

HAZARDS INSURED AGAINST:

Class **Description of Hazard**
Class 1:

School Coverage
 Sports Coverage

Covered Activity(ies):

- This policy covers each Covered Person during the policy period while he or she is: A) participating in school related activities including field trips; 1) sponsored by the Policyholder; and 2) on the premises designated and supervised by the Policyholder; or B) traveling with a group in connection with the activities under the direct supervision of the Policyholder C) while participating as a member of a team in intramural, club or interscholastic competitive sports activities sponsored and supervised by the Policyholder. Activities include but not limited to the following: football, baseball, softball, basketball, volleyball, lacrosse, soccer, golf, tennis, swimming, track and field, cross country, wrestling, music (such as band, choir, orchestra), academic contests (such as academic team, drama, math), JROTC, band, drill team, winter guard, and pep squad.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Principal Sum: \$10,000
 Time Period for Loss: 365 days

ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

Total Benefit Maximum for all Accident Medical \$25,000

Loss Period (first Covered Expenses must be incurred within): 90 days after the date of the
Covered Accident

Benefit Period: 52 weeks from the date
of the Covered Accident

Deductible: \$0

Coinsurance Factor for all Covered Expenses: 80%

Accident Medical Expense benefits may be available on an allocated or unallocated basis as shown, that is to say there may be specific limits or coinsurance rates on certain Covered Expenses (allocated) or all Covered Expenses may be subject to the same maximum limit and coinsurance factor (unallocated).

Ancillary Hospital Expenses	\$3,500 per Covered Accident
Outpatient Surgery/Ambulatory Surgical Center	\$2,500 per Covered Accident
Outpatient Laboratory Tests	\$500 including costs for reading per Covered Accident
Physiotherapy	\$100 per visit up to a maximum of 5 visits per Covered Accident
X-Ray Expenses	\$2,000 including costs for reading per Covered Accident

Any Deductibles, Coinsurance Factors, Benefit Periods and Benefit Maximums apply on a per Covered Person, per Covered Accident basis.

DESCRIPTION OF BENEFITS

All benefits payable are shown in the Schedule of Benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If Injury to the Covered Person results in any of the Covered Losses shown below, within the Time Period for Loss as shown in Schedule of Benefits, the Company will pay the percentage of the Principal Sum shown below for that loss. The Principal Sum is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit, the largest, will be paid for all Covered Losses due to the same Covered Accident.

Schedule of Covered Losses

<u>Loss of:</u>	<u>Benefit:</u> (Percentage of Principal Sum)
Life.....	100%
Two or More Members.....	400%
One Member.....	100%
Thumb and Index Finger of the Same Hand.....	100%
Four fingers of the Same Hand.....	100%

“Member” means Loss of Hand or Foot, Loss of Arm or Leg, Loss of Sight, Loss of Speech and Loss of Hearing. “Loss of a hand or foot” means complete severance through or above the wrist or ankle joint. “Loss of Arm or Leg” means complete severance through or above the elbow or knee joint. “Loss of sight” means total and permanent loss of sight of one/both eyes that is irrecoverable, including by surgical and artificial means. “Loss of speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of hearing” means permanent total deafness in both ears such that it cannot be corrected by any aid or device. “Loss of thumb and index finger of the same hand” means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body.

Aggregate Limit of Liability

The maximum amount the Company will pay for all Covered Losses resulting from the same Accident will not exceed the Aggregate Limit of Liability as described in the Schedule of Benefits.

If the total amount payable for all Covered Losses in any one Accident exceeds the Aggregate Limit of Liability, each Covered Person’s Covered Loss will be paid at the same ratio that the Aggregate Limit of Liability has to the total amount of all Covered Losses. The Company shall not be liable for amounts in excess of the Aggregate Limit of Liability.

ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

We will pay Accident Medical and Dental Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles, Coinsurance Factors, Benefit Periods, Benefit Maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident Medical Expense Benefits are only payable:

- 1) for Usual and Customary Charges incurred after the Deductible has been met;
- 2) for those Medically Necessary Covered Expenses incurred by or on behalf of the Covered Person;
- 3) for Covered Expenses incurred within 52 weeks after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Covered Medical Expenses, from a Covered Accident, include:

- 1) Hospital room and board expenses: the daily room rate when a Covered Person is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
- 2) Ancillary Hospital expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined.
- 3) Daily Intensive Care Unit/Cardiac Care Unit Expenses: the daily room rate when a Covered Person is Hospital confined in a bed in the Intensive Care Unit/Cardiac Care Unit and nursing services other than private duty nursing services.
- 4) Medical Emergency Care (room and supplies) expenses incurred within 72 hours of a Covered Accident and including the attending Physician's charges, x-rays, laboratory procedures, use of the emergency room and supplies.
- 5) Outpatient surgery expenses, including Ambulatory Surgical Center.
- 6) Outpatient surgical room and supply expenses for use of the surgical facility.
- 7) Outpatient diagnostic x-rays, laboratory procedures and test expenses.
- 8) Physician non-surgical treatment/examination expenses (excluding medicines) including the Physician's initial visit, each necessary follow-up visit and consultation visits when referred by the attending Physician.
- 9) Second surgical opinion expenses.
- 10) Physician surgical expenses. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
- 11) Assistant Surgeon expenses when Medically Necessary.
- 12) Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
- 13) Outpatient laboratory test expenses.
- 14) Physiotherapy (physical medicine) expenses on an inpatient or outpatient basis limited to one visit per day; expenses include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, chiropractic, adjustments, manipulation, massage or any form of physical therapy.
- 15) Post surgical physical medicine expenses and office visits connected with such treatment when prescribed by a Physician.
- 16) X-ray expenses (including reading charges) not including dental x-rays.
- 17) Diagnostic imaging expenses including magnetic resonance imaging (MRI) and CAT scans.

- 18) Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is whole sound and a natural tooth at the time of the Covered Accident.
- 19) Dental expenses related to the installation of crowns, caps, bridges and dentures; oral surgery and endodontics and repair or replacement of caps and crowns that existed prior to the Covered Accident.
- 20) Outpatient registered nurse services if ordered by a Physician.
- 21) Ambulance expenses for transportation from the Accident site to the Hospital.
- 22) Rehabilitative braces or appliances prescribed by a Physician. It must be durable medical equipment that is primarily and customarily used to serve a medical purpose and can withstand repeated use and generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
- 23) Prescription drug expenses prescribed by a Physician and administered on an outpatient basis.
- 24) Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for the Covered Person. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs.
- 25) Medical services and supplies for blood and blood transfusions; oxygen and its administration.

Terms of Payment for Accident Medical and Dental Expense Benefit

Full Excess:

If a Covered Person incurs Covered Expenses, We will pay the applicable benefit, subject to any applicable Deductible, Coinsurance Factor, Benefit Period shown on the Schedule of Benefits that are in excess of expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan. The first expense must be incurred within the Loss Period stated on the Schedule of Benefits. The Total Benefit Maximum payable and sub-limits under the Policy are shown on the Schedule of Benefits.

For the purposes of this provision, "Health Care Plan" means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

- (1) group or blanket insurance, whether on an insured or self-funded basis;
 - (2) hospital or medical service organizations on a group basis;
 - (3) Health Maintenance Organizations on a group basis;
 - (4) group labor management plans;
 - (5) employee benefit organization plan;
 - (6) professional association plans on a group basis;
 - (7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
 - (8) automobile no-fault coverage (unless prohibited by law).
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