



MICHIGAN  
PREMIER  
STUDENT  
ACCIDENT  
INSURANCE  
2011/2012



**G•T•L**

Guarantee Trust Life Insurance Company  
A Mutual Company  
Glenview, Illinois 60025

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## ACCIDENT MEDICAL BENEFITS

If a student receives treatment by a legally qualified doctor or surgeon (other than a member of the family) or is hospital confined, and treatment begins within 60 days from the date of Injury, the Company will **PAY COVERED CHARGES**, subject to the provisions, exclusions and maximum benefit outlined in this brochure. Expenses incurred after one year from the date of Injury are not covered, even though the service is a continuing one or one that is necessarily delayed beyond one year from the date of Injury.

## ACCIDENTAL DEATH, DISMEMBERMENT & LOSS OF SIGHT BENEFITS

Benefits are paid for losses, which are incurred within 180 days from the date of Injury. The following benefits (the largest applicable amount) are paid in addition to the medical benefit:

Loss of Life:.....	\$2,500
Loss of One Hand, One Foot or Sight of One Eye: .....	\$5,000
Loss of Both Hands, Both Feet or Sight of Both Eyes: .....	\$10,000

“Loss” means with regard to hands and feet, actual severance above the wrist or ankle joint; with regard to sight, the entire and irrecoverable loss thereof.

## EXTENDED DENTAL ACCIDENT PLAN – Additional \$5,000 Medical Maximum expense payable at 80% of Reasonable & Customary

Covers accidents occurring anytime, anywhere in the world, including all athletics and all forms of transportation. Coverage begins on the date of premium payment (but not before the start of the school year), and ends when school re-opens for the following fall season. Extended dental can only be purchased in conjunction with At School, 24-Hour a Day Protection, or Football Only plans.

**Benefits:** If within 60 days from the date of Injury the insured is treated by a legally qualified dentist (other than a family member) for Injury to teeth, the Company will pay the benefits for REASONABLE AND CUSTOMARY CHARGES for necessary dental treatment which is incurred within 12 months from the date of Injury. Injury must occur while the Policy is in force up to an additional \$5,000 maximum. Coverage is not limited to treatment of natural teeth.

**Exclusions:** Conditions which are not caused by Accidental Injury; re-injury or complications of a condition which existed prior to the Accident; orthodontics and damage to or loss of dentures or bridges.

## DEFINITIONS

**INJURY** – means bodily Injury caused by an Accident. The Injury must occur while the Policy is in force and while the Insured is covered under the Policy. The Injury must be sustained as stated on the Schedule of Benefits of the Policy.

**ACCIDENT** – means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Insured is covered under the Policy.

**REASONABLE AND CUSTOMARY CHARGES (R & C)** – means the usual, reasonable and customary fee or charge for the services rendered and the supplies furnished in the area where and at the time such services are rendered or supplies furnished, as determined by the Company. Such services and supplies must be recommended and approved by a doctor.

**COVERED CHARGES** – means the Reasonable and Customary Charge incurred for a service or supply which is performed or given under the direction of a doctor for the medically necessary treatment of an Injury. A Covered Charge is considered incurred on the date treatment or service is rendered or a supply is furnished.

## EXCESS PROVISION

Applicable only if other insurance exists. This student insurance plan is designed to provide maximum benefits for a minimum premium. If a claim for a covered Injury is over \$100 and there is other medical insurance, submit the claim to the other insurance company first. When the benefit statement is received, send it to our office. The Company will pay benefits for those eligible expenses not paid by the other insurance. If the medical bills are under \$100, benefits are paid regardless of other insurance.

## COVERAGE PERIOD

Coverage, under the School-Time and 24-Hour Plans, begins on the date of premium receipt, but not before the start of the school year activities. School-Time coverage ends at the close of the regular nine-month school term, except while the Insured is attending activities exclusively and solely supervised by the school, during the summer. 24-Hour coverage ends when school re-opens for the following fall term. Optional Football coverage begins on the date of premium receipt by the Company, 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.

## SCHEDULE OF BENEFITS AND PREMIUMS

**Covered Charges must be incurred within one year from the date of Injury provided the first treatment occurs within 60 days from the date of Injury. Coverage is for injury due to Accidents only.**

<b>MAXIMUM BENEFIT:</b>	
School-Time Option	\$25,000 per Injury
24-Hour Option	\$25,000 per Injury
Football Option	\$25,000 per Injury
Injury Involving Motor Vehicles	\$2,500 per Injury
Death Benefit	\$2,500
Dismemberment Benefit – Single/Double	\$5,000/\$10,000
<b>COVERED CHARGES</b>	
<b>Hospital/Facility Services:</b>	
<b>Inpatient:</b>	
Hospital Room and Board	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Intensive Care	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Inpatient Miscellaneous	80% of Reasonable & Customary up to \$1,500 maximum
<b>Outpatient:</b>	
Outpatient Hospital Miscellaneous	80% of Reasonable & Customary up to \$1,000 maximum
Hospital Emergency Room	80% of Reasonable & Customary up to \$500 maximum
Free-standing Ambulatory Surgical Facility	80% of Reasonable & Customary up to \$1,000 maximum
<b>Doctor's Services:</b>	
Surgical - One Procedure Limit	80% of Reasonable & Customary up to \$2,500 maximum
Assistant Surgeon	25% of surgical benefit
Anesthesiologist	25% of surgical benefit
Doctor's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	80% of Reasonable & Customary up to \$1,000 maximum
Doctor's Non-surgical Outpatient Treatment	80% of Reasonable & Customary
<b>Other Services:</b>	
Registered Nurses' Services	80% of Reasonable & Customary
Prescriptions – outpatient	80% of Reasonable & Customary
Laboratory Tests – outpatient	80% of Reasonable & Customary
X-rays – includes interpretation – outpatient	80% of Reasonable & Customary up to \$500 maximum
Diagnostic Imaging (MRI, Cat Scan, etc.) includes interpretation	80% of Reasonable & Customary up to \$750 maximum
Ground/Air Ambulance	80% of Reasonable & Customary up to \$500 maximum
Durable Medical Equipment – includes Orthopedic Braces & Appliances	80% of Reasonable & Customary up to \$500 maximum
Dental Treatment (Sound & Natural Teeth Only)	80% of Reasonable & Customary up to \$2,500 maximum
Replacement of Eyeglasses, Hearing Aids, Contact Lenses, if medical treatment is also received for the covered injury	80% of Reasonable & Customary
<b>Premiums: Coverage for grades 9-12 football and interscholastic high school sports are available, provided applicable premium is paid as shown below.</b>	
<b>School-Time: Covers accidents, which occur while participating in school-sponsored and supervised activities only.</b>	
Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$99.00
Grades PreK-12 includes all activities except interscholastic sports	\$58.00
<b>24-Hour: Around-the-clock accident coverage anywhere in the world. Protection during vacations, weekends and school days.</b>	
Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$268.00
Grades PreK-12 includes all activities except interscholastic sports	\$203.00
<b>Football: Covers accidents occurring while participating in high school interscholastic 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 school-sponsored and supervised transportation. Optional Football coverage begins on the date of premium receipt by the Company, 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.</b>	
Grades 9-12 (2011 season only)	\$347.00
<b>Extended Dental</b> (Can only be purchased in conjunction with At School, 24-Hour a Day Protection or Football Only plans)	
Grades PreK-12	\$12.00

## **EXCLUSIONS**

THE POLICY DOES NOT COVER THE INSURED, NOR IS ANY PREMIUM CHARGED 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 School or any family member; are not specifically listed as Covered Charges in the Policy.
2. Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law. Injury by acts of war, whether declared or not.
3. Injury covered by Worker's Compensation or the Occupational Disease Law or mandatory no-fault automobile insurance.
4. Treatment of Osgood-Schlatter's disease or osteochondritis dissecans.
5. Hernia, any type, regardless of cause.
6. Injury sustained fighting or brawling, except in self-defense, or while committing or attempting to commit a felony.
7. Suicide or attempted suicide while sane or insane.
8. Treatment of temporomandibular joint dysfunction and associated myofacial pain.
9. Injury caused by or contributed to by aggravation or re-injury of a condition for which medical advice or treatment was recommended by or received from a doctor within a 6 month period preceding the insured's effective date of coverage under the Policy.
10. 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.
11. Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a doctor.
12. Injury sustained while operating, riding in or upon, mounting or alighting from any two or three or four wheeled recreational motor/engine driven vehicle, snowmobile or all terrain vehicle (ATV).
13. Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association.
14. Injury sustained while participating in or practicing for tackle football in grades 9 through 12, including travel, unless Football coverage has been purchased.

This is a general description of the benefits provided under the master policy. It is not a contract and the actual terms and conditions are those in the master policy. These plans are subject to Insurance Department approval.

**NO REFUNDS ARE AVAILABLE**