2025-26 PENNSYLVANIA

STUDENT ACCIDENT INSURANCE PROGRAM

Multi-Benefit Protection

Gallagher | Special Risk

5071 West H Avenue
Kalamazoo, MI 49009-8501
Phone: (269) 381-6630
Fax: (269) 492-0084
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:

GTL | GUARANTEE TRUST LIFE

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

FA-GB-K12-PA-25-26



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 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. 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.

EXTENDED DENTAL: For an additional premium, Extended Dental Expense increases the maximum benefit for Injury to Sound, Natural teeth up to $5,000.

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 2025 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 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.

PENNSYLVANIA 2025-2026

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.

MAXIMUM BENEFIT AMOUNT PER INJURY - $25,000

COVERAGE AND BENEFITS

HOSPITAL/FACILITY SERVICES:	
Inpatient:	
Hospital Room and Board and general nursing care	80% of Reasonable & Customary up to $500 per day maximum
Intensive Care	80% of Reasonable & Customary up to $500 per day maximum
Miscellaneous Hospital Charges	80% of Reasonable & Customary up to $1,500 maximum
Outpatient:	
Miscellaneous Hospital Charges	80% of Reasonable & Customary up to $1,000 maximum
Hospital Emergency Care, excluding professional charges	80% of Reasonable & Customary up to $500 maximum
Doctor's Services:	
Surgical Fee – One Procedure Limit	80% of Reasonable & Customary up to $2,500 maximum
Assistant Surgeon Charge	80% of Reasonable & Customary
Administration of Anesthesia	80% of Reasonable & Customary
Outpatient Physical Therapy, rendered by a Doctor	80% of Reasonable & Customary up to $1,000 maximum
Doctor's Visits	80% of Reasonable & Customary
OTHER SERVICES:	
Registered Nurse Expense	80% of Reasonable & Customary
Prescription Drugs	80% of Reasonable & Customary
Outpatient Laboratory Services	80% of Reasonable & Customary
Outpatient X-ray Services	80% of Reasonable & Customary up to $500 maximum
Outpatient MRI/CAT Scan – includes interpretation	80% of Reasonable & Customary up to $750 maximum
Ambulance Charges	80% of Reasonable & Customary up to $500 maximum
Durable Medical Equipment, including orthopedic appliances	80% of Reasonable & Customary up to $500 maximum
Dental Treatment (For Injury to Sound & Natural Teeth)	80% of Reasonable & Customary up to $2,500 maximum
Replacement of Eyeglasses, lenses, contact lenses and hearing aids, resulting from an Injury requiring medical treatment	80% of Reasonable & Customary
Motor Vehicle Accident injuries	80% of Reasonable & Customary limited to a maximum of $2,500 per Injury
Loss of Life	$2,500
Single Dismemberment (Loss of One Hand, One Foot, Entire Sight of One Eye, or Hearing One Ear)	$5,000
Double Dismemberment (Loss of Both Hands, Both Feet, Entire Sight of Both Eyes, or Hearing Both Ears or Loss of Speech)	$10,000

PREMIUMS (ONE-TIME ANNUAL PAYMENT)

School-Time Student Accident Coverage:	
Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	$88.00
Grades PreK-12 includes all activities except interscholastic sports	$37.00
24-Hour-A-Day Accident Coverage:	
Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	$215.00
Grades PreK-12 includes all activities except interscholastic sports	$158.00
Football Only Accident Coverage:	
Grades 9-12 (2025 Season Only)	$341.00
Extended Dental: (Can only be purchased in conjunction with School-Time, 24-Hour-A-Day or Football Only Plans)	
Grades PreK-12	$12.00

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 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; 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 or mandatory no-fault automobile insurance; (7) Suicide or attempted suicide; (8) 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; (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) Hernia, any type, regardless of cause; (12) Injury sustained fighting or brawling, except as an innocent victim; (13) Injury sustained while voluntarily participating in a riot or civil commotion, or insurrection or disturbance of any kind; (14) Injury sustained while committing or attempting to commit a felony; (15) Treatment of sickness or disease in any form; (16) Treatment of temporomandibular joint dysfunction and associated myofascial pain; (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 a 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, three or four-wheeled recreational motor/engine driven vehicle, snowmobile or all-terrain vehicle (ATV); (20) Injury sustained participating in a rodeo; (21) Injury sustained while participating in or practicing for Interscholastic athletics unless optional coverage has been purchased; (22) Injury sustained while participating in or practicing for Interscholastic tackle football, in grades 9-12, unless optional coverage has been purchased; (23) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (24) cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (25) 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; (26) Charges for treatments, services or supplies which exceed reasonable and customary charges; (27) Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; (28) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; (29) 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 sixty (60) 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 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.