

K-12 Student / Athletic Accident Medical Expense Insurance Plans with No Deductibles



Coverage:	Plan 1.	Plan 2.	Plan 3.	Plan 4.
1. Compulsory	\$10,000-\$1,000,000	\$10,000-\$1,000,000	\$10,000-\$1,000,000	\$10,000-\$1,000,000
2. Voluntary	N/A	N/A	\$250,000	\$250,000
Hospital Services:				
1. Daily Room & Board: Semi-Private	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	Average Semi-private up to \$250 / day	Average Semi-private up to \$75 / day
2. Intensive Care Room & Board	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses Not to exceed \$350 / day for 7 days	100% of Usual, Reasonable and Customary Expenses Not to exceed \$125 / day for 7 days
3. Miscellaneous Services when hospital confined or when surgery is performed	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses Not to exceed \$2500	100% of Usual, Reasonable and Customary Expenses Not to exceed \$1,000
4. Emergency Room (outpatient)	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses not to exceed \$200	100% of Usual, Reasonable and Customary Expenses not to exceed \$100
Physician Services:				
1. Surgery, including pre- and post-operative care	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses, up to the value listed in the 1974 California Relative Value schedule multiplied by \$150	100% of Usual, Reasonable and Customary Expenses, up to the value listed in the 1974 California Relative Value schedule multiplied by \$100
2. Anesthetic (including administration) and assistant surgeon	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	30% of surgery Benefit	20% of surgery Benefit
3. Physician Visits other than physiotherapy and similar treatment when no surgery benefit is paid	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	\$40 / first visit, \$20 / additional visits	\$25 / first visit, \$10 / additional visits
4. Consultants (when required by attending physician for confirming or determining a diagnosis, but not a treatment.) and second opinions	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses not to exceed \$100	100% of Usual, Reasonable and Customary Expenses not to exceed \$50
Laboratory & X-Ray Services:				
Including reading and interpretation *dental x-rays are payable under dental services benefits	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses maximum x-ray \$300 maximum laboratory \$150	100% of Usual, Reasonable and Customary Expenses maximum x-ray \$150 maximum laboratory \$75
Additional Services:				
1. Physiotherapy or similar treatment -In hospital -Out of hospital	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	Included in Hospital Misc. \$30 / visit Maximum 5 visits	Included in Hospital Misc. \$20 / visit Maximum 5 visits
2. Registered or Licensed Nurse	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses
3. Ambulance to initial treatment facility	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses
4. Medical Equipment Rental of crutches or wheelchair - In Hospital - Out of Hospital	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	Included in Hospital Misc. 100% of Usual and Customary Expenses Not to exceed \$250	Included in Hospital Misc. 100% of Usual and Customary Expenses Not to exceed \$50
5. Prescribed Drugs and Medicines	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses Not to exceed \$100	100% of Usual, Reasonable and Customary Expenses Not to exceed \$25
6. Glasses, contact lenses, hearing-aids: replacement when damaged in conjunction with a covered injury requiring medical treatment	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses Not to exceed \$125	100% of Usual, Reasonable and Customary Expenses Not to exceed \$25
Dental Services:				
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.	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses Not to exceed \$250/tooth	100% of Usual, Reasonable and Customary Expenses Not to exceed \$100/tooth

All benefits shown are maximum benefits payable per covered person as long as initial treatment is received within 90 days after the date of the covered accident. One or two year benefit payment available on Compulsory plans; one year benefit available on Voluntary plans. There is no sickness coverage provided under any of these plans.