All Maximum amounts are per Injury except as specifically stated.

Injury means bodily injury due to an Accident which results directly and independently of disease, bodily infirmity, or any other causes; solely, directly and independently of all other causes, results in medical expense; occurs after the effective date of the Insured’s coverage under the Policy; and occurs while the Policy is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single Injury.

### MAXIMUM BENEFIT AMOUNT PER INJURY - $25,000

#### COVERAGE AND BENEFITS

##### HOSPITAL/FACILITY SERVICES:

**Inpatient:**
- Hospital Room and Board and general nursing care: 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: 80% of Reasonable & Customary up to $1,000 maximum
- Hospital Emergency Care: 80% of Reasonable & Customary up to $500 maximum

##### Doctor’s Services:

- Surgical Fee – One Procedure Limit: 80% of Reasonable & Customary up to $2,500 maximum
- Assistant Surgeon Expense: 80% of Reasonable & Customary
- Anesthesia Services: 80% of Reasonable & Customary
- Physical Therapy and/or treatment of the spine by manual or mechanical means: 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 Drug: 80% of Reasonable & Customary
- Laboratory Services: 80% of Reasonable & Customary
- X-rays – includes interpretation – outpatient: 80% of Reasonable & Customary up to $500 maximum
- MRI/CAT Scan – 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, lenses, contact lenses and hearing aids, resulting from an Injury requiring medical treatment: 80% of Reasonable & Customary
- Motor Vehicle Accident injuries: 80% of Reasonable & Customary limited to a maximum of $2,500 per Injury
- Loss of Life: $2,500
- Single Dismemberment (Loss of One Hand, One Foot, Entire Sight of One Eye, or Hearing One Ear): $5,000
- Double Dismemberment (Loss of Both Hands, Both Feet, Entire Sight of Both Eyes, or Hearing Both Ears or Loss of Speech): $10,000

### PREMIUMS (ONE-TIME ANNUAL PAYMENT)

#### School-Time Accident Coverage:

- 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:

- 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:

- Grades 9-12 (2019 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