SCHEDULE OF BENEFITS
Lone Star 2

Policy Effective Date:	August 1, 2026
Maximum Benefit:	$30,000.00 each Injury except Motor Vehicle Injury $5,000.00 each covered Motor Vehicle Injury
Deductible:	$500.00
Benefit Period:	52 weeks
Initial Treatment Period:	90 days

If an Injury to the Insured results in His incurring Covered Charges for any of the services specified below, We will pay the applicable benefit, subject to the Deductible and Coinsurance Percentage (if any), that are in excess of Covered Charges payable by any Other Valid and Collectible Insurance or Plan, including an ERISA or self-funded group policy. Provided medical treatment by a Doctor begins within the Initial Treatment Period, benefits will be payable for Covered Charges incurred during the Benefit Period up to the maximum benefit per service as shown below. The total payable for all Covered Charges shall never exceed the Maximum Benefit stated above. This excess provision will not apply to coverage provided under the Texas Children's Health Insurance Program (CHIP). Covered Charges exclude amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with policy provisions or requirements. Usual and Customary Charges are based on data provided by Context 4 Healthcare, Inc. using the 75th percentile.

Inpatient

Room & Board:	Private room rate
Intensive Care:	Private room rate (in lieu of Room & Board)
Hospital Miscellaneous:	Usual & Customary Charges up to $250.00 per day/$5,000.00 maximum
Registered Nurse:	Usual & Customary Charges
Doctor Visits:	Usual & Customary Charges up to $40.00 per day
Family Travel:	After 5 days of continuous inpatient hospital stay, $300.00 per day / 5 days maximum

Outpatient

Ambulatory Surgical Center:	Usual & Customary Charges up to $2,000.00 (facility charge)
Doctor Visits:	Usual & Customary Charges up to $40.00 per day
Physiotherapy:	$50.00 1st visit / $25.00 per visit thereafter/8 visits maximum (limited to 1 visit per day)
Medical Emergency:	Usual & Customary Charges up to $175.00 (for use of emergency room facility and services within 72 hours of Injury)
Medical Emergency Doctor:	Usual & Customary Charges up to $150.00
Shots and Injections:	Usual & Customary Charges up to $60.00 (within 24 hours of an Injury)
Diagnostic X-ray:	Usual & Customary Charges up to $200.00 and $50.00 for reading
CAT Scan/MRI/Bone Scan:	Usual & Customary Charges up to $500.00 and $50.00 for reading
Laboratory Procedures:	Usual & Customary Charges up to $50.00

Other (Inpatient and/or Outpatient)

Surgeon:	Usual & Customary Charges up to $2,000.00 (limited to primary procedure including removal of surgical implanted pins within two years of Injury)
Anesthetist:	25% of surgeon benefit
Assistant Surgeon:	25% of surgeon benefit
Ambulance:	Usual & Customary Charges up to $1,000.00
Dental Treatment:	Usual & Customary Charges up to $5,000.00 (benefits paid on Injury to Sound, Natural Teeth only)
Cosmetic-Only Dental Benefit:	Usual & Customary up to $500.00
Post Surgical Durable Medical Equipment:	Usual & Customary Charges up to $175.00
Eye Glasses, Contact Lenses and Hearing Aid Replacement:	Usual & Customary Charges (as a result of a covered Injury only)
Prescription Drugs:	Usual & Customary Charges
Post Surgical Orthopedic Braces & Appliances:	Usual & Customary Charges up to $500.00
Expanded Medical Benefit:	Pays for services per Schedule of Benefits up to $350.00