

Voluntary Coverage - High Option

Student Accident Plan Schedule of Benefits

CO,FL,KS,NE,VA Only 2016/2017

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that the treatment begins within 60 days from the date of the Injury, benefits will be payable for covered Medical Expenses incurred within one year from the date of the Injury up to the maximum benefit per service as scheduled below. Covered Expenses means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay. Benefits are subject to all applicable conditions, exclusions and limitations and any deductible and coinsurance provisions shown. Benefits are limited to the amounts shown for specific services or supplies.

Maximum Benefit: \$25,000 (For Each Injury)

Deductible: None

Inpatient

Room & Board: 80% of Reasonable Charges

Hospital Miscellaneous: \$1,200 per day

Registered Nurse: 100% of Reasonable Charges

Physician's Visits: \$60 first day/\$40 each subsequent day

Outpatient

Day Surgery Miscellaneous: \$1,200 maximum

Physician's Visits: \$60 first day/\$40 each subsequent day
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)

Physiotherapy: \$60 first day/\$40 each subsequent day/5 days maximum
(Benefits are limited to one visit per day)

Emergency Room: \$300 maximum
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)

X-Rays: \$600 maximum

CAT Scan/MRI: \$600 maximum

Laboratory: \$300 maximum

Prescription Drugs: \$200 maximum/30 day supply per prescription

Orthopedic Braces & Appliances: \$140 maximum

Inpatient and/or Outpatient

Surgeon's Fees: \$1,200 maximum
(Limited to primary procedure per injury)

Anesthetist/Assistant Surgeon: 25% of surgery allowance

Ambulance: \$800 maximum

Consultant: \$400 maximum

Dental: \$10,000 maximum per policy term if Extended Dental option is purchased.
\$500 per tooth (Benefits paid on injury to sound, natural teeth only) if Extended Dental option is not purchased.

Expenses for the following are not covered:

Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. The policy contains an Excess Provision. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance. The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 75th percentile of Ingenix schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.