

# Student Accident Insurance

## Benefit Summary for Plan 5918

<b>Coverage for:</b>	All School Time Activities, All School Sponsored and Supervised Extracurricular Activities and Participation in All Interscholastic Sports, including Football and Band
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<b>Maximum Accident Medical Expense Benefit per Covered Injury</b>		<b>\$25,000</b>
Deductible		\$0
Initial Treatment		Treatment must begin within 60 days of injury
Benefit Period		One Year from the date of accident
Basis of Benefit		Full Excess

<b>Covered Accident Medical Expenses</b>		
<b>Inpatient Benefits</b>		

Hospital Room and Board (Semi-Private Room Charges)		Up to \$300/day
Hospital Miscellaneous Services		U&C, up to \$1,500
Physician's Non-Surgical Visits (not including physical therapy)		U&C, up to \$25/visit, 10 visits max
Physical Therapy Treatment		included in Hospital Misc Services
Radiology Services (x-rays and related services)		included in Hospital Misc Services
Registered Nurse		U&C

<b>Outpatient Surgery Benefits</b>		
Day Surgery (facility plus any related supplies or expenses)		U&C, up to \$1,000

<b>Other Outpatient Benefits</b>		
Hospital Emergency Room Charges		U&C, up to \$300
Ambulance Service		U&C, up to \$200
Radiology Services (x-rays and related services)		U&C, up to \$150
Diagnostic Imaging (MRI, CT Scan, bone scan, including reading)		U&C, up to \$200
Physician's Non-Surgical Visits (not including physical therapy)		U&C, up to \$25/visit, 10 visits max
Physical Therapy Treatment		U&C, up to \$30/visit, 10 visits max
Orthopedic Appliances (when prescribed by a physician for healing)		U&C, up to \$100
Prescription Drugs		U&C, up to \$25
Outpatient Lab Services		U&C, up to \$50

<b>Other Physician Services</b>		
Dental Treatment (in lieu of all other medical benefits)		U&C, up to \$100 per tooth
Physician Surgical Care (includes diagnostic and orthopedic surgery expenses; pre- and post-operative care; inpatient or outpatient)		50% of U&C
Assistant Surgeon Charges (inpatient or out patient)		20% of Surgeon's Allowance
Anesthesia Charges (inpatient or out patient)		20% of Surgeon's Allowance
Eyeglasses Replacement (when medical treatment is requested for a covered injury)		U&C, up to \$75

<b>Accidental Death &amp; Dismemberment Benefits</b>		
Loss of Life		\$10,000
Single Dismemberment		\$5,000
Double Dismemberment		\$10,000
Accidental Paralysis Benefit		\$10,000
Crisis Death Benefit		\$10,000, up to \$100,000 Agg Limit

This is only a brief description of the coverage provided under this Student Accident Insurance Plan. Full details, including limitations and exclusions are included in the policy.