

MICHIGAN 2024-2025

Benefits and Premiums

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
Intensive Care	80% of Reasonable & Customary up to \$500 per day maximum
Miscellaneous Hospital Charges	80% of Reasonable & Customary up to \$1,500 maximum

Outpatient:

Miscellaneous Hospital Charges	80% of Reasonable & Customary up to \$1,000 maximum
Hospital Emergency Care, excluding professional charges	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 Charge	80% of Reasonable & Customary
Administration of Anesthesia	80% of Reasonable & Customary
Outpatient Physical Therapy, rendered by a Doctor	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 Drugs	80% of Reasonable & Customary
Outpatient Laboratory Services	80% of Reasonable & Customary
Outpatient X-ray Services	80% of Reasonable & Customary up to \$500 maximum
Outpatient MRI/CAT Scan – includes interpretation	80% of Reasonable & Customary up to \$750 maximum
Ambulance Charges	80% of Reasonable & Customary up to \$500 maximum
Durable Medical Equipment, including 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 Student 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 (2024 Season Only)	\$375.00
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Extended Dental: (Can only be purchased in conjunction with School-Time, 24-Hour-A-Day or Football Only Plans)

Grades PreK-12	\$15.00
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