

# 2023-24 ILLINOIS STUDENT ACCIDENT INSURANCE PROGRAM Multi-Benefit Protection

*Administered by:*



5071 West H Avenue  
Kalamazoo, MI 49009-8501  
Phone: (269) 381-6630  
Fax: (269) 492-0084  
[www.1stAgency.com](http://www.1stAgency.com)



## ***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

*Underwritten by:*



Guarantee Trust Life Insurance Company (GTL)  
1275 Milwaukee Ave., Glenview, IL 60025  
[www.gtlic.com](http://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 when participating in other school-sponsored activities requiring the attendance of the student. Also provides protection for your students while traveling in a Designated Vehicle 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 (including practice) are covered by the School-Time and 24-Hour-A-Day Accident Coverage. Travel is also covered when going directly and uninterruptedly to and from practice or competition when traveling as a group in a Designated Vehicle. High school tackle football for grades 9 through 12 is only covered by the optional Football Only Accident Coverage, which requires an additional premium.

**FOOTBALL ONLY ACCIDENT COVERAGE:** Players in Grades 9 through 12 are covered for accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is also covered when going directly and uninterruptedly to and from such 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 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.

Football Only Accident 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 sanctioned by the State High School Association and continues through the date of the last official game of the 2023 season, including playoffs. Other aspects of coverage will not commence until the official first day of school.

**EXCESS PROVISION:** All Covered Charges over \$100 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 \$100 in Covered Charges regardless of other insurance.

# ILLINOIS 2023-2024

## Benefits and Premiums

**All Maximum amounts are per Injury except as specifically stated.**

Injury means bodily injury, independent of disease or bodily infirmity, which directly results in loss covered by the Policy. The Injury must occur and the loss must begin while the coverage for the Insured is in force under the Policy.

COVERAGE AND BENEFITS	STANDARD PLAN	DELUXE PLAN
Maximum Benefit Amount Per Injury	\$25,000.00	\$25,000.00
Deductible	\$0.00	\$0.00
Hospital Room and Board and general nursing care, limited to a maximum of	\$200.00/day	\$600.00/day
Intensive Care, limited to a maximum of	\$200.00/day	\$600.00/day
Miscellaneous Hospital Charges, limited to a maximum of	\$1,500.00	\$3,000.00
Doctor's Charges for Surgery, in accordance with the Surgical Schedule using	\$75.00 per unit value	\$200.00 per unit value
Administration of Anesthesia, limited to	20% of the Surgical Schedule allowance	20% of the Surgical Schedule allowance
Assistant Surgeon Charge, limited to		
Non-Surgical Doctors' Visits, including Physical Therapy: 1st Visit up to Thereafter up to Physical Therapy is limited to a maximum benefit of 5 visits.	\$25.00 \$15.00	\$60.00 \$50.00
Hospital Emergency Care, excluding professional charges, limited to a maximum of	\$200.00	\$400.00
Outpatient Imaging Procedures and Interpretation for MRI/CAT Scan, up to a maximum benefit of	\$200.00	\$500.00
Outpatient X-ray Services, limited to a maximum of	\$200.00	\$500.00
Ambulance Charges, limited to a maximum of	\$100.00	\$400.00
Durable Medical Equipment including orthopedic appliances, limited to a maximum of	\$100.00	\$200.00
Dental Treatment, per tooth (for Injury to Sound, Natural Teeth), limited to	\$200.00	\$600.00
Motor Vehicle Accident injuries, limited to	\$5,000.00	\$5,000.00
Loss of Life	\$5,000.00	\$5,000.00
Single Dismemberment – (Loss of One Hand, One Foot, Entire Sight of One Eye or Hearing One Ear)	\$1,000.00	\$1,000.00
Double Dismemberment – (Loss of both Hands, Both Feet, Entire Sight of Both Eyes, Hearing both Ears or Loss of Speech)	\$10,000.00	\$10,000.00
PREMIUMS (ONE-TIME ANNUAL PAYMENT)	STANDARD PLAN	DELUXE PLAN
<b>SCHOOL-TIME STUDENT ACCIDENT COVERAGE</b>		
Students — Grades Pre-K - 8	\$23.00	\$52.00
Grades 9 - 12	\$46.00	\$105.00
<b>24-HOUR-A-DAY ACCIDENT COVERAGE</b>		
Students — Grades Pre-K - 12	\$125.00	\$275.00
<b>OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE</b>		
Per Player — Grades 9 - 12	\$162.00	\$369.00

## 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) Injury covered by Worker's Compensation or the Occupational Disease Law or mandatory no-fault automobile insurance; (6) Suicide or attempted suicide; (7) Off-Season Physical Conditioning for interscholastic sports. The "official season" for each specific covered sport is the period within the dates determined by the appropriate athletic/activities association for the practice and play of that sport; (8) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (9) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; (10) Hernia, any type, except if directly resulting from accidental Injury while covered under the Policy; (11) Injury sustained fighting or brawling, except as an innocent victim; (12) Injury sustained while committing or attempting to commit a felony, or while being engaged in an illegal occupation; (13) Injury sustained while voluntarily participating in a riot or civil commotion or insurrection or disturbance of any kind; (14) Treatment of sickness or disease in any form; (15) Treatment of temporomandibular joint dysfunction and associated myofascial pain; (16) 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; (17) Loss resulting from the use of any drug or agent classified as a narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor; (18) Injury sustained while operating, riding in or upon, mounting or alighting from, any two, three or four-wheeled recreational motor/engine driven vehicle, snowmobile or all terrain vehicle (ATV); (19) Injury sustained participating in a rodeo; (20) Injury sustained while participating in or practicing for tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased; (21) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (22) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (23) 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; (24) Charges for treatments, services or supplies which exceed reasonable and customary charges; (25) Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; (26) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; (27) 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.

## IMPORTANT INFORMATION

1. Treatment must begin within thirty (30) days of Accident.
2. Charges 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 premium refunds are available.

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.