



Schedule of Benefits

| | |
|---|--|
| Eligibility | All interscholastic sports and football, plus dance and cheerleaders. |
| Covered Activities | Participating in a sports team during a scheduled game, An official tournament game, or in a practice session. |
| Plan Maximum ¹ | \$20,000 per injury maximum |
| Deductible | \$0 Deductible per covered Injury |
| Coinsurance 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 of the date of the covered accident that caused injury |
| 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.