SCHEDULE OF BENEFITS FOR BLANKET PLANS

*Maximums per Plan are for each Injury.

	Lone Star Custom	Lone Star Advantage	Lone Star
Athletics/Activities Coverage Also Includes Day Field Trip Coverage & Vocational Coverage	**$30,000**	**$30,000**	**$30,000**
Motor Vehicle Injury	**$5,000**	**$5,000**	**$5,000**
INPATIENT			
Room and Board	Private room rate	Private room rate	Private room rate
Intensive Care (in lieu of R&B)	Private room rate	Private room rate	Private room rate
Hospital Miscellaneous	**Usual & Customary Charges**	**U&C up to $750 1st day;$250 per day thereafter/ $5,000 maximum**	**U&C up to $250 per day/ $5,000 maximum**
Registered Nurse	**Usual & Customary Charges**	**Usual & Customary Charges**	**Usual & Customary Charges**
Physician Visits	**Usual & Customary Charges / 5 days maximum**	**Usual & Customary Charges up to $40 per day**	**Usual & Customary Charges up to $40 per day**
Family Travel (outside a 100 mile radius from home)	**After 5 continuous days of inpatient hospital stay, $300 per day for each continuous day thereafter/5 days max**	**After 5 continuous days of inpatient hospital stay, $300 per day for each continuous day thereafter/5 days max**	**After 5 continuous days of inpatient hospital stay, $300 per day for each continuous day thereafter/5 days max**
OUTPATIENT			
Ambulatory Surgical Center (facility charge)	**Usual & Customary Charges up to $3,500**	**Usual & Customary Charges up to $1,750**	**Usual & Customary Charges up to $1,500**
Doctor Visits	**Usual & Customary Charges / 5 days maximum**	**Usual & Customary Charges up to $40 per day**	**Usual & Customary Charges up to $40 per day**
Physiotherapy (limited to 1 visit per day)	**$50 per visit up to 20 visits total**	**$50 1st visit; $25 per visit thereafter up to 10 visits total**	**$50 1st visit; $25 per visit thereafter up to 8 visits total**
Medical Emergency (for use of emergency room facility and services within 72 hours of Injury)	**Usual & Customary Charges up to $475**	**Usual & Customary Charges up to $225**	**Usual & Customary Charges up to $175**
Medical Emergency Doctor	**Usual & Customary Charges up to $250**	**Usual & Customary Charges up to $200**	**Usual & Customary Charges up to $150**
Shots and Injections (within 24 hours of an Injury)	**Usual & Customary Charges up to $60 maximum**	**Usual & Customary Charges up to $60 maximum**	**Usual & Customary Charges up to $60 maximum**
Diagnostic X-ray	**Usual & Customary Charges up to $300 and $50 for reading**	**Usual & Customary Charges up to $225 and $50 for reading**	**Usual & Customary Charges up to $200 and $50 for reading**
CAT Scan/MRI/Bone Scan	**Usual & Customary Charges up to $1,100 and $50 for reading**	**Usual & Customary Charges up to $750 and $50 for reading**	**Usual & Customary Charges up to $500 and $50 for reading**
Laboratory Procedures	**Usual & Customary Charges**	**Usual & Customary Charges up to $100**	**Usual & Customary Charges up to $50**
OTHER (INPATIENT and/ or OUTPATIENT)			
Surgeon (limited to primary procedure including removal of surgical implanted pins within 2 years of Injury)	**Usual & Customary Charges up to $5,000**	Usual & Customary **Charges up to $4,500**	Usual & Customary Charges up to $3,500
Anesthetist	**25% of surgeon benefit**	**25% of surgeon benefit**	**25% of surgeon benefit**
Assistant Surgeon	**25% of surgeon benefit**	**25% of surgeon benefit**	**25% of surgeon benefit**
Ambulance	**Usual & Customary Charges up to $5,000**	**Usual & Customary Charges up to $5,000**	**Usual and Customary Charges up to $5,000**
Dental Treatment (benefits paid on Injury to Sound, Natural Teeth only)	**Usual & Customary Charges up to $10,000**	**Usual & Customary Charges up to $10,000**	**Usual & Customary Charges up to $5,000**
Cosmetic-Only Dental Benefit	**Usual & Customary Charges up to $1,000**	**Usual & Customary Charges up to $1,000**	**Usual & Customary Charges up to $500**
Post Surgical Durable Medical Equipment	**Usual & Customary Charges up to $300**	**Usual & Customary Charges up to $200**	**Usual & Customary Charges up to $175**
Eyeglasses, Contact Lenses and Hearing Aid Replacement (as a result of a covered Injury only)	**Usual & Customary Charges**	**Usual & Customary Charges**	**Usual & Customary Charges**
Prescription Drugs	**Usual & Customary Charges**	**Usual & Customary Charges**	**Usual & Customary Charges**
Post Surgical Orthopedic Braces & Appliances	**Usual & Customary Charges up to $500**	**Usual & Customary Charges up to $500**	**Usual & Customary Charges up to $500**
Expanded Medical **Benefit**	**Pays for Services per Schedule of Benefits up to $350**	**Pays for Services per Schedule of Benefits up to $350**	**Pays for Services per Schedule of Benefits up to $350**

This is a brief illustration of coverage offered through the Texas Kids First K-12 Student Accident Insurance Program.
The Policy issued will be the contract and will govern and control the payment of benefits.
The Policy is a one-year non-renewable term policy. This is not a Policy of Workers' Compensation Insurance