

2020 VOLUNTARY STUDENT ACCIDENT MEDICAL PLANS

ELIGIBILITY: All Students of the Policyholder

TYPE OF COVERAGE: Voluntary Full Excess Accident Medical

Benefits are payable to the applicable maximum for Covered Accident Medical expenses that are not recoverable from another Plan providing accident medical expense benefits. If the insured person is not covered by another Plan, these benefits are payable as primary benefits up to the limits described in the Benefit Schedule, for the Plan purchased.

PLAN DESCRIPTIONS & RATES:

SCHOOL TIME COVERAGE:

- School term on school premises while school is in session and during school sponsored and supervised activities on and off premises
- Includes participation in interscholastic sports, excluding any participation in senior high interscholastic football grades 10-12. 9th Grade football is included
- Summer Recreation Activities sponsored and supervised by the school
- Travel to and from school sponsored activities while in a vehicle furnished by the policyholder

Standard Plan: \$36.00

Economy Plan: \$28.00

Budget Plan: \$13.00

FOOTBALL COVERAGE FOR:

- Practice and participation in senior high interscholastic tackle football fall and spring sessions
- Includes coverage for all other sports and school time sponsored and supervised activities as described in the School Time Plan
- Travel to and from school sponsored activities while in a vehicle furnished by the policyholder

Standard Plan: \$143.00

Economy Plan: \$99.00

Budget Plan: \$49.00

SPRING FOOTBALL COVERAGE FOR:

- New players participating in spring training who have not purchased Football Coverage
- Travel to and from school sponsored activities while in a vehicle furnished by the policyholder

Standard Plan: \$57.00

Economy Plan: \$39.00

Budget Plan: \$20.00

24 HOUR COVERAGE FOR:

- 24 hour, 7 days a week coverage with benefits payable up to 12 months from injury date.
- School sponsored and supervised and supervised activities and sports, excluding senior high interscholastic (grades 10-12) football.
- Travel to and from school sponsored activities while in a vehicle furnished by the policyholder

Standard Plan: \$85.00

Economy Plan: \$55.00

Budget Plan: \$39.00

EXTENDED DENTAL:

- Add on coverage when purchasing School Time, 24 Hour or Football Coverage
- Benefits up to a maximum of \$10,000

Rate: \$7.00

2020 VOLUNTARY STUDENT ACCIDENT MEDICAL PLANS SCHEDULE OF BENEFITS

Voluntary Plans	Standard	Economy	Budget
Medical Maximum	\$25,000	\$25,000	\$25,000
Deductible	\$0	\$0	\$0
Coverage	Full Excess	Full Excess	Full Excess
Benefit Period	1 Year	1 Year	1 Year
Loss Period	60 days	60 days	60 days
Inpatient			
Room & Board	100% U&C	100% U&C	\$200 per day
Intensive Care	100% U&C	100% U&C	\$400 per day
Hospital Miscellaneous	\$1,200 per day	\$900 per day	\$500 per day
Surgery	80% U&C / \$3,000 Maximum	80% U&C / \$2,500 Maximum	80% U&C / \$1,000 Maximum
Assistant Surgeon	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
Anesthetist	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
Registered Nurse	100% U&C	100% U&C	80% U&C
Physician Visits	\$50 per day	\$40 per day	\$25 per day
Outpatient			
Surgery	80% U&C / \$3,000 Maximum	80% U&C / \$2,000 Maximum	80% U&C / \$1,000 Maximum
Day Surgery Miscellaneous	\$3,000 Maximum	\$2,000 Maximum	\$750 Maximum
Assistant Surgeon	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
Anesthetist	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
Outpatient Miscellaneous Benefit	\$1,200 Maximum	\$1,100 Maximum	\$400 Maximum
Physician Visits	\$50 per day	\$40 per day	\$25 per day
Physiotherapy	\$50 per day / \$800 Maximum	\$40 per day / \$600 Maximum	\$25 per visit / 10 visit Maximum
Medical Emergency	\$300 Maximum	\$200 Maximum	\$100 Maximum
X-Rays	\$800 Maximum	\$600 Maximum	\$300 Maximum
Laboratory	\$500 Maximum	\$300 Maximum	\$100 Maximum
Prescription Drugs	\$300 Maximum	\$200 Maximum	\$75 Maximum
Other			
Ambulance	\$1,000 Maximum	\$800 Maximum	\$300 Maximum
Durable Medical Equipment	\$500 Maximum	\$400 Maximum	\$100 Maximum
Dental	\$1,500 Maximum	\$1,000 Maximum	\$500 Maximum
AD&D	\$20,000	\$20,000	\$10,000
Eyeglasses, Contacts, Hearing Aids	\$400 Maximum	\$300 Maximum	\$200 Maximum