

ACCIDENT MEDICAL EXPENSE BENEFITS

(The below list is a brief summary of the covered charges. Review the Policy for a complete description.)

Covered Charges, include:

Hospital room and board, and general nursing care.
Intensive Care.
Hospital miscellaneous expense.
Operating room expense.
Doctor's fees for surgery.
Assistant surgeon expense.
Anesthesia services.
Doctors visits, inpatient and outpatient.
Emergency Services/Hospital Emergency Services.
Outpatient services.
Outpatient imaging procedures, including x-rays and interpretation for:
• Fracture or dislocation;
• No fracture or dislocation; and
• MRI/CAT scan
X-ray and laboratory services.
Home Health Care.
Ambulance expense.
Urgent Care Center expense.
Orthopedic Appliances.
Casts, non-surgical
Durable Medical Equipment
Eyeglass replacement expense for broken eyeglasses or lenses resulting from an Injury requiring medical treatment.
Physical and occupational rehabilitation expense provided by a licensed medical practitioner or under the supervision of a Rehabilitation Facility.
Prescription Drugs.
Dental treatment for Injury to Sound Natural Teeth.
Physical Therapy rendered by a:
• Hospital;
• Doctor.
Registered Nurse expense.
Assistant surgeon expense.
Hospice Care expense.
Re-aggravation or reinjury of a Pre-existing Condition.
Treatment of heart and/or circulatory system resulting from participation in a Covered Activity.
Treatment of repetitive motion Injuries, strains, hernia, tendinitis, bursitis and heat exhaustion not related to a specific Injury.

EXCLUSIONS

The policy does not provide benefits for:

- 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 School or any Family Member, unless otherwise specified; or
 - Are not specifically listed as covered charges in the Policy (except in SD).
- 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 (paid in SD) by Worker's Compensation or the Occupational Disease Law or mandatory no-fault automobile insurance.
- Treatment of illness, disease or infections, except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances.
- Treatment of Osgood-Schlatter's disease; appendicitis; osteomyelitis; pathological fractures; congenital weakness; hernia; TMJ; fainting; headaches; boils; blisters; spondylolysis; osteochondritis dissecans; poison ivy; bee stings; detached retina unless directly caused by Injury; or Mental or Nervous Disorders whether or not caused by Injury.
- Injury contributed to by the use of Alcohol or drugs not prescribed by a Doctor (except in SD).
- Injury sustained fighting (except in NE).
- Expense incurred for the use of orthotics unless used exclusively to promote healing.
- Any penalty imposed by other Valid & Collectible Insurance or Plan for failure to follow Plan Procedures (except in SD).
- Dental treatment, except as specifically stated.
- Eyeglasses, contact lenses, routine eye exams or prescriptions therefor.
- Injury sustained while voluntarily participating in a riot or civil commotion or disturbance of any kind.
- Use of electric, bio-mechanical devices.
- 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.

- Treatment (rendered in NE) by any person retained by the policyholder.
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.

CLAIMS PROCEDURES

Always keep a copy of all documents submitted for claims.

Written Proof of loss and itemized bill(s) must be furnished with your claim within 90 days after the date of the loss.

Claims must be filed either via e-mail, fax, or mail.

Contact your Student Health Center for a claim form. If you are a student-athlete with an intercollegiate sports related injury, see your athletic training staff. Direct questions to Commercial Travelers at the number below. In the event of an accident, the Covered Person should:

1. If at college, report immediately to the Student Health Services or Athletic Training, so that proper treatment can be prescribed or approved.
2. If away from College, consult a Doctor and follow the Doctor's advice. Notify Student Health Services or Athletic Training within thirty (30) days after the date of the Covered Accident or as soon thereafter as it is reasonably possible.
3. Staple all your itemized medical and hospital bills to the claim form and mail to:

National Guardian Life Insurance Company

Student Insurance Division
 Commercial Travelers Building
 70 Genesee Street • Utica, NY 13502
 Phone: 1-800-756-3702
 Fax: 1-315-797-0195
ctclaims@nglic.com

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary State approvals. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.



Mandatory Student Accident Insurance Plan

Designed especially for the Great Plains Athletic Conference

August 1, 2019

Fully Insured and Underwritten by:

National Guardian Life Insurance Company

Two East Gilman Street
 P.O. Box 1191
 Madison, WI 53701-1191

Policy Form Series: NGP-1200

National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka The Guardian or Guardian Life

MANDATORY STUDENT ACCIDENT INSURANCE PLAN

GPAC is pleased to provide a student accident insurance plan for the 2019–2020 year.

All full-time, registered students are automatically covered for Accident Medical Expense Benefits and Accidental Death and Dismemberment Benefits, as described in this brochure. The annual cost of these benefits is mandatory and included in the tuition billing statement.

The plan provides coverage whether or not college is in session, 24 hours a day, seven days a week. The effective date of coverage for all enrolled students is August 1, 2019 to August 1, 2020.

DEFINITIONS

Accident: A sudden, unforeseeable, external event which results in an injury.

Covered Person: A person:

- Who is eligible for coverage as the Insured;
- Who has been accepted for coverage;
- Who has paid the required premium; and
- Whose coverage has become effective and has not terminated.

Covered Charge: A service or supply listed in the Policy and which is performed or given for the treatment of an Injury.

Injury: Bodily injury due to an Accident which:

- results directly and independently of disease, bodily infirmity or any other causes;
- solely, directly and independently of all other causes results in medical expense;
- occurs after the effective date of the Insured's coverage under the Policy; and
- occurs while the Policy is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.

Medically Necessary: A treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of Sickness or Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided. When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- is Experimental/Investigational or for research purposes;
- is provided solely for education purposes or the convenience of the Insured, the Insured's family, Doctor, Hospital or any other provider;
- exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- could have been omitted without adversely affecting the person's condition or the quality of medical care;
- involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;
- involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- can be safely provided to the patient on a less cost-effective basis such as outpatient, by a different medical professional, or pursuant to a more conservative form of treatment.

We reserve the right to determine whether a service, supply or drug is Medically Necessary.

Reasonable and Customary Charges, Fees or Expenses:

The most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of:

- the actual amount charged by the provider;
- the negotiated rate; or
- the charge which would have been made by the provider (Doctor, Hospital, etc) for a comparable service or supply made by other providers in the same Geographic Area as reasonably determined by us for the same service or supply.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; or a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Reasonable and Customary Charges, Fees or Expenses as used in this Policy to describe expense, will be considered to mean the payment system in effect at Policy issue as shown in the Schedule of Benefits.

SCOPE OF ACCIDENT COVERAGE

All Sports Accident Coverage: All Insureds will be covered for Injury which is incurred while the Insured is:

- Participating in athletic competitions, except football, which are officially authorized, sanctioned and scheduled by the Policyholder, and governed by the rules and regulations of the appropriate athletic/activities association. This includes related:
 - pre-competition activities;
 - practice sessions; and
 - sponsored team travel authorized, organized and supervised by the Policyholder; and
 - off season physical conditioning.
- Traveling directly and uninterruptedly to or from athletic competitions, except football, in a Designated Vehicle.

24-Hour-A-Day Accident Coverage: All Insureds will be covered for Injury which is incurred on a 24-hour per day basis when mandatory 24-hour coverage is purchased.

SCHEDULE OF BENEFITS

Benefit Maximum for all Covered Accidents

Maximum Benefit:	Intercollegiate Sports Related: \$25,000 Non-Intercollegiate Sports Related: \$5,000
Deductible:	Varies by school; check with your Athletic Director
Loss Period:	180 days (first expense incurral period after the Covered Accident)
Benefit Period:	104 weeks
Benefit Percentage:	100% R&C
Terms of Payment:	Excess (except in SD the plan is Primary)
Dental Benefit:	Included in Maximum Benefit

Accidental Death and Dismemberment Benefits

Class 1 Principal Sum:	\$10,000
Time Period for Loss:	365 days

Aggregate Limit of Liability

Benefit Maximum	\$500,000
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Applies to Accidental Death & Dismemberment Benefits only

Schedule of Covered Losses

Loss of	Benefit
Life.	100%
Two or More Members	100%
One Member	50%
Thumb and Index Finger of the Same Hand.	25%
	(Percentage of Principal Sum)

EXCESS OF OTHER INSURANCE

This insurance is provided to fill-in the gaps that may exist in other insurance programs and to provide coverage where no other insurance exists. When an accident occurs, therefore, the bills for any necessary medical care must first be submitted to any other applicable insurance company, medical service plan, or pre-payment program. Any unpaid balance should be submitted, along with a copy of the other company's explanation of benefits, for processing under this insurance.