

PLAN	High	Medium	Low
Optional School-Time with Sports except SH Football	\$ 43.00	\$ 28.00	\$ 14.00
Optional 24-Hour with Sports except SH Football	\$ 210.00	\$ 105.00	\$ 82.00
Optional Senior High Football (Fall/Spring)	\$ 215.00	\$ 115.00	\$ 85.00
Optional 24-Hour Dental	\$ 8.00	\$ 8.00	\$ 8.00
Maximum Benefit	High	Medium	Low
Optional School-Time Coverage	\$100,000	\$50,000	\$25,000
Optional 24-Hour Coverage	\$100,000	\$50,000	\$25,000
Optional 24-Hour Coverage (Extension)	\$100,000	\$50,000	\$25,000
Optional Interscholastic Football Coverage	\$100,000	\$50,000	\$25,000
<b>Deductible</b>	\$0	\$0	\$0
Injuries Involving Motor Vehicles	\$10,000	\$10,000	\$10,000
Death Benefit	\$20,000	\$20,000	\$10,000
Single Dismemberment Benefit	\$10,000	\$10,000	\$5,000
Double Dismemberment Benefit	\$20,000	\$20,000	\$10,000
<b>Loss Period</b> (Treatment must begin within ___ days of Injury)	60	60	60
<b>Benefit Period</b>	One Year	One Year	One Year
<b>Coverage</b>	Full Excess	Full Excess	Full Excess
Hospital/Facility Services			
Inpatient			
Hospital Room and Board (Semi Private Room)	80% RE	75% RE	65% RE
Inpatient Hospital Miscellaneous	80% RE	75% RE	65% RE
Outpatient			
Free-standing Ambulatory Surgical Facility	80% RE up to \$1,500 Maximum	75% RE up to \$800 Maximum	65% RE up to \$500 Maximum
Outpatient Hospital Miscellaneous-(except physician services and x-rays paid as below)	80% RE up to \$1,500 Maximum	75% RE up to \$800 Maximum	65% RE up to \$500 Maximum
Hospital Emergency Room	80% RE up to \$1,500 Maximum	75% RE up to \$800 Maximum	65% RE up to \$500 Maximum
Physician's Services			
Surgical	80% RE	75% RE	65% RE
Assistant Surgeon	25% of Surg. Benefits	25% of Surg. Benefits	25% of Surg. Benefits
Anesthesiologist	25% of Surg. Benefits	25% of Surg. Benefits	25% of Surg. Benefits
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	80% RE up to \$40/Visit/8 Visit Maximum	75% RE up to \$30/Visit/7 Visit Maximum	65% RE up to \$25/Visit/5 Visit Maximum
Physician's Non-surgical Treatment (Except as above)	80% RE	75% RE	65% RE
Other Services			
Registered Nurses' Services	80% RE	75% RE	65% RE
Prescriptions - outpatient	80% RE	75% RE	65% RE
Laboratory Tests Outpatient	80% RE	75% RE	65% RE
X-rays, includes interpretation - outpatient	80% RE	75% RE	65% RE
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation	80% RE	75% RE	65% RE
Ground Ambulance	80% RE	75% RE	65% RE
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	80% RE	75% RE	65% RE
Dental Treatment to sound, natural teeth due to covered injury.	80% RE up to \$1,500 Maximum	75% RE up to \$800 Maximum	65% RE up to \$500 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$700 Maximum	\$500 Maximum	\$150 Maximum