



Kansas Association of School Boards Insurance Plan



STUDENT AND ATHLETIC ACCIDENT INSURANCE

GTL

**GUARANTEE
TRUST
LIFE**

UNDERWRITTEN BY:
GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)
1275 Milwaukee Avenue, Glenview, IL 60025

ADMINISTERED BY:
First Agency

5071 West H Avenue, Kalamazoo, MI 49009
www.1stAgency.com | 269-381-6630

+ ACCIDENT INSURANCE

Coverage would be in force for all participants in school-sponsored and supervised student activities including interscholastic athletes as well as school-sponsored and supervised group travel.

An Accident is defined as a sudden, unforeseeable, external event which results in an Injury.

The coverage would be for those Accident medical/dental expenses incurred within 104 weeks from the date of the original Accident. This plan includes a \$10,000 accidental death benefit and a \$10,000 dismemberment schedule. Treatment must begin within the specified time period from the date of the Accident by a legally licensed Doctor (not a member of the Insured's immediate family).

+ BENEFITS

MAXIMUM BENEFIT AMOUNT

Can be tailored to fit a school's needs

All bene its below are paid at Reasonable and Customary

• DOCTOR'S FEES

Charges by Doctors for medical and surgical treatment in a Hospital, at home, office, school or scene of Accident

• HOSPITAL FEES

1. Hospital room and board and general nursing care
2. Other Hospital expense – including operating room, drugs, laboratory, administration of anesthesia and therapeutic services and supplies
3. Hospital Emergency Care

• PHYSICAL THERAPY

• AMBULANCE SERVICES

• X-RAY AND LABORATORY SERVICES

• DENTAL TREATMENT

• OUTPATIENT SERVICES

+ EXCESS PROVISION

All Covered Charges will be considered for payment on an excess basis if any Other Valid and Collectible Insurance or Plan covers the Insured person.

+ HMO & PPO PROVISION

If the Insured's primary coverage is an HMO (health maintenance organization) or PPO (preferred provider organization), this plan will provide benefits in excess of coverage provided by the Insured's HMO or PPO.

+ ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If, within 365 days from the date of an Accident, Injury from such Accident results in a loss covered by this benefit, GTL will pay the benefit in the amount set opposite such loss, as shown below. If the Insured sustains more than one such loss as the result of one Accident, GTL will pay only one amount, the largest to which the Insured is entitled.

Loss of hand or foot means loss by severance at or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing which cannot be corrected by any means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints, which are the joints between the fingers and the hand. Severance means the complete separation and dismemberment of the part from the body. Any benefit payable under this section will be in addition to any benefit otherwise payable under the Policy.

Loss of Life	\$10,000
Loss of Both Hands	\$10,000
Loss of Both Feet	\$10,000
Loss of the Entire Sight of Both Eyes	\$10,000
Loss of One Hand and the Sight of One Eye	\$10,000
Loss of One Foot and the Sight of One Eye	\$10,000
Loss of One Hand or One Foot	\$10,000
Loss of the Entire Sight of One Eye or Loss of Hearing of One Ear	\$2,000
Loss of Thumb and Index Finger of the Same Hand	\$2,000
Loss of Speech or Hearing (Both Ears)	\$10,000

THE COVERAGE: ACCIDENT INSURANCE

First Agency offers excess Accident insurance which is designed to provide a minimum of the following four benefits:

1. Broad coverage;
2. Ease of administration;
3. Rates based on the claims experience of your consortium; and
4. Coverage for all policyholder-sponsored and supervised activities.

WHY ACCIDENT INSURANCE?

As illustrated, the Accident insurance offered by our office is very broad and contains features that many competitive and voluntary (individually-purchased) programs of coverage do not offer. Outlined below are some of the many reasons a growing number of organizations are providing Accident insurance:

1. Positive public relations for the sponsoring organization;
2. Organizational administrators have peace of mind knowing they have all participants covered with broad benefits available in the market today;
3. Strong feelings of moral obligation toward all participants;
4. Reduction of benefits in group or individual medical coverage (i.e., larger deductibles, higher co-pays and fewer overall benefits).

PREMIUM

The premium to cover all students and athletic participants is outlined on the enclosed rate page. An important item of consideration for future years' premium is the percentage of parents who have some form of family coverage that might contribute toward payment of bills incurred. In any case, premiums in future years will be adjusted annually depending on the claim experience in the consortium.

CLAIMS PROCESSING

An important fact to consider is that the adjustment of claims should be made by the same agency that presents the program and makes the promises. All Accident medical/dental expenses incurred are processed by First Agency in Kalamazoo, Michigan for Guarantee Trust Life Insurance Company.

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.

FIRST AGENCY

First Agency of Kalamazoo, Michigan specializes in servicing programs of student and athletic Accident coverage at both the interscholastic and intercollegiate levels, as well as special-risk programs such as summer camps and recreational leagues. This has been our only business since 1959. Our office currently serves over 1,000 high schools, colleges, universities, clubs, recreation departments and other athletic organizations in 40 states.

CONTACTS:

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FIRST AGENCY

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Kansas Association of School Boards

Kansas

8/1/2022-8/1/2023

Base Accident Medical Expense Benefits

School-Time Student and All Sports Accident Coverage	
Maximum Benefit per Injury	\$25,000
Deductible per Injury	\$0
Insured Percentage	100%
Initial Treatment Period	60 days
Benefit Period	104 weeks
Off-Season Physical Conditioning	Included
Travel in a Designated Vehicle	Included
Travel to/from Residence in a Designated Vehicle	Included

Assumptions and Conditions

- Excess Basis
- Claims Payor: First Agency
- Underwritten by Guarantee Trust Life Insurance Company

*This is a summary of coverage. It does not contain all provisions, limitations and exclusions.
Should any of the above assumptions and conditions change, we reserve the right to alter the quote.*



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Covered Charges

***A covered charge is the reasonable and customary charge for a service or supply*

Hospital room and board and general nursing care, up to the semi-private room rate

Intensive Care

Inpatient and Outpatient miscellaneous Hospital charges

Doctor's charges for surgery

Administration of Anesthesia

Assistant surgeon charge

Inpatient Doctors' visits

Outpatient Doctors' visits

Hospital Emergency care, excluding professional charges

Outpatient imaging procedures and interpretation for MRI/CAT scan

Outpatient X-ray and laboratory services

Ambulance charges

Urgent Care Center charges. Does not include professional surgical charges

Durable Medical Equipment, including orthopedic appliances

Replacement expense for broken eyeglasses, lenses, contact lenses, hearing aids resulting from an Injury requiring medical treatment

Ambulatory Surgical Facility

Prescription Drugs

Dental treatment for Injury to Sound Natural Teeth

Outpatient Physical Therapy rendered by a Hospital or Doctor

Treatment of heat exhaustion and heat stroke

Treatment of a Concussion and Post Injury Concussion Testing

Treatment for Heart and Circulatory Malfunction resulting from participation in a Covered Activity

Treatment of Repetitive Motion Sports Injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans

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Accidental Death and Dismemberment Plan Summary

Loss occurs 365 days from the date of the Accident

Loss of Life	\$10,000
Loss of Both Hands	\$10,000
Loss of Both Feet	\$10,000
Loss of the Entire Sight of Both Eyes	\$10,000
Loss of One Hand or One Foot	\$10,000
Loss of One Hand and Entire Sight of One Eye	\$10,000
Loss of One Foot and Entire Sight of One Eye	\$10,000
Loss of Speech or Hearing (both ears)	\$10,000
Loss of Entire Sight of One Eye or Hearing One Ear	\$2,000
Loss of Thumb and Index Finger of the Same Hand	\$2,000
Policy Year Aggregate Loss of Life Maximum	N/A

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Exclusions

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; or
- Are not specifically listed as Covered Charges in the Policy

Intentionally self-inflicted Injury

Injury received while violating or attempting to violate any duly enacted law

Injury by acts of war, whether declared or not

Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline.

Injury covered by Worker's Compensation or the Occupational Disease Law

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

Injury caused by or contributed to by aggravation or reinjury of a Pre-existing Condition

Suicide or attempted suicide, or self-destruction or an attempt to self-destroy while insane

Charges incurred for the use of orthotics unless used exclusively to promote healing

Any penalty imposed by another insurance or plan for failure to follow such plan's procedures

Dental treatment, except as specifically stated

Routine eye exams

Injury sustained fighting, except as an innocent victim

Injury sustained while committing or attempting to commit a felony

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

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

Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body

Injury resulting from participation in or practice for any activity which is not supervised and sponsored by the Policyholder or school

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

Charges for treatments, services or supplies which exceed reasonable and customary charges

Losses directly or indirectly arising out any chemical or biological release and/or contamination which results from Terrorist Activity

Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction

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

Prepare. Protect. Prevail.



Business Insurance
Employee Benefits
Auto
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HARTFORD FIRE INSURANCE COMPANY
Blanket Special Risk New Business Quote

Catastrophic Accident Medical Expense Benefits

The Hartford is pleased to provide you with the following **Blanket Special Risk** quote for **Kansas Association of School Boards – CATASTROPHIC Coverage for Student Accidents Only**

Proposed Policy Term:

Policy Effective Date
August 1, 2022

Policy Expiration Date
August 1, 2023

Eligibility:

CLASS	DESCRIPTION
Class I	All registered students of the Kansas Association of School Boards

Description of Activity:

This policy covers each Insured Person during the policy period while he or she is:

- (a) participating in school related activities sponsored by the Policyholder while on the premises of, designated by and under the direct supervision of the Policyholder, or while participating in or attending an authorized and sponsored activity of the Policyholder while away from the Policyholder's premises, excluding sports.
- (b) traveling with a group in connection with such activities under the direct supervision of Policyholder, or
- (c) traveling directly and uninterruptedly to and from the activities and his or her home or lodging place; or
- (d) participating in field trip activities sponsored by the Policyholder while on the premises of, designated by and under the direct supervision of the Policyholder.

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Business Insurance
Employee Benefits
Auto
Home

Benefits:

BENEFIT	MAXIMUM AMOUNT
Accidental Death	\$10,000
Incurral Period:	365 days
Accidental Dismemberment	\$10,000
Incurral Period:	365 days
Accident Medical Expense – Excess	\$5,000,000
Deductible	\$25,000
Benefit Period:	520 weeks
Incurral Period:	180 days
Co-insurance:	100% of Usual and Customary charges
Dental:	Included up to the Maximum
Heart or Circulatory	Accidental Death Principal Sum

Aggregate Limit of Indemnity: \$500,000 per Accident



Business Insurance
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BENEFITS:

Accidental Death and Dismemberment

FOR LOSS OF:	BENEFIT:
Life.....	100% of the Accidental Death Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.....	100% of the Accidental Dismemberment Principal Sum
One Hand and One Foot.....	100% of the Accidental Dismemberment Principal Sum
One Hand and Sight of One Eye	100% of the Accidental Dismemberment Principal Sum
One Foot and Sight of One Eye.....	100% of the Accidental Dismemberment Principal Sum
Speech and Hearing in Both Ears.....	100% of the Accidental Dismemberment Principal Sum
Speech and Hearing in One Ear.....	75% of the Accidental Dismemberment Principal Sum
One Arm or One Leg.....	75% of the Accidental Dismemberment Principal Sum
One Hand or One Foot.....	50% of the Accidental Dismemberment Principal Sum
Sight of One Eye.....	50% of the Accidental Dismemberment Principal Sum
Speech or Hearing in Both Ears.....	50% of the Accidental Dismemberment Principal Sum
Thumb and Index Finger on the Same Hand.....	25% of the Accidental Dismemberment Principal Sum
Hearing in One Ear.....	25% of the Accidental Dismemberment Principal Sum
One Thumb.....	10% of the Accidental Dismemberment Principal Sum

Accident Medical Expense Benefit

If an Insured Person suffers an Injury that, within 180 days of the date of the Covered Accident that caused the Injury, requires him or her to be treated by a Physician, We will pay the Usual and Customary Charges incurred for Covered Medical Services that are Medically Necessary and received due to that Injury, up to the Maximum Amount per Insured Person for all Injuries caused by the same Covered Accident. The benefit is payable only for such charges incurred after the Deductible has been met. Benefits are subject to the terms of the Scope of Coverage section. Benefits are then payable for charges incurred within the Maximum Benefit Period.

Excess Benefits with Integrated Deductible

This Benefit is secondary coverage to all other policies. We will pay Usual and Customary Charges only after the Insured Person satisfies the Deductible and only when the Usual and Customary Charges are in excess of amounts paid or payable under any other Benefit Plan. We pay benefits without regard to any coordination of benefits provisions in any other Benefit Plan. The amount from other Benefit Plans includes any amount to which the Insured Person is entitled, whether or not a claim is made for the benefits. Any payments made by an Insured Person and an Insured Person's other Benefit Plan toward Usual and Customary Charges will apply toward satisfaction of the Insured Person's Deductible.

Covered Medical Services:

- 1) **Hospital:** the following services provided when the Insured Person is Confined in a Hospital:
 - a) the daily room rate for a semi-private room when an Insured Person is Confined in a Hospital and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
 - b) ancillary hospital services and supplies including operating room, laboratory tests, Diagnostic Exams, anesthesia and medicines (excluding take home drugs) when Confined in a Hospital.



- c) the daily room rate when an Insured Person is Confined in a Hospital in a bed in the Intensive Care Unit and
- d) nursing services other than private duty nursing services.
- 2) **Private Duty Nurse:** private duty nursing services by a registered nurse (RN) or licensed practical nurse (LPN) while an Insured Person is Confined in a Hospital. These services must be ordered by a Physician.
- 3) **Emergency Room:** expenses incurred within 72 hours of a Covered Accident due to Treatment in an Emergency Room. Such expenses include the attending Emergency Room Physician's charges, X-rays, laboratory procedures, medications, use of the Emergency Room, and medical supplies.
- 4) **Prosthesis:** Artificial limbs, eyes, larynx, or other prosthesis for initial acquisition and fitting. We will not pay for repair or replacement of any prosthesis, unless due to a Covered Accident.
- 5) **Ambulatory Surgical Center or Ambulatory Medical Center:** Treatment including operating room, laboratory tests, anesthesia, medical supplies, and medicines (excluding take home drugs) provided in an Ambulatory Surgical Center or Ambulatory Medical Center.
- 6) **Physician:** expenses for Treatment provided by a Physician.
- 7) **Anesthesia:** expenses for pre-operative screening, anesthetics, and administration of anesthesia during a surgical procedure whether on an Inpatient or Outpatient basis.
- 8) **Durable Medical Equipment Rental:** expenses for rental of a wheelchair, orthopedic appliances, orthopedic braces, or other medical equipment that has therapeutic value for an Insured Person. We will not cover computers, motor vehicles, or modifications to a motor vehicle, ramps and installation costs, eyeglasses, and hearing aids. No benefits will be paid for rental charges in excess of the purchase price.
- 9) **Blood and Blood Products:** expenses for blood, blood products, artificial blood products, and transfusions of any blood or blood products.
- 10) **Ambulance:** expenses for transportation from the emergency site to the Hospital.
- 11) **Radiological Procedures:** Outpatient expenses for CAT Scan, MRI, X-ray, CT, PET, ultrasound, and other radiological procedures. Does not include dental x-rays.
- 12) **Outpatient Laboratory Tests:** expenses for laboratory tests provided when the Insured Person is not Confined in a Hospital and provided by a medical facility other than an Emergency Room or Ambulatory Surgical Center.
- 13) **Prescription Drug:** expenses for drugs prescribed by a Physician for the Treatment of Injury and administered on an outpatient basis.
- 14) **Rehabilitation Care Facility:** expenses for physical and occupational rehabilitation. Treatment must be provided in a duly licensed Rehabilitation Care Facility and be under the direction of a Physician.
- 15) **Dental:** expenses including dental x-rays for the repair or Treatment of each Injured tooth that is whole, sound, and a natural tooth at the time of the Covered Accident.
- 16) **Vision or Hearing Products:** Eyeglasses, contact lenses, and hearing aids when damage occurs in a Covered Accident that requires medical Treatment.
- 17) **Skilled Nursing Facility:** expenses for Confinement if it begins within 5 consecutive days after an Insured Person is Confined in a Hospital as a result of a Covered Accident. We will pay for Treatment if a Physician visits the Insured Person at least once every 30 days and certifies that the Confinement is Medically Necessary.
- 18) **Home Health Care:** expenses for Home Health Care beginning within 5 consecutive days after discharge from a Hospital, Skilled Nursing Facility, or Rehabilitation Care Facility.



**THE
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Business Insurance
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- 19) **Chiropractic Care:** expenses for Treatment and services received by a chiropractor.
- 20) **Physical and Occupational Therapy:** expenses for physical or occupational therapy and an office visit connected with any such service.

Accident Medical Expense Benefit Exclusions

Unless otherwise specified, in addition to the exclusions in the Policy, We will not pay Accident Medical Expense Benefits for any loss, Treatment, or services resulting from, or contributed to, by:

- 1) pregnancy, childbirth, elective abortion, an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
- 2) Complications of Pregnancy or miscarriage, except as a result of a Covered Accident;
- 3) elective or cosmetic surgery, except for reconstructive surgery needed as the result of an Injury;
- 4) orthopedic appliances used mainly to protect an Injury, so the Insured Person can participate in a Covered Activity;
- 5) expenses paid or payable under any automobile insurance policy without regard to fault; (This exclusion does not apply in any state where prohibited.);
- 6) Treatment or service provided by a private duty nurse;
- 7) routine physical exams and medical services or wellness visits;
- 8) overuse symptoms including, but not limited to, bursitis, tendonitis, shin splints, stress fractures, heat exhaustion, heat stroke, heat prostration, malfunctions of the heart, embolism, reinjuries or the aggravation thereof, sprains, hernia, strains, muscle tears, or repetitive motion Injury, and/or Treatment of Injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal result of participation in a Covered Activity, except as specifically provided in the Rider;
- 9) expenses due to an aggravation or re-Injury of a Pre-existing Condition;
- 10) expenses incurred that are in excess of Usual and Customary Charges for Covered Medical Services, or expenses that are not covered;
- 11) Mental and Nervous Disorders;
- 12) Medical Emergency Evacuation;
- 13) Experimental or Investigative Treatment or procedures;
- 14) treatment of any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

Heart or Circulatory Benefit

If an Insured Person suffers a Heart or Circulatory Malfunction that results in death as a direct result of participating in a Covered Activity, We will pay the Accidental Death Benefit shown provided that:

- 1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured Person and within 72 hours after such participation; and
- 2) such Insured Person has not, within the last 10 years prior to the date of such participation in the Covered Activity, been diagnosed with, or received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription;



Policy Exclusions:

Unless otherwise specified in the Policy, including any attached Riders, the Policy does not cover loss resulting from or for:

- 1) suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury;
- 2) war or act of war, whether declared or undeclared;
- 3) Injury sustained while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard Service is not excluded, unless it extends beyond 31 days;
- 4) Injury sustained while on any aircraft except a civil or public aircraft, or military transport aircraft;
- 5) Injury sustained while on any aircraft:
 - a) as a pilot, crewmember or student pilot;
 - b) as a flight instructor or examiner;
 - c) if it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization covering any Eligible Class under the Policy; or
 - d) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
- 6) Injury for which the Insured Person is eligible to receive Workers' Compensation benefits or similar benefits, regardless of whether he or she has applied for the benefits;
- 7) Injury sustained while under the influence of any narcotics, drug or controlled substance, unless administered by or taken according to the instruction of a licensed Physician;
- 8) Injury sustained as a result of the Insured Person's voluntary intoxication through the use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
- 9) Injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges;
- 10) Injury sustained while the Insured Person is under the influence of intoxicants (as defined by the law of the jurisdiction in which the Injury occurred);
- 11) Sickness, disease, or bacterial or viral infection, or medical or surgical treatment thereof unless and only to the extent covered by Rider, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- 12) Mental and Nervous Disorders;
- 13) services for which no charge is normally made; or
- 14) Injury sustained while playing or practicing in:
 - a) all intercollegiate sports;
 - b) any inter-school club sports;
 - c) any intramural sports; or
 - d) any form of tackle football.Any sports activity that is a Covered Activity is not included in this exclusion.
- 15) any loss incurred while outside the United States, its Territories or Canada.