Gallagher | Student Health & Special Risk

1ST Care Plan

DALLAS COLLEGE

2026/2027

PURPOSE

Many colleges and universities are requiring student-athletes to have primary coverage before they can compete for the school in the intercollegiate sports program. Obviously, this is because the claim experience of the colleges and universities, which ultimately drives the premium, is more impacted by the injuries sustained by student-athletes with no primary coverage.

The **1st Care Plan** provides the college/university a vehicle to have student-athletes or the parents of student-athletes purchase coverage, which will, in the absence of other insurance, become primary and cover bills incurred from a covered Accident. This will allow uninsured student-athletes the opportunity to play intercollegiate sports at the college or university and reduce the claim experience from an Injury to the intercollegiate sports insurance claim totals.

POLICYHOLDER

Dallas College will be the Policyholder, not the individual student-athlete.

ENROLLMENT

WE HAVE SET UP A LINK ON GALLAGHER SPECIAL RISK'S WEBSITE FOR INDIVIDUAL ENROLLMENT WITH A CREDIT CARD.

Gallagher Special Risk then prepares a roster list of the enrollees and sends a copy to the college

Enrollment can only be done via the web-link on the Gallagher Special Risk website:

https://www.1stagency.com/buyfirstcareplandallascollege/

The premium is fully-earned upon receipt and no refunds are available.

CLAIM FORM

To avoid delays the claim form, if needed, will be completed and submitted by the college.

EFFECTIVE DATE

The master Policy will be effective October 1st: however, the effective date of coverage for each enrollee in the Policy held by the college will be when the enrollment form for that enrollee is received by Gallagher Special Risk.

GTL | GUARANTEE TRUST LIFE

1275 Milwaukee Avenue, Glenview, IL 60025

GBS-1st-CARE-26

Schedule of Benefits:

- Deductible Amount - $500
- Benefit Maximum - $10,000 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 - $1,093 for the entire school year

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) 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; 9) Suicide or attempted suicide; 10) Charges incurred for the use of orthotics, unless used exclusively to promote healing; 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 heat exhaustion and heat stroke; 21) Treatment of a Concussion and Post Injury Concussion Testing; 22) Re-aggravation or re-injury of a Pre-existing Condition; 23) Treatment for Heart and Circulatory malfunction resulting from participation in a Covered Activity; 24) Treatment of Repetitive Motion Sports Injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans.

ADMINISTRATOR & CLAIMS OFFICE: Gallagher Special Risk is the plan administrator. A-G Specialty Insurance will process claims.

Claims will be sent to:

A-G Specialty Insurance, P.O. Box 21013, Eagan, MN 55121
Phone: 800-634-8628 Fax: 610-933-4122 E- Mail: claims@agadm.com

Blanket Accident insurance is issued on Form Series GP-2030, GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. This product, and its features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. This brochure is a brief description of the coverage. The exact provisions governing the insurance are contained in the Policy issued to the school and certain provisions may be administered to conform to state requirements. The Policy shall control in the event of any conflict. For complete details of coverage please contact the agent administering the program.