

ILLINOIS 2019/2020

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.

COVERAGE AND BENEFITS	STANDARD PLAN	DELUXE PLAN
Maximum Benefit Amount Per Injury	\$25,000.00	\$25,000.00
Deductible	\$0.00	\$0.00
Hospital Room and Board and general nursing care limited to a maximum of	\$200.00/day	\$600.00/day
Hospital Miscellaneous Expense limited to a maximum of	\$1,500.00	\$3,000.00
Hospital Emergency Care limited to a maximum of	\$200.00	\$400.00
Orthopedic Appliances furnished by the Hospital limited to a maximum of	\$100.00	\$200.00
Doctor's fees for surgery, in accordance with the Surgical Schedule using	\$75.00 per unit value	\$200.00 per unit value
Assistant Surgeon Expense, limited to	20% of the Surgical Schedule allowance	20% of the Surgical Schedule allowance
Anesthesia Services, limited to	20% of the Surgical Schedule allowance	20% of the Surgical Schedule allowance
Non-Surgical Doctors' Visits, including Physical Therapy: 1st Visit up to Thereafter up to Physical Therapy is limited to a maximum benefit of 5 visits.	\$25.00 \$15.00	\$60.00 \$50.00
Dental Treatment, per tooth (for Injury to Sound, Natural Teeth) limited to	\$200.00	\$600.00
X-ray: Fracture or dislocation, up to a maximum benefit of No fracture or dislocation, up to a maximum benefit of	\$200.00 \$50.00	\$500.00 \$150.00
MRI/CAT Scan, up to a maximum benefit of	\$200.00	\$500.00
Ambulance Expense, limited to a maximum of	\$100.00	\$400.00
Motor Vehicle Accident injuries, limited to	\$5,000.00	\$5,000.00
Loss of Life	\$5,000.00	\$5,000.00
Single Dismemberment – (Loss of One Hand, One Foot, Entire Sight of One Eye or Hearing One Ear)	\$1,000.00	\$1,000.00
Double Dismemberment – (Loss of both Hands, Both Feet, Entire Sight of Both Eyes, Hearing both Ears or Loss of Speech)	\$10,000.00	\$10,000.00
PREMIUMS (ONE-TIME ANNUAL PAYMENT)	STANDARD PLAN	DELUXE PLAN
SCHOOL-TIME ACCIDENT COVERAGE		
Students — Grades Pre-K - 8	\$23.00	\$52.00
Grades 9 - 12	\$46.00	\$105.00
24-HOUR-A-DAY ACCIDENT COVERAGE		
Students — Grades Pre-K - 12	\$125.00	\$275.00
OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE		
Per Player — Grades 9 - 12	\$162.00	\$369.00