Voluntary Coverage - High Option
Student Accident Plan Schedule of Benefits
2012/2013

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: ***(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)***	$60 first day/$40 each subsequent day
Physiotherapy: ***(Benefits are limited to one visit per day)***	$60 first day/$40 each subsequent day/5 days maximum
Emergency Room: ***(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)***	$300 maximum
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: ***(Specified surgery based on data provided by Ingenix, Inc.) (No more than one procedure through the same incision will be paid)***	$1,200 maximum
Anesthetist/Assistant Surgeon:	25% of surgery allowance
Ambulance:	$800 maximum
Consultant:	$400 maximum
Dental:	$10,000 maximum per injury

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 for mandatory coverage. 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.