2018-19 MULTI-STATE STUDENT ACCIDENT INSURANCE PROGRAM

Multi-Benefit Protection



ACCIDENT INSURANCE PROTECTION HELPING PROVIDE:

For the Student - Sound coverage with a selection of plan options

For the Parent - Additional financial security to help in times of increasing medical costs

For You - The fulfillment of an administrative service and responsibility





Guarantee Trust Life Insurance Company (GTL) 1275 Milwaukee Ave., Glenview, IL 60025 www.gtlic.com



ACCIDENT INSURANCE PLANS

for all students and athletes



SCHOOL-TIME STUDENT ACCIDENT COVERAGE: Helps protect your students the entire school year, during regular school sessions, as well as participating in other school-sponsored activities requiring the attendance of the student. Also provides protection for your students while traveling directly to or from the student's Residence and school to attend or participate in school activities. The expiration date of coverage shall be the close of the regular nine month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the school during the summer.

24-HOUR-A-DAY ACCIDENT COVERAGE: Provides protection for your students 24-hours-a-day, year-round and continues until the end of the Policy Year. The student is protected AT HOME, AT SCHOOL, AT CAMP, ON VACATION. . . ANYWHERE ACCIDENTS CAN HAPPEN.

SPORTS ACCIDENT COVERAGE: Interscholastic sports (except football), including practice and Off-Season Physical Conditioning, are covered by the School-Time and 24-Hour-A-Day Accident Coverage only if the required additional premium is paid. Travel is also covered when going directly and uninterruptedly to and from practice or competition when traveling as a group in a Designated Vehicle.

FOOTBALL ONLY ACCIDENT COVERAGE: Players in Grades 6 through 12 are covered for accidents occurring while participating in interscholastic tackle football practice or competition and Off Season Physical Conditioning. Travel is also covered when going directly and uninterruptedly to and from practice or competition when traveling as a group in a Designated Vehicle.

EFFECTIVE COVERAGE DATES: Coverage will be effective on the date of premium receipt by the GTL, its representatives or school officials, or the official first day of school, whichever is later.

For interscholastic sports, coverage can pre-date the official first day of school for students who are participating in pre-school practice sessions, competition or covered travel. In such cases coverage will be effective as of the date of premium receipt but only while participating in actual practice sessions, competitions or covered travel. Other aspects of coverage will not commence until the official first day of school.

EXCESS PROVISION: All Covered Charges will be considered for payment on an Excess basis if any Other Valid and Collectible Insurance covers the Insured person.

2018-2019 Multi-State

Policy Benefits and Premiums

All Maximum amounts are per Injury except as specifically stated

Injury means bodily injury due to an Accident which results directly and independently of disease, bodily infirmity, or any other causes; solely, directly and independently of all other causes, results in medical expense; occurs after the effective date of the Insured's coverage under the Policy; and occurs while the Policy is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single Injury.

COVERAGE AND BENEFITS	
R&C means Reasonable and Customary charges	
Maximum Benefit Amount Per Injury	\$25,000.00
Deductible	\$0.00
Hospital Room and Board and general nursing care	100% of R&C
Intensive Care	100% of R&C
Inpatient Hospital Miscellaneous Expense	100% of R&C
Doctor's fees for surgery	100% of R&C
Assistant Surgeon Expense	100% of R&C
Anesthesia Services	100% of R&C
Non-Surgical Inpatient and Outpatient Doctors' Visits	100% of R&C
Hospital Emergency Care	100% of R&C
Outpatient X-ray and Laboratory Services	100% of R&C
Outpatient Imaging procedures for MRI/CAT Scan	100% of R&C
Ambulance Expense	100% of R&C
Urgent Care Center Expense	100% of R&C
Durable Medical Equipment, including Orthopedic Appliances	100% of R&C
Prescription Drugs	100% of R&C
Physical Therapy, rendered by a Doctor or Hospital	100% of R&C
Dental Treatment for Injury to Sound, Natural Teeth	100% of R&C
Casts, Non-surgical	100% of R&C
Ambulatory Surgical Facility	100% of R&C
Replacement expense for broken eyeglasses, lenses, contact lenses, hearing aids resulting from an Injury requiring medical treatment	100% of R&C
Registered Nurse Expense	100% of R&C
Loss of Life	\$10,000.00
Single Dismemberment	\$10,000.00
Double Dismemberment	\$20,000.00
PREMIUMS (ONE-TIME ANNUAL PAYMENT)	
SCHOOL-TIME ACCIDENT COVERAGE	
Grades Pre-K - 12 includes all activities and interscholastic sports, except football	\$80.00
Grades Pre-K - 12 includes all activities except interscholastic sports	\$56.00
24-HOUR-A-DAY ACCIDENT COVERAGE	
Grades Pre-K - 12 includes all activities and interscholastic sports, except football Grades Pre-K - 12 includes all activities except interscholastic sports	\$138.00 \$120.00
OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE Grades 6 -12	\$200.00

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 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 by acts of war, whether declared or not; (4) Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline; (5) Treatment of Mental or Nervous Disorders; (6) Suicide or attempted suicide; (7) Heart and/or circulatory malfunction resulting from participation in a Covered Activity, such as stroke, heat exhaustion (except as specifically stated), heart attack, and brain circulatory malfunctions; (8) Repetitive motion injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochrondritis dissecans not related to a specific Injury; (9) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (10) Re-Injury or complications of an Injury which occurred prior to the Policy's Effective Date; (11) Dental treatment, except as specifically stated; (12) Injury sustained fighting or brawling, except as an innocent victim; (13) Injury sustained while committing or attempting to commit a felony; (14) Injury sustained scuba diving; (15) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; (16) Injury sustained while participating in or practicing for interscholastic tackle football, including travel, unless optional coverage has been purchased; (17) Injury which occurs while the Insured is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days; (18) Injury sustained flying in an ultra-light, hang gliding, parachuting or bungee-cord jumping; (19) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (20) Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance.

For residents of Kentucky, Mississippi and South Carolina these additional Exclusions apply: (21) Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; (22) loss resulting from the use of any drug or agent classified as narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor.

For residents of Louisiana this additional Exclusion applies: (21) Loss resulting from being legally intoxicated or under the influence of narcotics unless administered on the advice of a physician.

IMPORTANT INFORMATION

- 1. Treatment must begin within ninety (90) days of Accident.
- 2. Expense must be incurred within fifty-two (52) weeks of Accident.
- 3. Written proof of loss must be furnished within ninety (90) days of Accident.
- 4. No refunds are available.

AVAILABILITY

This product is available in Kentucky, Louisiana, Mississippi and South Carolina.

Group Blanket Accident insurance products are issued on Form Series GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. These products, and their features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. This brochure is a brief description of the coverage. 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.