

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.

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
Accidental Death Benefit	\$2,500
Accidental Dismemberment Benefit – Single/Double	\$5,000/\$10,000
COVERED CHARGES	
Hospital/Facility Services:	
Inpatient:	
Hospital Room and Board	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 Expense	80% of Reasonable & Customary up to \$1,000 maximum
Hospital Emergency Care	80% of Reasonable & Customary up to \$500 maximum
Doctor's Services:	
Surgical Fees - One Procedure Limit	80% of Reasonable & Customary up to \$2,500 maximum
Assistant Surgeon	Limited to 25% of the surgical fee
Anesthesia Services	Limited to 25% of the surgical fee
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 Drugs	80% of Reasonable & Customary
Laboratory Services	80% of Reasonable & Customary
X-ray – includes interpretation – outpatient	80% of Reasonable & Customary up to \$500 maximum
Diagnostic Imaging (MRI, Cat Scan, etc.) 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 or Lenses resulting from an Injury requiring medical treatment	80% of Reasonable & Customary
Motor Vehicle Accident Injuries	Limited to a maximum of \$2,500 per Injury.
ONE-TIME PREMIUM PAYMENT	
Premiums: Coverage for grades 9-12 football and interscholastic high school sports are available, provided applicable premium is paid as shown below.	
School-Time Accident Coverage: Covers accidents, which occur while participating in school-sponsored and supervised activities only.	
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: Around-the-clock accident coverage anywhere in the world. Protection during vacations, weekends and school days.	
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: Covers accidents occurring while participating in high school interscholastic football practice or competition. Travel is also covered when going directly and uninterrupted to and from such practice or competition when traveling as a group in school-sponsored and supervised transportation. Optional Football coverage begins on the date of premium receipt by the Company, 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.	
Grades 9-12 (2015 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