

# Low Option

## Student Accident Plan Schedule of Benefits

### NCHSAA & NCSBA Endorsed, North Carolina only – 2014/2015

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: Semi-private room rate/up to \$150 per day

Hospital Miscellaneous: \$500 per day

Registered Nurse: 75% of Reasonable Charges

Physician's Visits: \$30 first day/\$25 each subsequent day  
*(Benefits are limited to one visit per day and do not apply when related to surgery)*

#### **Outpatient**

Day Surgery Miscellaneous: \$750 maximum

Physician's Visits: \$30 first day/\$25 each subsequent day  
*(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)*

Physiotherapy: \$30 first day/\$20 each subsequent day/5 days maximum  
*(Benefits are limited to one visit per day)*

Medical Emergency: \$150 maximum  
*(Treatment must be rendered within 72 hours from time of Injury)*

X-Rays: \$200 maximum

CAT Scan/MRI: \$200 maximum

Laboratory: \$50 maximum

Prescription Drugs: \$50 maximum

Orthopedic Braces & Appliances: \$75 maximum

#### **Inpatient and/or Outpatient**

Surgeon's Fees: \$750 maximum  
*(No more than one procedure through the same incision will be paid)*

Anesthetist/Assistant Surgeon: 20% of surgery allowance

Ambulance: \$200 maximum

Consultant: \$200 maximum

Dental: \$100 per tooth  
*(Benefits paid on Injury to Sound, Natural Teeth Only)*

#### **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.