80% U&C Charges
Physician's Surgical Facilities	80% U&C Charges
Other Services	
Registered Nurses' Services	80% U&C Charges
Prescriptions	80% U&C Charges
Laboratory Tests, X-rays and Interpretation	80% U&C Charges
Diagnostic Imaging (MRI, CAT Scan, etc.)	80% U&C Charges
Air/Ground Ambulance	80% U&C Charges
Durable Medical Equipment	80% U&C Charges
Dental Treatment to Sound Natural Teeth	80% U&C Charges
Extended Dental Benefit	Up to $50,000
Accidental Death & Dismemberment Benefits	
Accidental Death Benefit	$25,000
Accidental Dismemberment Benefit Maximum	$50,000

Common Exclusions:

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Description of coverage* section:

1. Suicide, self-destruction, attempted self-destruction, or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps:
4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro-rata premium upon request;
5. Participation in a riot or insurrection. Riot means a public disturbance involving an assemblage of 5 or more persons which by tumultuous and violent conduct or the threat thereof creates grave danger of damage or injury to property or persons. An exclusion for riot shall apply only when a person willfully engages in a riot or willfully incites or urges other persons to engage in a riot.
6. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling, assault or battery.
7. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an accidental external bodily injury or accidental food poisoning.
8. Disease or disorder of the body or mind.
9. Mental or Nervous disorders, except as specifically provided in the Policy.
10. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
11. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
12. Intoxication or being under the influence of any drug or narcotic.
13. Injury caused by, contributed to, or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
14. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
15. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
16. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
17. Conditions that are not caused by a Covered Accident.
18. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
19. Any treatment, service or supply not specifically covered by this Policy.
20. Loss resulting from participation in any activity not specifically covered by this Policy.
21. Charges which are in excess of Usual and Customary charges.
22. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits.
23. Regular health checkups.
24. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
25. Travel in or upon:
    a. A snowmobile;
    b. A water jet ski;
    c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
    d. Any off-road motorized vehicle not requiring licensing as a motor vehicle.
26. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
    a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
    b. While being used for any test or experimental purpose; or
    c. While piloting, operation, learning to operate or serving as a member of the crew thereof; or

d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Participating Organization of any subsidiary or affiliate of the Participating Organization, or by the Covered Person or any member of Their household.
e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or an ultralight hang-gliding, parachuting, or bungee-cord jumping.
f. Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private Aircraft used for business or pleasure purposes.

27. Treatment for an Injury that is caused by or results from a nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 365 days of the initial incident and:
    a. the loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy and
    b. the Covered Person was within a 100-mile radius of the site of release either:
        i. at the time of the release; or
        ii. within 24 hours of the start of the release; or
        iii. occurs while the Covered Person is in
28. Rest cures or custodial care.
29. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
30. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
31. Pregnancy (except complications of pregnancy); childbirth; miscarriage; abortion; or any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.

Excluded Expenses:

The following will not be considered Covered Expenses unless coverage is specifically provided.

1. Any service, treatment or supply that is not considered appropriate treatment as defined in this Policy.
2. Expenses Incurred after the end of the Benefit Period, even if Incurred for continuing services or treatment of a Covered Injury.
3. Whole blood, concentrated red blood cells or blood storage except expenses by a Hospital for processing or administration of blood.
4. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
    a. cosmetic surgery resulting from a Covered Accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Covered Accident;
    b. reconstruction incidental to or following surgery resulting from a Covered Accident;
    c. any unplanned and unintended adverse consequences that may result during the treatment of a Covered Accident.
5. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
6. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
7. Rest cures or custodial care.
8. Personal services such as television and telephone.
9. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an accidental external bodily injury or accidental food poisoning.
10. Routine dental care and treatment.
11. Routine nursery care.

Note: Once coverage is accepted, a Policy will be issued to your school. This information is a brief description of certain benefits and features of the California Student Accident Insurance Program underwritten by Everest Reinsurance Company. It is not a contract and does not extend or alter the coverage afforded by the Policy. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth on the applicable policy form. To the extent there is any discrepancy between the descriptions in this brochure and the terms, conditions, limitations and exclusions of the Policy, the Policy shall prevail.

Everest disclaimer: *Everest Group, Ltd. ("Everest") is a leading global provider of reinsurance and insurance, operating for close to 50 years through subsidiaries in the U.S., Europe, Singapore, Canada, Bermuda, and other territories. Everest offers property, casualty, and specialty products through its various operating affiliates located in key markets around the world. Everest common stock (NYSE: EG) is a component of the S&P 500 index. Additional information about Everest, our people, and our products can be found on our website at everestglobal.com. All issuing companies may not do business in all jurisdictions.*

CSAIP is not affiliated with Everest Insurance® ("Everest"). No employees, agents and/or representatives of Everest are involved in the operation of CSAIP, and neither CSAIP nor its employees, agents and/or representatives are authorized to act or speak on behalf of Everest. As a courtesy to its qualifying policyholders, Everest has arranged for access to CSAIP at discounted rates when applicable, in order to provide policyholders with services that can benefit their businesses, but the choice of whether and to what extent to utilize CSAIP service is solely up to each qualifying policyholder. Everest makes no representations, guarantees or warranties (express or implied) as to the validity, quality and/or accuracy of any information, written materials, opinions or advice provided by CSAIP.

Los Banos Unified School District

1717 South Eleventh Street
Los Banos, California 93635
Telephone (209) 826-3801 Fax (209) 826-6810
www.losbanosusd.k12.ca.us

RE: Student Injuries and Insurance 2026-2027

Dear Parent:

Your child's school does not provide medical insurance coverage for school accidents. This means that you are responsible for the medical costs incurred if your child is injured while at school or during school sponsored activities. The accompanying student accident/health insurance plans are offered to help you pay those costs in the event of an injury.

There are several coverage options available. The student Health Care and High Option 24-Hour Accident plans are recommended for those students with no other insurance.

If your child does have other health coverage, student insurance may also be used as a supplement to help pay those eligible charges not covered by other insurance.

Please read the enclosed information carefully. If you have any questions, please contact the plan administrator, BMI Benefits, LLC at (800)445-3126. Bilingual representatives are available for parents who need assistance in Spanish.

In order to document that you have been notified of the availability of this insurance, please complete and sign the bottom of this form and send it back to the school with your child tomorrow.

Sincerely,

Bree Valla, Ed.D.
Superintendent

✂----------

As parent/guardian of _____, I understand that the school does not provide medical insurance for student injuries, but does make voluntary student insurance available. I have received the information on this program.

☐ I will enroll my child in the program ☐ I will **not** enroll my child in the program

Signed_____ Date_____