

SCHEDULE OF BENEFITS AND PREMIUMS

Covered Charges must be incurred within 52 weeks from the date of Injury provided the first treatment occurs within 60 days from the date of Injury. Coverage is for Injury due to Accidents only.

Injury means 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.

MAXIMUM BENEFIT	
School-Time Accident Coverage	\$25,000 per Injury
24-Hour-A-Day Accident Coverage	\$25,000 per Injury
Football Only Accident Coverage	\$25,000 per Injury
COVERED CHARGES	
Hospital/Facility Services:	
Inpatient:	
Hospital Room and Board and general nursing care	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Intensive Care	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Miscellaneous Expense	80% of Reasonable & Customary up to \$1,500 maximum
Outpatient:	
Hospital Miscellaneous	80% of Reasonable & Customary up to \$1,000 maximum
Hospital Emergency Care	80% of Reasonable & Customary up to \$500 maximum
Doctor's Services:	
Surgical Fee – One Procedure Limit	80% of Reasonable & Customary up to \$2,500 maximum
Assistant Surgeon Expense	80% of Reasonable & Customary
Anesthesia Services	80% of Reasonable & Customary
Physical Therapy	80% of Reasonable & Customary up to \$1,000 maximum
Doctor's Visits	80% of Reasonable & Customary
Other Services:	
Registered Nurse Expense	80% of Reasonable & Customary
Prescription Drug	80% of Reasonable & Customary
Laboratory Services	80% of Reasonable & Customary
X-rays – includes interpretation – outpatient	80% of Reasonable & Customary up to \$500 maximum
MRI/CAT Scan – includes interpretation	80% of Reasonable & Customary up to \$750 maximum
Ambulance Expense	80% of Reasonable & Customary up to \$500 maximum
Durable Medical Equipment	80% of Reasonable & Customary up to \$500 maximum
Orthopedic Appliances	80% of Reasonable & Customary up to \$500 maximum
Dental Treatment (For Injury to Sound & Natural Teeth)	80% of Reasonable & Customary up to \$2,500 maximum
Replacement of Eyeglasses, lenses, contact lenses and hearing aids, resulting from an Injury requiring medical treatment	80% of Reasonable & Customary
Motor Vehicle Accident injuries	Limited to a maximum of \$2,500 per Injury
Loss of Life	\$2,500
Single Dismemberment (Loss of One Hand, One Foot, Entire Sight of One Eye, or Hearing One Ear)	\$5,000
Double Dismemberment (Loss of Both Hands, Both Feet, Entire Sight of Both Eyes, Hearing Both Ears or Loss of Speech)	\$10,000
ONE-TIME PREMIUM PAYMENT	
School-Time Accident Coverage:	
Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$105.00
Grades PreK-12 includes all activities except interscholastic sports	\$62.00
24-Hour-A-Day Accident Coverage:	
Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$290.00
Grades PreK-12 includes all activities except interscholastic sports	\$220.00
Football Only Accident Coverage:	
Grades 9-12 (2016 season only)	\$375.00
Extended Dental (Can only be purchased in conjunction with School-Time, 24-Hour-A-Day or Football Only plans)	
Grades PreK-12	\$15.00