RICHLAND COUNTY COMMUNITY UNIT NO. 1
1100 EAST LAUREL STREET - OLNEY, ILLINOIS 62450 P/618-395-2324 - F/618-392-4147

Jason Fox, Superintendent of Schools
Rylan Rusk, Assistant Superintendent of Business
Kacie Rodgers, Assistant Superintendent of Curriculum

Dear Parents:

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school. As a service to students and their families, our school is making available a student accident insurance plan for your child at a very nominal cost.
The district offers this program because of trends in rising family health and dental insurance costs, increased deductibles, co-payments, or lack of health or dental insurance coverage.

REASONS TO PURCHASE THIS COVERAGE:

1. Deductible and co-pays in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
2. No insurance.

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, benefits can be applied to your deductible or co-pays.

If you have no other insurance, this will become your primary accident plan.

To purchase coverage on-line go to www.1stAgency.com and then follow directions by choosing STATE and SCHOOL DISTRICT. VISA and MasterCard are accepted. Once there you can obtain a complete brochure outlining benefits and exclusions, print an ID card or obtain claim forms.

Questions regarding this coverage can be directed to Gallagher Special Risk at (269) 381-6630.

Thank you,

Jason Fox

Superintendent

GTL GUARANTEE TRUST LIFE 2026-2027 STUDENT ACCIDENT INSURANCE PLANS

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are Accident only insurance plans to help cover your child either 24 hours a day (24-Hour Plan) or while in school (School-Time Plan).
- These plans provide benefits to help meet the cost of medical and Hospital charges.
- If you have other insurance, these plans can help offset the deductibles and coinsurance for those plans.
- If you have no other insurance, these plans will provide basic coverage.
- Any benefits payable by the Policy as a result of medical, surgical, dental, Hospital or nursing service will be paid directly to the Hospital or person rendering such service unless proof of payment in full is provided.

24-HOUR	SCHOOL TIME	IMPORTANT PROTECTION FACTS
✓	✓	Becomes effective the date premium payment is received by Guarantee Trust Life Insurance Company (GTL) or its representative (but not prior to the opening day of school). Students participating in preschool practice or play for interscholastic sports sanctioned by the High School Athletic Association will be covered as of the date of actual premium payment but only while engaged in actual practice or game sessions. Other aspects of coverage will not start sooner than the first date of regular school session.
✓	✓	Provides coverage during the hours that school is in regular session.
✓		Provides 24-Hour-A-Day protection.
✓	✓	Provides coverage while participating in (or attending) activities organized, sponsored and supervised by the school. Coverage is also provided for travel directly to and from such activities in a Designated Vehicle furnished by the school.
	✓	Coverage expires at the close of the regular school term. (Coverage will be extended while attending academic classes for credit in the summer, when classroom sessions are exclusively sponsored and solely supervised by the school; however, no coverage will be provided for travel to and from classes).
✓		Coverage continues without interruption all summer until school re-opens for the following term.

Optional Football Only Accident Coverage begins on the date of premium receipt by GTL, its representatives or school officials, but not prior to the first official date of practice; and continues through the date of the last official game of the current season including playoffs.

To file a claim: Report accidents to the school official. Simplified forms will be furnished through the principal's office (during vacation time contact the administrators of the plan). Complete proof of loss and accumulated bills must be received by the Plan Administrator within 90 days.

24-HOUR-A-DAY ACCIDENT COVERAGE

24-Hour-A-Day Protection for each Covered Accident

Helps protect your child for the entire school year and extends **throughout the summer** - right up to the day school opens.

Your child's coverage is good **WORLDWIDE, 24-HOURS-A-DAY**. This includes covered accidents:

✎ At home ✎ At play ✎ At school ✎ On vacation ✎ Scouting, camping etc. ✎ During covered travel

✎ While engaged in sports, except those specifically excluded or for which optional coverage is required*

***See OPTIONS for available optional sports coverage, if any.**

SCHOOL-TIME ACCIDENT COVERAGE

Helps protect your child while attending regular school sessions. Includes coverage for travel directly to and from your residence in a Designated Vehicle to attend regular school sessions. In addition, coverage is provided while participating in (or attending) covered activities exclusively organized, sponsored and solely supervised by the school and school employees, including travel directly to and from the activity in a Designated Vehicle furnished by the school and supervised solely by school employees. Optional coverage may be required for interscholastic sports. See OPTIONS for available optional sports coverage, if any.

TERMINATION OF POLICY/CERTIFICATE OF COVERAGE: The Policy is issued for the agreed upon term of coverage and is non-renewable. Coverage will terminate at the earlier of: (1) the date the Policy terminates; or (2) the date the Insured ceases to be a member of the Policyholder's sports teams; or (3) the last day of regularly scheduled sports activity; or (4) the date the Insured ceases to be an Eligible Person; or (5) the end of the period for which any applicable premium has been paid. We have the right to terminate the coverage of any Insured who submits a fraudulent claim under the Policy.

Blanket Accident insurance is issued under Policy Form Series GP-2030, GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. The policy has exclusions, limitations, reductions of benefits, and conditions of eligibility and termination. Subject to state availability and variability. 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.

2026-2027 Student Accident Insurance Plans

What's Covered? *Up to* $25,000.00 as described under Coverage and Benefits *for:*

- ACCIDENTS OCCURRING WHILE COVERAGE IS IN FORCE
- LOSS FROM ACCIDENTAL BODILY INJURY RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES
- COVERED MEDICAL CHARGES WHICH BEGIN WITHIN 30 DAYS OF THE ACCIDENT AND ARE INCURRED WITHIN 52 WEEKS OF THE ACCIDENT

Injury means 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.

COVERAGE AND BENEFITS

BENEFITS ARE PAYABLE *UP TO* THE DOLLAR AMOUNTS SPECIFIED BELOW

BENEFITS PER INJURY		Standard Plan	Deluxe Plan
HOSPITAL CHARGES	Room and board and general nursing care, per day	**$200**	**$600**
	Intensive Care, per day	**$200**	**$600**
MISCELLANEOUS HOSPITAL CHARGES	Limited to a maximum of	**$1,500**	**$3,000**
HOSPITAL EMERGENCY CARE	Excluding professional charges Limited to a maximum of	**$200**	**$400**
DOCTOR'S CHARGES FOR SURGERY	Limited to a maximum of	**$2,000**	**$4,000**
ASSISTANT SURGEON CHARGE		**100% of Reasonable and Customary**	
ADMINISTRATION OF ANESTHESIA			
DOCTORS' VISITS **Non-surgical** Including Physical Therapy	First visit Subsequent visits Physical Therapy is limited to	**$25** **$15** **5** visits	**$60** **$50** **5** visits
DURABLE MEDICAL EQUIPMENT	Including orthopedic appliances Limited to a maximum of	**$100**	**$200**

BENEFITS PER INJURY		Standard Plan	Deluxe Plan
AMBULANCE CHARGES	Limited to a maximum of	**$100**	**$400**
OUTPATIENT IMAGING PROCEDURES & INTERPRETATION	For MRI/CAT Scan, up to a maximum benefit of	**$200**	**$500**
OUTPATIENT X-RAY SERVICES	Limited to a maximum of	**$200**	**$500**
DENTAL TREATMENT	For Injury to Sound, Natural Teeth, per tooth	**$200**	**$600**
MOTOR VEHICLE ACCIDENT INJURIES	Limited to a maximum of	**$5,000**	**$5,000**
OTHER BENEFITS Caused by an Injury & occurring within 365 days of the covered Accident. Only one of these benefits, the largest, will be payable in addition to other benefits listed.	**ACCIDENTAL DEATH**	**$5,000**	
	DISMEMBERMENT Single: Loss of one hand, one foot, entire sight of one eye or hearing in one ear.	**$1,000**	
	Double: Loss of both hands, both feet, sight of both eyes, hearing in both ears or loss of speech.	**$10,000**	

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; or 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) Suicide or attempted suicide; (7) Off-Season Physical Conditioning for interscholastic sports. The "official season" for each specific covered sport is the period within the dates determined by the appropriate athletic/activities association for the practice and play of that sport; (8) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (9) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; (10) Hernia, any type, except if directly resulting from accidental Injury while covered under the Policy; (11) Injury sustained fighting or brawling, except as an innocent victim; (12) Injury sustained while committing or attempting to commit a felony, or while being engaged in an illegal occupation; (13) Injury sustained while voluntarily participating in a riot or civil commotion or insurrection or disturbance of any kind; (14) Treatment of sickness or disease in any form; (15) Treatment of temporomandibular joint dysfunction and associated myofascial pain; (16) 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; (17) Loss resulting from the use of any drug or agent classified as a narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor; (18) Injury sustained while operating, riding in or upon, mounting or alighting from, any two, three or four-wheeled recreational motor/engine driven vehicle, snowmobile or all terrain vehicle (ATV); (19) Injury sustained participating in a rodeo; (20) Injury sustained while participating in or practicing for tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased; (21) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (22) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (23) 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; (24) Charges for treatments, services or supplies which exceed reasonable and customary charges; (25) Losses directly or indirectly arising out any chemical or biological release and/or contamination which results from Terrorist Activity; (26) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; (27) 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.

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.

Underwritten by: **GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**, 1275 Milwaukee Avenue, Glenview, Illinois 60025
Administered by: **GALLAGHER SPECIAL RISK,** 5071 West H Avenue, Suite A, Kalamazoo, Michigan 49009-8501 (269) 381-6630

2026-2027 Premium Rates and Enrollment Instructions

ONE-TIME PREMIUM PAYMENT		
OPTIONS	**Standard Plan**	**Deluxe Plan**
24-Hour-A-Day Coverage Grades Pre K-12	$125	$275
School-Time Coverage Grades Pre K-8 Grades 9-12	 $23 $46	 $52 $105
Optional Football Only Coverage (2026 Season only) Grades 9-12 Per Player	$162	$369
NO REFUNDS ARE AVAILABLE		

To purchase coverage please visit us online at:
www.1stagency.com/voluntaryaccidentcoverage
Follow directions by choosing STATE and SCHOOL DISTRICT.
Visa and MasterCard credit cards are accepted.