

2023-24 ALABAMA

STUDENT ACCIDENT INSURANCE PROGRAM

Multi-Benefit Protection

Plan Administered by:

PARKER WALLER INSURANCE AGENCY

401 Cedar Street

Greenville, Alabama 36037

(334) 382-1234

Toll-Free (877) 272-4532



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 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 as sanctioned by the High School Athletic 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.

This is a Primary Plan.

Covered Charges will be eligible for payment regardless of other insurance.

2023-24 POLICY BENEFITS

Policy Maximum \$25,000.00 for any one covered Injury for charges incurred within 52 weeks of the Accident. Treatment must begin within 30 days of the date of the Accident.

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.

Benefits are payable up to the dollar amounts specified below.		LOW OPTION	HIGH OPTION
HOSPITAL ROOM AND BOARD AND GENERAL NURSING CARE Confinement must begin within 120 days of the Accident	First day Thereafter, per day	\$125.00 \$100.00	\$250.00 \$200.00
INPATIENT AND OUTPATIENT MISCELLANEOUS HOSPITAL CHARGES	Limited to a maximum of	\$600.00	\$1,200.00
HOSPITAL EMERGENCY CARE Excluding professional charges	Limited to a maximum of	\$100.00	\$200.00
DOCTOR'S CHARGES FOR SURGERY	In accordance with the Surgical Schedule, per unit	\$55.00	\$110.00
ADMINISTRATION OF ANESTHESIA	Percent of Surgical Schedule allowance	25%	25%
ASSISTANT SURGEON CHARGE	Percent of Surgical Schedule allowance	25%	25%
NON-SURGICAL DOCTOR'S VISITS Limited to one visit per day, excluding Physical Therapy	First visit Subsequent visits	\$30.00 \$15.00	\$60.00 \$30.00
OUTPATIENT IMAGING PROCEDURES & INTERPRETATION	For MRI/CAT Scan, up to a maximum of	\$120.00	\$240.00
OUTPATIENT X-RAY SERVICES	Limited to a maximum of	\$100.00	\$200.00
OUTPATIENT PHYSICAL THERAPY	Rendered by a Hospital Rendered by a Doctor First visit Subsequent visits Maximum number of visits	\$35.00 \$30.00 \$15.00 3 Visits	\$70.00 \$60.00 \$30.00 3 Visits
DURABLE MEDICAL EQUIPMENT	Including orthopedic appliances, limited to a maximum of	\$100.00	\$200.00
AMBULANCE CHARGES	Limited to a maximum of	\$75.00	\$150.00
DENTAL TREATMENT	For Injury to Sound, Natural Teeth - PER TOOTH	\$150.00	\$300.00
ACCIDENTAL DEATH AND DISMEMBERMENT Only one of these benefits, the largest, will be payable in addition to the benefits shown above	ACCIDENTAL DEATH caused by an Injury and occurring within 365 days of the covered Accident DISMEMBERMENT caused by an Injury and occurring within 365 days of the covered Accident Single Dismemberment (Loss of One Hand, One Foot, Entire Sight of One Eye or Hearing One Ear) Double Dismemberment (Loss of Both Hands, Both Feet, One Hand and One Foot, Entire Sight of Both Eyes, Hearing Both Ears or Loss of Speech)	\$1,500.00 \$1,000.00 \$7,500.00	

EXTENDED DENTAL BENEFIT OPTION

Can only be purchased in conjunction with School-Time, 24-Hour or Football Only Accident Plans

Up to a maximum benefit of \$2,500.00 for: examination, diagnoses and x-ray; restorative treatment; endodontics; and oral surgery (not to include periodontics or orthodontics); up to \$250.00 for dental prostheses toward the cost of a bridge, partial denture or denture, or for replacement in kind of previous dental repairs. If during the Benefit Period, the Insured's dentist certifies that treatment must be deferred, We will pay up to a maximum of \$100.00 in lieu of all other dental benefits.

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 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 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 received 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) Heat exhaustion and heat stroke. (8) Injury caused by or contributed to by aggravation or re-injury of a Pre-existing Condition. (9) Suicide or attempted suicide. (10) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures. (11) Dental treatment, except as specifically stated. (12) Eyeglasses, contact lenses, routine eye exams or prescriptions. (13) Hernia, any type. (14) Injury sustained during on-the-job training. (15) Injury sustained fighting or brawling. (16) Loss resulting from a pathological fracture or fracture through the site of a bone cyst. (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) 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. (19) 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). (20) 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. (21) Injury sustained flying in an ultra light, hang gliding, parachuting or bungee-cord jumping. (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 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.

NO REFUNDS ARE AVAILABLE

<u>SCHOOL-TIME ACCIDENT COVERAGE</u>	<u>PREMIUM RATES</u>	<u>One-Time Annual Payment</u>
		<u>Low Option</u> <u>High Option</u>
Students Grades K-6	\$ 15.00	\$ 37.00
Students Grades 7-12	\$ 21.00	\$ 50.00
 <u>24-HOUR ACCIDENT COVERAGE</u>		
Students Grades K-6	\$ 58.00	\$127.00
Students Grades 7-12	\$ 80.00	\$164.00

EXTENDED DENTAL OPTION PREMIUM

Can only be purchased in conjunction with School-Time, 24-Hour or Football Only Accident Plans

Students Grades K-12	\$ 8.50	\$ 8.50
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OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE — Including 9th grade if playing with grade 10 or above

Regular Season (Including spring practice)	\$138.00	\$276.00
Spring Practice 2024	\$ 39.00	\$ 80.00
Summer Practice 2024	\$ 55.00	\$110.00

Optional Football Only Accident Coverage covers Football only. It is not required that players pay an additional premium for School-Time or 24-Hour Accident Coverage, however, unless they do, coverage only applies to Football play or practice. Participation in the football program may be on a voluntary basis. Premium must be received before coverage is provided. No extra premium for spring practice will be charged if a player paid the full Regular Season premium. New players coming out for spring practice need only pay the Spring Practice premium. Jr. High Players (Grades 7, 8 & 9) are covered for Football under “School-Time Accident Coverage” and “24-Hour Accident Coverage” with benefits described in this brochure.

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.