

## **ACCIDENT MEDICAL SCHEDULE OF BENEFITS**

### **Mandatory or Voluntary Gold Plan 7 BSC 801**

#### **Hospital and Professional Services Benefits**

The Injury must be treated within 60 days after the Accident occurs.

Services must be received within 1 year from the date of the Accident. Expenses incurred after 1 year from the date of the Accident are not covered even though the service is a continuing one or one that is necessarily delayed beyond 1 year from the date of the Accident.

#### **HOSPITAL AND PROFESSIONAL SERVICES BENEFITS**

**Maximums and Benefit Period (All maximums are subject to the COVERAGE and LIMITATIONS as stated below.)**

Maximum Medical Expense for each Injury: \$100,000

Maximum Medical Expense for football Injuries: \$100,000

Maximum Medical Expense for each Injury involving motor vehicles: \$10,000

Accidental Death, Dismemberment, or Loss of Sight Benefit: \$10,000

    Single Dismemberment: \$5,000

    Double Dismemberment: \$10,000

Benefit Period: 1 Year

#### **Deductible**

The Deductible is the greater of:

1. \$0.00; or
2. The amount paid or payable for the same Injury by any Other Plan.

#### **EXCESS COVERAGE PROVISION APPLICABILITY**

The Excess Coverage provision does apply.

#### **COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)**

##### ***Hospital/Facility Services***

###### **Inpatient**

1. HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses up to the semi-private room rate
2. HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses
3. INPATIENT HOSPITAL MISCELLANEOUS: 100% of Reasonable Expenses to a maximum of \$10,000

###### **Outpatient**

1. OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): 100% of Reasonable Expenses to a maximum of \$750
2. HOSPITAL EMERGENCY ROOM: 100% of Reasonable Expenses to a maximum of \$500
3. FREE - STANDING AMBULATORY SURGICAL FACILITY: 100% of Reasonable Expenses to a maximum of \$2,000
4. HOSPITAL EMERGENCY ROOM PHYSICIAN: 100% of Reasonable Expenses to a maximum of \$75

##### ***Physician's Services***

1. SURGICAL: 80% of Reasonable Expenses to a maximum of \$3,000

2. ASSISTANT SURGEON: Reasonable Expenses to 25% of surgical benefit paid only if surgeon is paid.
3. ANESTHESIOLOGIST: Reasonable Expenses to 25% of surgical benefit paid only if surgeon is paid.
4. PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): 100% of Reasonable Expenses to a maximum of \$60 per day
5. PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION: 100% of Reasonable Expenses \$75 per visit and a maximum of 5 visits

**Other Services**

1. REGISTERED NURSES' SERVICES: 100% of Reasonable Expenses
2. PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 100% of Reasonable Expenses
3. X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$300
4. DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) - INCLUDES INTERPRETATION: 100% of Reasonable Expenses to a maximum of \$1,000
5. GROUND AMBULANCE: 100% of Reasonable Expenses to a maximum of \$500
6. AIR AMBULANCE: 100% of Reasonable Expenses to a maximum of \$1,500
7. DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC BRACES AND APPLIANCES: 100% of Reasonable Expenses to a maximum of \$500
8. DENTAL TREATMENT: 100% of Reasonable Expenses to a maximum of \$2,000 for the treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma.
9. REPLACEMENT OF EYEGLASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: 100% of Reasonable Expenses to a maximum of \$700

## **ACCIDENT MEDICAL SCHEDULE OF BENEFITS**

### **Mandatory or Voluntary Bronze Plan 9 BSC 814**

#### **Hospital and Professional Services Benefits**

The Injury must be treated within 60 days after the Accident occurs.

Services must be received within 1 year from the date of the Accident. Expenses incurred after 1 year from the date of the Accident are not covered even though the service is a continuing one or one that is necessarily delayed beyond 1 year from the date of the Accident.

#### **HOSPITAL AND PROFESSIONAL SERVICES BENEFITS**

**Maximums and Benefit Period (All maximums are subject to the COVERAGE and LIMITATIONS as stated below.)**

Maximum Medical Expense for each Injury: \$50,000

Maximum Medical Expense for football Injuries: \$50,000

Maximum Medical Expense for each Injury involving motor vehicles: \$10,000

Accidental Death, Dismemberment, or Loss of Sight Benefit: \$10,000

    Single Dismemberment: \$5,000

    Double Dismemberment: \$10,000

Benefit Period: 1 Year

#### **Deductible**

The Deductible is the greater of:

1. \$0.00; or
2. The amount paid or payable for the same Injury by any Other Plan.

#### **EXCESS COVERAGE PROVISION APPLICABILITY**

The Excess Coverage provision does apply.

#### **COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)**

##### ***Hospital/Facility Services***

##### **Inpatient**

1. HOSPITAL ROOM AND BOARD: 80% of Reasonable Expenses up to the semi-private room rate to a maximum of \$200 per day
2. HOSPITAL INTENSIVE CARE: 80% of Reasonable Expenses to a maximum of \$200 per day
3. INPATIENT HOSPITAL MISCELLANEOUS: 100% of Reasonable Expenses to a maximum of \$5,000

##### **Outpatient**

1. OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): 100% of Reasonable Expenses to a maximum of \$250
2. HOSPITAL EMERGENCY ROOM: 80% of Reasonable Expenses to a maximum of \$150
3. FREE - STANDING AMBULATORY SURGICAL FACILITY: 100% of Reasonable Expenses to a maximum of \$500
4. HOSPITAL EMERGENCY ROOM PHYSICIAN: 100% of Reasonable Expenses to a maximum of \$50

**Physician's Services**

1. SURGICAL: 80% of Reasonable Expenses to a maximum of \$1,000
2. ASSISTANT SURGEON: Reasonable Expenses to 25% of surgical benefit paid only if surgeon is paid.
3. ANESTHESIOLOGIST: Reasonable Expenses to 25% of surgical benefit paid only if surgeon is paid.
4. PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): 100% of Reasonable Expenses to a maximum of \$25 per day
5. PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION: 100% of Reasonable Expenses \$25 per visit and a maximum of 5 visits

**Other Services**

1. REGISTERED NURSES' SERVICES: 80% of Reasonable Expenses
2. PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 80% of Reasonable Expenses
3. X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$200
4. DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) - INCLUDES INTERPRETATION: 100% of Reasonable Expenses to a maximum of \$300
5. GROUND AMBULANCE: 100% of Reasonable Expenses to a maximum of \$200
6. AIR AMBULANCE: 100% of Reasonable Expenses to a maximum of \$400
7. DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC BRACES AND APPLIANCES: 100% of Reasonable Expenses to a maximum of \$150
8. DENTAL TREATMENT: 100% of Reasonable Expenses to a maximum of \$1,000 for the treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma.
9. REPLACEMENT OF EYEGLASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: 100% of Reasonable Expenses to a maximum of \$150

## **ACCIDENT MEDICAL SCHEDULE OF BENEFITS**

### **Mandatory or Voluntary Silver Plan 8 BSC 816**

#### **Hospital and Professional Services Benefits**

The Injury must be treated within 60 days after the Accident occurs.

Services must be received within 1 year from the date of the Accident. Expenses incurred after 1 year from the date of the Accident are not covered even though the service is a continuing one or one that is necessarily delayed beyond 1 year from the date of the Accident.

#### **HOSPITAL AND PROFESSIONAL SERVICES BENEFITS**

**Maximums and Benefit Period (All maximums are subject to the COVERAGE and LIMITATIONS as stated below.)**

Maximum Medical Expense for each Injury: \$75,000

Maximum Medical Expense for football Injuries: \$75,000

Maximum Medical Expense for each Injury involving motor vehicles: \$10,000

Accidental Death, Dismemberment, or Loss of Sight Benefit: \$10,000

    Single Dismemberment: \$5,000

    Double Dismemberment: \$10,000

Benefit Period: 1 Year

#### **Deductible**

The Deductible is the greater of:

1. \$0.00; or
2. The amount paid or payable for the same Injury by any Other Plan.

#### **EXCESS COVERAGE PROVISION APPLICABILITY**

The Excess Coverage provision does apply.

#### **COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)**

##### ***Hospital/Facility Services***

##### ***Inpatient***

1. HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses up to the semi-private room rate
2. HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses
3. INPATIENT HOSPITAL MISCELLANEOUS: 100% of Reasonable Expenses to a maximum of \$7,500

##### ***Outpatient***

1. OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): 80% of Reasonable Expenses to a maximum of \$500
2. HOSPITAL EMERGENCY ROOM: 80% of Reasonable Expenses to a maximum of \$350
3. FREE - STANDING AMBULATORY SURGICAL FACILITY: 80% of Reasonable Expenses to a maximum of \$1,000
4. HOSPITAL EMERGENCY ROOM PHYSICIAN: 100% of Reasonable Expenses to a maximum of \$50

##### ***Physician's Services***

1. SURGICAL: 80% of Reasonable Expenses to a maximum of \$2,000

2. ASSISTANT SURGEON: Reasonable Expenses to 25% of surgical benefit paid only if surgeon is paid.
3. ANESTHESIOLOGIST: Reasonable Expenses to 25% of surgical benefit paid only if surgeon is paid.
4. PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): 100% of Reasonable Expenses to a maximum of \$500
5. PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION: 100% of Reasonable Expenses \$40 per visit and a maximum of 5 visits

**Other Services**

1. REGISTERED NURSES' SERVICES: 100% of Reasonable Expenses
2. PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 100% of Reasonable Expenses
3. X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$250
4. DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) - INCLUDES INTERPRETATION: 100% of Reasonable Expenses to a maximum of \$750
5. GROUND AMBULANCE: 100% of Reasonable Expenses to a maximum of \$400
6. AIR AMBULANCE: 100% of Reasonable Expenses to a maximum of \$1,000
7. DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC BRACES AND APPLIANCES: 100% of Reasonable Expenses to a maximum of \$300
8. DENTAL TREATMENT: 100% of Reasonable Expenses to a maximum of \$1,500 for the treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma.
9. REPLACEMENT OF EYEGLASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: 100% of Reasonable Expenses to a maximum of \$500