

# 2021-22 MARYLAND STUDENT ACCIDENT INSURANCE PROGRAM

## Multi-Benefit Protection



### **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**

*Administered by:*



*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

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**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 (except football), including practice and Off-Season Physical Conditioning, 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.

**FOOTBALL ONLY ACCIDENT COVERAGE:** Players in Grades 6 through 12 are covered for accidents occurring while participating in interscholastic tackle football practice or competition and Off-Season Physical Conditioning. Travel is also covered when going directly and uninterruptedly to and from 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.

# 2021-2022 Maryland

## Policy Benefits and Premiums

All Maximum amounts are per Injury except as specifically stated

BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW

<b>COVERAGE AND BENEFITS</b>	
<b>R&amp;C means Reasonable and Customary charges</b>	
Maximum Benefit Amount Per Injury	\$25,000.00
Deductible	\$0.00
Hospital room and board and general nursing care	100% of R&C
Intensive Care	100% of R&C
Inpatient and outpatient miscellaneous Hospital charges	100% of R&C
Doctor's charges for surgery, including second opinions	100% of R&C
Assistant surgeon charges	100% of R&C
Administration of anesthesia	100% of R&C
Non-surgical inpatient and outpatient doctors' visits, including Breast cancer screening in accordance with the latest screening guidelines issued by the American Cancer Society	100% of R&C
Hospital Emergency Care, excluding professional charges	100% of R&C
Outpatient X-ray and laboratory services	100% of R&C
Outpatient imaging procedures and interpretation for MRI/CAT Scan	100% of R&C
An objective second opinion given to the insured when required by a utilization review program	100% of R&C
Ambulance charges	100% of R&C
Urgent Care Center charges, does not include professional surgical charges	100% of R&C
Orthopedic Appliances, including prosthetic devices (artificial device to replace, in whole or in part, a leg, an arm, or an eye) components of prosthetic devices, and repairs to prosthetic devices, braces, rental of crutches, wheelchairs, shoes or inserts up to the Maximum Benefit amount per Injury	100% of R&C
Durable Medical Equipment	100% of R&C
Prescription Drugs	100% of R&C
Outpatient Physical Therapy, rendered by a Doctor or Hospital	100% of R&C
Dental treatment for Injury to Sound, Natural Teeth	100% of R&C
Ambulatory Surgical Facility	100% of R&C
Replacement expense for broken eyeglasses, lenses, contact lenses, hearing aids resulting from an Injury requiring medical treatment	100% of R&C
Registered nurse expense	100% of R&C
Hospice Care expense, limited to the maximum Benefit Amount per Injury	100% of R&C
Loss of Life	\$10,000.00
Single Dismemberment	\$10,000.00
Double Dismemberment	\$20,000.00
<b>PREMIUMS (ONE-TIME ANNUAL PAYMENT)</b>	
<b>SCHOOL-TIME ACCIDENT COVERAGE</b>	
Grades Pre-K - 12 includes all activities and interscholastic sports, except football	\$92.00
Grades Pre-K - 12 includes all activities except interscholastic sports	\$64.00
<b>24-HOUR-A-DAY ACCIDENT COVERAGE</b>	
Grades Pre-K - 12 includes all activities and interscholastic sports, except football	\$159.00
Grades Pre-K - 12 includes all activities except interscholastic sports	\$138.00
<b>OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE</b> Grades 6 -12	\$230.00

## EXCLUSIONS

THE POLICY DOES NOT PROVIDE BENEFITS FOR: 1) Treatment, services, or supplies which: are not Medically Necessary; or are not prescribed by a Doctor as necessary to treat an Injury; or are determined to be Experimental/Investigational in nature; or are received without charge or legal obligation to pay (does not apply to Medicaid); or 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 this 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) Treatment of Mental or Nervous Disorders whether or not caused by Injury. 6) Suicide or attempted suicide. 7) Heart and/or circulatory malfunction resulting from participation in a Covered Activity, such as stroke, heart attack, and brain circulatory malfunctions. 8) Repetitive Motion Injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans. 9) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date until the end of the 12-month period following the Insured's effective date of coverage under the Policy. 10) Dental treatment, except as specifically stated. 11) Injury sustained scuba diving. 12) Injury sustained while participating in or practicing for Interscholastic tackle football, including travel, unless optional coverage has been purchased. 13) Injury which occurs while the Insured is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days (only applicable to Death and Dismemberment benefit). 14) Injury sustained flying in an ultra-light, hang gliding, parachuting or bungee-cord jumping (only applicable to Death and Dismemberment benefit). 15) A loss to which the contributing cause was the insured's commission of or attempt to commit a felony (only applicable to Death and Dismemberment benefit). 16) Loss sustained or contracted in the consequence of the insured being intoxicated or under the influence of any narcotic (only applicable to Death and Dismemberment benefit). 17) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body. 18) 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. 19) Charges for treatments, services or supplies which exceed reasonable and customary charges. 20) Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity. 21) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction. 22) 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 ninety (90) 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 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.