

Three popular K-12 Student/Athlete Accident Medical Expense insurance plans – with no deductibles

	Standard Plan	Intermediate Plan	Premier Plan
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Maximum Benefit

School Time Option	\$25,000	\$25,000	\$25,000
24-Hour Option	\$25,000	\$25,000	\$25,000
Interscholastic Football Option	\$25,000	\$25,000	\$25,000
Deductible	\$0	\$0	\$0
Accidental Death Benefit	\$10,000	\$10,000	\$10,000
Single Dismemberment Benefit	\$5,000	\$5,000	\$5,000
Double Dismemberment Benefit	\$15,000	\$15,000	\$15,000
Accidental Paralysis Benefit - District Paid only	\$10,000	\$10,000	\$10,000
Crisis Death Benefit - District Paid only	\$10,000, up to \$100,000 Agg Limit	\$10,000 up to \$100,000 Agg Limit	\$10,000 up to \$100,000 Agg Limit
Initial Treatment	Treatment must begin within 60 days of injury		
Benefit Period	One Year	One Year	One Year

Inpatient

Room & Board (semi-private room)	up to \$150/day	up to \$200/day	80% of U&C
Hospital Miscellaneous	\$500/day	\$1,000/day	80% of U&C
Registered Nurse	75% of U&C	80% of U&C	80% of U&C
Physician's Visits (One visit/day max; only applies to non-surgical visits)	\$30 first visit/\$25 each subsequent visit	\$50 first visit/\$30 each subsequent visit	80% of U&C

Outpatient

Day Surgery Miscellaneous	\$750 maximum	\$1,000 maximum	80% of U&C/\$5,000 max
Physician's Visits (One visit/day max; only applies to non-surgical visits; excludes physiotherapy)	\$30 first visit/ \$25 each subsequent visit	\$50 first visit/ \$30 each subsequent visit	80% of U&C/\$50 per visit max
Physiotherapy (One visit/day maximum)	\$30 first visit/\$20 each subsequent visit/5 visits max	\$40 first visit/\$30 each subsequent visit/5 visits max	80% of U&C/\$50 per visit max/ 15 visit max
Emergency Room treatment	\$150 maximum	\$250 maximum	80% of U&C
X-rays	\$200 maximum	\$400 maximum	80% of U&C
CAT Scan/MRI	\$200 maximum	\$400 maximum	80% of U&C/\$1,200 maximum
Laboratory	\$50 maximum	\$150 maximum	80% of U&C/\$600 maximum
Prescription Drugs	\$50 maximum	\$100 maximum	80% of U&C
Orthopedic Braces & Appliances	\$75 maximum	\$100 maximum	80% of U&C

Inpatient and / or Outpatient

Surgeon's Fees	\$750 maximum	\$1,000 maximum	80% of U&C/\$5,000 maximum
Anesthetist/Assistant Surgeon	20% of surgery allowance	25% of surgery allowance	80% of U&C
Ambulance	\$200 maximum	\$500 maximum	80% of U&C
Consultant	\$200 maximum	\$400 maximum	80% of U&C
Dental	\$100/tooth	\$300/tooth	80% of U&C

Optional extended dental treatment benefit (voluntary only)

For additional premium, dental benefits may be extended under the overall Medical Expense Maximum to provide payment of eligible expenses to a maximum of \$50,000. This additional coverage provides payment for the Usual and Customary expenses incurred within two years from the date of a covered accident for treatment, repair and replacement of each injured natural tooth, including examination, diagnosis, X-ray, restorative treatment, endodontics and oral surgery, plus for the replacement of caps, crowns, dentures and orthodontic appliances. Limitations apply to treatment deferred until after the two year benefit period. See the Program Manager for further details.