

SCHEDULE OF BENEFITS AND PREMIUMS

Covered Charges must be incurred within one year 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 Option	\$25,000 per Injury
24-Hour Option	\$25,000 per Injury
Football Option	\$25,000 per Injury
Injury Involving Motor Vehicles	\$2,500 per Injury
Death Benefit	\$2,500
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 Inpatient Miscellaneous	80% of Reasonable & Customary up to \$1,500 maximum
Outpatient:	
Outpatient Hospital Miscellaneous	80% of Reasonable & Customary up to \$1,000 maximum
Hospital Emergency Room	80% of Reasonable & Customary up to \$500 maximum
Free-standing Ambulatory Surgical Facility	80% of Reasonable & Customary up to \$1,000 maximum
Doctor's Services:	
Surgical - One Procedure Limit	80% of Reasonable & Customary up to \$2,500 maximum
Assistant Surgeon	25% of surgical benefit
Anesthesiologist	25% of surgical benefit
Doctor's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	80% of Reasonable & Customary up to \$1,000 maximum
Doctor's Non-surgical Outpatient Treatment	80% of Reasonable & Customary
Other Services:	
Registered Nurses' Services	80% of Reasonable & Customary
Prescriptions – outpatient	80% of Reasonable & Customary
Laboratory Tests – outpatient	80% of Reasonable & Customary
X-rays – 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
Ground/Air Ambulance	80% of Reasonable & Customary up to \$500 maximum
Durable Medical Equipment – includes Orthopedic Braces & Appliances	80% of Reasonable & Customary up to \$500 maximum
Dental Treatment (Sound & Natural Teeth Only)	80% of Reasonable & Customary up to \$2,500 maximum
Replacement of Eyeglasses, Hearing Aids, Contact Lenses, if medical treatment is also received for the covered injury	80% of Reasonable & Customary
Premiums: Coverage for grades 9-12 football and interscholastic high school sports are available, provided applicable premium is paid as shown below.	
School-Time: 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	\$99.00
Grades PreK-12 includes all activities except interscholastic sports	\$58.00
24-Hour: 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	\$268.00
Grades PreK-12 includes all activities except interscholastic sports	\$203.00
Football: Covers accidents occurring while participating in high school interscholastic football practice or competition. Travel is also covered when going directly and uninterruptedly 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 (2011 season only)	\$347.00
Extended Dental (Can only be purchased in conjunction with At School, 24-Hour a Day Protection or Football Only plans)	
Grades PreK-12	\$12.00