



Schedule of Benefits

Eligibility	All interscholastic sports and football, plus dance and cheerleaders.
Covered Activities	Participation in school sponsored and supervised interscholastic athletic activities.
Plan Maximum ¹	\$25,000 per injury maximum
Deductible	\$0 Deductible per covered injury
Co-insurance ²	100% of Usual & Customary Charge
Maximum Benefit Period	(1) Year from the date of the covered accident
First Medical Treatment (includes treatment provided by Student Health Services or an Athletic Trainer)	(90) Days
Accidental Death and Dismemberment (AD&D)	\$20,000
Maximum for Dental Treatment (injury only)	\$300 per tooth up to a maximum of \$1,500
Maximum for Extended Dental Treatment (when Dentist certifies, within the benefit period that treatment will continue beyond the expense period and additional amount will be paid)	\$1,000
Physiotherapy Benefit Maximum	\$30 for up to (10) visits
Orthopedic Appliance Benefit Maximum	\$500

¹Excess to any other collectible and valid primary insurance policy

²Eligible expenses include: medically necessary treatment up to the “Usual and Customary” charge. The percentage of Usual & Customary Charges (U&C) costs covered for 1. Insured Student: payment after primary insurance has made payment or 2. Percentage paid for charges incurred by uninsured student by the provider. The remaining percentage will be the responsibility of the student.