

SCHEDULE OF BENEFITS

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the policy provisions carefully.

Eligible Persons: All enrolled students of the Policyholder, grades Pre-k to 12

CONDITIONS OF COVERAGE

The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages.

School Coverage

Personal Deviations covered

no

Covered activities

Policyholder supervised and sponsored interscholastic sports, including interscholastic Tackle Football, Band Cheerleading, Senior and Junior high school sports, Intramural sports, Gym class and Non-Athletic Interscholastic or Extracurricular activities

ACCIDENT INDEMNITY BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Each of the following Covered Losses may be included or deleted at the option of the Policyholder. Benefit amounts are variable and may be expressed as a percentage of the Principal Sum or as a dollar amount.

Principal Sum \$25,000
Loss must occur within 365 days of the Covered Accident

Schedule of Covered Losses

Covered Loss	Benefit
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	200% of the Principal Sum
Loss of Sight of Both Eyes	200% of the Principal Sum
Loss of One Hand or Foot and Sight in One Eye	200% of the Principal Sum
Quadriplegia	200% of the Principal Sum
Paraplegia	200% of the Principal Sum
Hemiplegia	200% of the Principal Sum
Loss of One Hand or Foot	100% of the Principal Sum
Loss of Sight in One Eye	100% of the Principal Sum
Loss of Speech	100% of the Principal Sum
Loss of Hearing in Both Ears	100% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	50% of the Principal Sum

Aggregate Limit of Indemnity \$500,000
Applies to: All Conditions of Coverage

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death and Dismemberment Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

ACCIDENT MEDICAL EXPENSE BENEFITS

Any benefit limits and Benefit Percentages for Accident Medical Expense Benefits apply, unless otherwise specified, on a per-Covered Person per-Covered Accident basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

Scope of Coverage Applicable to Accident Medical Benefits

Primary Excess Medical Expense
Primary Excess Benefit \$100
Other Health Plan
Reduction 50%

Medical Expense Benefits

Total Maximum for all
Accident Medical Expense Benefits \$50,000

First Covered Expenses must be Incurred within 180 days after a Covered Accident

Benefit Period 2 years

Deductible \$0

Covered Expenses

In-Patient Hospital Services

Daily ICU or CCU Benefit 100%

Daily In-Hospital Benefit 100% of the average Semi-private room rate

Miscellaneous Services 100% per Hospital Stay

Ambulatory Medical Center 100%

Emergency Room Treatment 100%

Physician Services

Surgery Benefit 100%

Assistant Surgeon 100%

Physician's Surgical Facilities 100%

Second Opinion or Consultation 100%

Physician's Assistant 100%

Anesthesia Benefit 100%

Inpatient Visits 100%

Office Visits 100% per visit

Outpatient X-ray, CT Scan, MRI and Laboratory Tests 100%

Outpatient Physiotherapy 100%

Nursing Services 100%

Ambulance Services 100%

Medical Equipment Rental 100%

Medical Services and Supplies 100%

Dental Services 100%

Prescription Drug Benefit

Benefit per prescription 100%

Home Health Care Benefit

Calendar Year Deductible \$0

Home Health Care Visit 100%

Maximum Visits 40 per calendar year

Medical Supplies, Drugs and Medications

100%

SCHEDULE OF BENEFITS FOR ADDITIONAL FORMS

**DEFERRED DENTAL EXPENSE BENEFIT
ENDORSEMENT**

Deferred Treatment Period	to age 21
Deferred Treatment Maximum Benefit	\$1,500
Benefit Percentage	100%

**EXPANDED MEDICAL BENEFIT
ENDORSEMENT**

Benefit Amount	100%
Covered Sports Conditions	bursitis, sprains, hernia, muscle tears, tendonitis and repetitive motion injuries

**HEART AND CIRCULATORY
CONDITIONS ENDORSEMENT**

Covered Heart and Circulatory Conditions	100%
	heat exhaustion, heart attack, stroke, burst aneurysm