

## Schedule of Benefits:

## TRINITY CHRISTIAN COLLEGE

- Deductible Amount - \$500
- Benefit Maximum - \$5,000 per claim
- Benefit Period – 52 weeks
- Co-insurance Percentage – 100% of Usual, Reasonable & Customary (URC) Charges
- Type of Coverage – Accident Coverage Only (no coverage for sickness)
- Cost - \$1,100 for the entire school year – Football
- Cost - \$638 for the entire school year – All Other Sports

### QUESTIONS & ANSWERS

**Q:** Will this policy cover accidents that are NOT related to a sponsored/supervised intercollegiate sport activity?

**A:** No. Only accidents occurring in sponsored/supervised games, practices and team travel are covered.

**Q:** Will this policy cover participation in organized activities such as club and intramural sports?

**A:** No.

**Q:** Will this policy provide coverage if a student-athlete is sick?

**A:** No. This is accident only coverage. Benefits are not payable for loss due to sickness.

**Q:** If a student-athlete has primary health insurance what benefits do they receive from purchasing this accident coverage?

**A:** This accident plan may cover various out-of-pocket expenses such as deductibles, denied benefits and co-insurance fees that a student-athlete may be responsible for from their primary health insurance plan, especially if out of the student-athlete's primary care network.

**Q:** Can student-athletes receive a refund if they withdraw from school, or quit the team?

**A:** No. The policy is underwritten on a blanket basis and only applies to actively enrolled students and only during the period of coverage.

**Q:** If a student-athlete enrolls for only the Fall or Spring semester can the student-athlete receive a pro-rated premium?

**A:** No. It is understood that enrollment in the plan is designed to cover the primary sport season. Further, to avoid a significant administrative effort tracking these types of transactions we are unable to offer a pro-rata premium option.

An Insured must seek initial treatment for an Injury within 60 days of an Accident. Expense must be incurred within 52 weeks of an Accident.

### EXCLUSIONS:

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; 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 received while violating or attempting to violate any duly enacted law; 4) Injury by acts of war, whether declared or not; 5) Injury covered by Workers' Compensation or the Occupational Disease Law; 6) Heat exhaustion and heat stroke; 7) Treatment of Osgood-Schlatter's disease; appendicitis; osteomyelitis; pathological fractures; congenital weakness; TMJ; fainting; headaches; boils; detached retina unless directly caused by Injury; or Mental or Nervous Disorders not caused by Injury; 8) Injury caused by or contributed to by aggravation or re-injury of a Pre-existing Condition; 9) Suicide or attempted suicide; 10) Charges incurred for the use of orthotics, unless used exclusively to promote healing; 11) Heart and/or circulatory malfunction resulting from participation in a Covered Activity; 12) Repetitive Motion Sports Injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans; 13) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; 14) Dental treatment, except as specifically stated; 15) Routine eye exams; 16) Injury sustained fighting, except as an innocent victim; 17) Injury resulting from participation in or practice for any activity which is not supervised and sponsored by the Policyholder or school; 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 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.

### COVERED CHARGES:

1) Treatment, services, or supplies incurred for Hospital room and board and general nursing care; 2) Intensive Care; 3) Inpatient and Outpatient miscellaneous Hospital charges; 4) Doctor's charges for surgery; 5) Administration of anesthesia; 6) Assistant surgeon charge; 7) Inpatient Doctors' visits; 8) Outpatient Doctors' visits; 9) Hospital Emergency care, excluding professional charges; 10) Outpatient imaging procedures and interpretation of MRI/CAT Scan; 11) Outpatient X-ray and laboratory services; 12) Ambulance charges; 13) Urgent Care Center charges – does not include professional surgical charges; 14) Durable Medical Equipment, including orthopedic appliances; 15) Replacement expense for broken eyeglasses, lenses, contact lenses, hearing aids resulting from an Injury requiring medical treatment; 16) Ambulatory Surgical Facility; 17) Prescription Drugs; 18) Dental treatment for Injury to Sound Natural Teeth; 19) Outpatient Physical Therapy rendered by a Doctor; 20) Treatment of a Concussion and Post Injury Concussion Testing.

**ADMINISTRATOR & CLAIMS OFFICE:** First Agency of Kalamazoo, Michigan will process claims for the 1st Care Program.

Claims will be sent to:

First Agency, 5071 West H Avenue, Kalamazoo, MI 49009-8501

Phone: 269-381-6630 Fax: 269-381-3055 E- Mail: [1stAgency@1stAgency.com](mailto:1stAgency@1stAgency.com)



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