

2024-25 OHIO STUDENT ACCIDENT INSURANCE PROGRAM Multi-Benefit Protection

Plan Administered by:

**Student
Protective
Agency**

300 Coshocton Ave.
Mount Vernon, OH 43050
1-800-278-2544



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 & Claims Administered by:

GTL | GUARANTEE
TRUST
LIFE

Guarantee Trust Life Insurance Company (GTL)
1275 Milwaukee Ave., Glenview, IL 60025
1-800-622-1993
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 (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 10 through 12 (including grade 9 if playing or practicing with grades 10 through 12) is only covered by the optional Football Only Accident Coverage, which requires an additional premium.

FOOTBALL ONLY ACCIDENT COVERAGE: Players in Grades 10 through 12 (including grade 9 if playing or practicing with grades 10 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 sanctioned by the Ohio High School Athletic Association. 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 and no earlier than August 1st as sanctioned by the Ohio High School Athletic Association and continues through the date of the last official game of the 2024 season, including playoffs. Other aspects of coverage will not commence until the official first day of school.

TERMINATION OF POLICY/CERTIFICATE OF COVERAGE: Policyholder: The Policy is issued for the agreed upon term of coverage and is non-renewable. Certificateholder: Coverage will terminate at the earlier of: (1) the date the Policy terminates; or (2) the date the Insured ceases to be a member of the Policyholder's sports teams; or (3) the last day of regularly scheduled sports activity; or (4) the date the Insured ceases to be an Eligible Person; or (5) the end of the period for which any applicable premium has been paid. We have the right to terminate the coverage of any Insured who submits a fraudulent claim under the Policy.

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.

2024-25

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 Covered Person'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	LOW OPTION	HIGH OPTION
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	\$150.00/day	\$300.00/day
Hospital Miscellaneous Expense, limited to a maximum of	\$1,000.00	\$2,000.00
Hospital Emergency Care, limited to a maximum of	\$150.00	\$300.00
Orthopedic Appliances furnished by the Hospital, limited to a maximum of	\$100.00	\$200.00
Doctor's fees for surgery, limited to a maximum of	\$1,500.00	\$3,000.00
Anesthesia Services	100% of Reasonable & Customary	100% of Reasonable & Customary
Non-Surgical Doctors' Visits, including Physical Therapy Physical Therapy is limited to a maximum benefit of 3 visits.	\$25.00	\$50.00
Dental Treatment, per tooth (for Injury to Sound, Natural Teeth), limited to Up to a maximum of	\$200.00 \$600.00	\$400.00 \$1,200.00
Imaging procedures, including X-rays and interpretation, limited to a maximum of amount of	\$100.00	\$200.00
MRI/CAT Scan, up to a maximum benefit of	\$125.00	\$250.00
Ambulance Expense, limited to a maximum of	\$100.00	\$200.00
Loss of Life	\$2,000.00	\$2,000.00
Loss of One Hand or One Foot or Entire Sight of Both Eyes	\$1,000.00	\$1,000.00
Loss of both Hands or Feet	\$10,000.00	\$10,000.00
PREMIUMS (ONE-TIME PAYMENT)	LOW OPTION	HIGH OPTION
SCHOOL-TIME ACCIDENT COVERAGE		
Students — Grades K - 6	\$23.00	\$46.00
Grades 7 - 12	\$37.00	\$74.00
24-HOUR-A-DAY ACCIDENT COVERAGE		
Students — Grades K - 6	\$79.00	\$158.00
Grades 7 - 12	\$91.00	\$182.00
OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE		
Per Player — Grades 10 - 12 (including grade 9 if playing or practicing with grades 10 through 12)	\$129.00	\$258.00

EXCLUSIONS

THE POLICY DOES NOT COVER: (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 sustained while violating or attempting to violate any duly enacted law; (4) Injury by acts of war, whether declared or not; (5) Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline; (6) Injury covered by Worker's Compensation or the Occupational Disease Law; (7) 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; (8) Hernia, any type; (9) Injury sustained fighting or brawling, except in self-defense; (10) Suicide or attempted suicide; (11) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (12) 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; (13) 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); (14) Injury sustained while participating in or practicing for senior high interscholastic tackle football including grade 9 if playing with grade 10 or above, including travel, unless optional coverage has been purchased; (15) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (16) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (17) 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; (18) Dental treatment, except as specifically stated; (19) Services of an assistant surgeon or Doctor when surgery is performed; (20) Eyeglasses, contact lenses, routine eye exams or prescriptions therefore; (21) Prescription Drugs, crutches, braces, artificial limbs, etc., except as specifically stated.

IMPORTANT INFORMATION

1. Treatment must begin within thirty (30) 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.

Blanket Accident insurance is issued under Policy Form Series GP-2030, GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. The policy has exclusions, limitations, reductions of benefits, and conditions of eligibility and termination. Subject to state availability and variability. 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.

STUDENT ACCIDENT INSURANCE

K-12 MANDATORY COVERAGE

Accidents happen. Guarantee Trust Life Insurance Company (GTL) is here to help protect your school district from the burdens that can result when there is an accidental Injury to a student in your school district.

GTL's Blanket Accident coverage helps provide protection for all students enrolled in the school district as well as participating in school-sponsored interscholastic sports and Covered Activities (interscholastic tackle football coverage is not covered unless optional coverage is elected for an additional premium—school must have already purchased the School-Time Student Accident coverage in order to elect tackle football coverage).

AT SCHOOL PROTECTION:

The student is protected while attending regular School-Time sessions. In addition, coverage is provided while participating in (or attending) Covered Activities exclusively organized, sponsored and solely supervised by school employees. This includes travel directly to and from the activity in a Designated Vehicle furnished by the school and supervised solely by school employees. The student is covered while engaged in sports, except for interscholastic tackle football (unless optional coverage is purchased).

Coverage Highlights:

- Up to a \$5,000 Maximum Benefit per Injury
- \$0 Deductible
- Excess Coverage to any other Valid and Collectible Insurance
- 100% participation
- Includes coverage for sports and Covered Activities exclusively organized and sanctioned by the school
- Includes coverage for Off-Season Physical Conditioning
- Interscholastic tackle football coverage is available for an additional premium per team

The coverage will pay medical expenses for a covered Accident provided the expense begins within 30 days of the Accident and is incurred within 52 weeks from the date of the Accident. Loss must result directly and independently of all other causes.

Benefits provided by this coverage are payable for the Medically Necessary, Reasonable and Customary expenses actually incurred while the Policy is in force for any one covered Accident.

COVERED EXPENSES:

Means the Medically Necessary, Reasonable and Customary charges for:

 Hospital room and board and general nursing care	 Assistant surgeon expense	 Ambulance expense	 Physical Therapy rendered by a Hospital or Doctor
 Intensive Care	 Inpatient and Outpatient Doctors' visits	 Urgent Care Center expense	 Registered Nurse expense
 Inpatient and Outpatient Hospital miscellaneous expense	 Hospital Emergency care	 Casts, non-surgical.	 Replacement expense for broken eyeglasses, lenses, contact lenses, hearing aids resulting from an Injury requiring medical treatment
 Doctor's fees for surgery	 Outpatient X-ray and laboratory services	 Anesthesia services	
 Home Health Care	 Ambulatory Surgical Facility	 Dental treatment for Injury to Sound Natural Teeth	

School-Time Student Accident coverage must be purchased on each student within the school district. Interscholastic tackle football option may only be purchased if School-Time Student Accident Coverage has been purchased.

PREMIUM PAYMENTS:

Premium is due prior to the requested effective date on the application for coverage. Premium due is based on the total number of students enrolled in the school on the first regularly scheduled school day.

No refunds are available.

COVERAGE TERMINATION:

Coverage will end on the first of the following to occur:

- 1) The date the Insured ceases to be an Eligible Person;
- 2) The date to which premium has been paid;
- 3) The date the Policy terminates.

The Policy will terminate at 12:01 a.m. of the termination date shown on the Policy application. Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force.

CLAIMS:

Claims are processed by Guarantee Trust Life Insurance Company, 1275 Milwaukee Ave, PO Box 1148, Glenview, Illinois 60025.

POLICY EXCLUSIONS:

The Policy does not provide benefits for treatment, services, or supplies which: 1. Are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are determined to be Experimental/Investigational in nature; or 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; are not specifically listed as Covered Charges in the Policy; or 2. Intentionally self-inflicted Injury; or 3. Injury received while violating or attempting to violate any duly enacted law; or 4. Injury by acts of war, whether declared or not; or 5. Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline; or 6. Injury covered by Workers' Compensation or the Occupational Disease Law; or 7. Suicide or attempted suicide; or 8. Dental treatment, except as specifically stated; or 9. Eyeglasses, contact lenses, routine eye exams or prescriptions therefore; or 10. Hernia, any type; or 11. Injury sustained fighting or brawling, except in self-defense; or 12. Prescription Drugs, crutches, braces, artificial limbs, etc., except as specifically stated; or 13. 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; or 14. 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; or 15. 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); or 16. Injury sustained while participating in or practicing for interscholastic tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased; or 17. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; or 18. Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; or 19. 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.

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.

Underwritten by:



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