

DEFINITIONS

Accident: An event that results in accidental bodily damage, harm or Injury occurring while the Insured is covered under the Policy; and which directly results in an Injury; and that is independent from sickness, disease or bodily infirmity, or illness.

Covered Charge: The Reasonable and Customary charge for a service or supply listed in the Policy 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 the treatment or service is rendered or the supply is furnished.

Injury: Bodily injury, independent of disease or bodily infirmity, which directly results in loss covered by the Policy. The Injury must occur and the loss must begin while the coverage for the Insured is in force under the Policy.

Pre-existing Condition: A condition for which medical care, treatment, diagnosis or advice was received or recommended within the 12 months prior to the Insured's Effective Date of coverage under the Policy.

CLAIM PROCEDURES

In the event of Injury, the student should:

1. If at the College, report at once to the Student Health Service so that proper treatment can be prescribed or approved.
2. If away from the College, consult a Doctor and follow his instructions. Pay the bill and obtain a receipt.
3. Claim forms and instructions on claims procedure are available at the Student Health Service. All questions concerning insurance and claims should be directed to: First Agency, 5071 West H Avenue, Kalamazoo, MI 49009, (800) 243-6298.

Written notice of claims must be given within 60 days after the occurrence or commencement of any loss covered by the Policy.

Group Blanket Accident insurance products are issued on Form Series 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.

STUDENT ACCIDENT INSURANCE PLAN

Designed Especially for
the Students of

LINCOLN COLLEGE

Lincoln, IL 62656



2019 - 2020

124-120-015-N

Plan Administrator:
First Agency
5071 West H Avenue
Kalamazoo, MI 49009-8501
(800) 243-6298

Underwritten by:

GTL | **GUARANTEE
TRUST
LIFE**

Guarantee Trust Life Insurance Company
1275 Milwaukee Ave
Glenview, Illinois

STUDENT ACCIDENT INSURANCE

DESCRIPTION OF COVERAGE

This Student Accident Insurance plan helps provide protection for students on a twenty-four-hour-a-day basis, on and off campus, at home or while traveling between home and school and during interim vacation periods.

ELIGIBILITY

All registered students taking 6 credit hours or more are automatically covered under this insurance plan. Guarantee Trust Life Insurance Company (GTL) maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If GTL discovers that the Policy eligibility requirements have not been met, their only obligation is refund of premium for that person.

PERIOD OF COVERAGE

Subject to receipt of premium, coverage is effective on August 1, 2019 and terminates on August 1, 2020.

DESCRIPTION OF BENEFITS

When medical treatment is required due to a covered Accident, the Policy will provide benefits as stated under Covered Charges. Medical treatment must be incurred within a 52 week period following the date of Injury and treatment for a covered Injury must begin within 30 days of covered Accident.

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.

COVERED CHARGES

Treatment, services or supplies as described below, up to a Maximum Benefit Amount of \$10,000 per Injury:

- Hospital room and board and general nursing care, up to the semi-private room rate.
- Hospital miscellaneous expense, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies.
- Doctor's fees for surgery.
- Doctor's visits limited to a maximum benefit of 10 visits.

COVERED CHARGES (continued)

- Registered Nurse expense.
- Inpatient and Outpatient imaging procedures, including x-rays and interpretation.
- Ambulance expense.
- Orthopedic Appliances, including crutches and wheelchairs.
- Dental treatment for Injury to Sound Natural Teeth, limited to \$100 per tooth.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

For any of the following losses occurring within 365 days of the date of covered Accident, GTL will pay up to the amount shown:

Loss of Life - \$5,000

Loss of Both Hands, both Feet, Entire Sight of both Eyes, Hearing both Ears or Loss of Speech - \$5,000

Loss of One Foot and the Entire Sight of One Eye - \$5,000

Loss of One Hand or One Foot - \$2,500

Loss of Hearing One Ear or Entire Sight of One Eye - \$1,250

Loss of Thumb and Index Finger of the Same Hand - \$1,250

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 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 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. Injury covered by Worker's Compensation or the Occupational Disease Law or mandatory no-fault automobile insurance.
6. 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.

EXCLUSIONS (continued)

7. Treatment of Osgood-Schlatter's disease; appendicitis; osteomyelitis; pathological fractures; congenital weakness; TMJ; fainting; headaches; boils; blisters; spondylolysis; osteochondritis dissecans; detached retina unless directly caused by Injury; or Mental or Nervous Disorders whether or not caused by Injury.
8. 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.
9. 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.
10. Injury caused by aggravation of a Pre-existing Condition.
11. Suicide or attempted suicide.
12. Injury sustained fighting, except as an innocent victim.
13. Expense incurred for the use of orthotics unless used exclusively to promote healing.
14. Heart and/or circulatory malfunction resulting from participation in a Covered Activity such as stroke, heat exhaustion (except as specifically stated), heart attack, and brain circulatory malfunctions.
15. Repetitive motion Injuries, strains, all types of hernia, tendinitis, bursitis and heat exhaustion not related to a specific Injury.
16. Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures.
17. Injury sustained while participating in or practicing for any professional, intercollegiate or club sports activity, except as specifically provided.
18. Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body.
19. Dental treatment, except as specifically stated.
20. Eyeglasses, contact lenses, routine eye exams or prescriptions therefore.