

INDIANA 2019/2020

Benefits and Premiums

All Maximum amounts are per Injury except as specifically stated.

Injury means bodily injury due to an Accident which results directly and independently of disease, bodily infirmity, or any other causes; solely, directly and independently of all other causes, results in medical expense; occurs after the effective date of the Insured's coverage under the Policy; and occurs while the Policy is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single Injury.

COVERAGE AND BENEFITS	LOW OPTION	HIGH OPTION
Maximum Benefit Amount Per Injury	\$25,000.00	\$25,000.00
Deductible	\$0.00	\$0.00
Hospital Room and Board and general nursing care limited to a maximum of (Hospital Confinement must begin within 120 days after the Accident)	\$300.00/day	\$600.00/day
Hospital Miscellaneous Expense limited to a maximum of	\$300.00	\$600.00
Hospital Emergency Care limited to a maximum of	\$100.00	\$200.00
Doctor's fees for surgery, in accordance with the Surgical Schedule using	\$70.00 per unit value	\$140.00 per unit value
Intensive Care	Reasonable and Customary	Reasonable and Customary
Anesthesia Services, limited to	25% of the Surgical Schedule allowance	25% of the Surgical Schedule allowance
Non-Surgical Doctors' Visits, including Physical Therapy up to Physical Therapy is limited to a maximum benefit of 5 visits.	\$25.00	\$50.00
Dental Treatment, per tooth (for Injury to Sound, Natural Teeth) limited to	\$100.00	\$200.00
Outpatient Imaging Procedures, including x-rays and interpretation, limited to a maximum amount of	\$100.00	\$200.00
Ambulance Expense, limited to a maximum of	\$350.00	\$700.00
Motor Vehicle Accident injuries, limited to	\$5,000.00	\$5,000.00
Loss of Life	\$1,000.00	\$1,000.00
Single Dismemberment – (Loss of One Hand, One Foot, Entire Sight of One Eye or Hearing One Ear)	\$2,500.00	\$2,500.00
Double Dismemberment – (Loss of both Hands, Both Feet, Entire Sight of Both Eyes, Hearing both Ears or Loss of Speech)	\$5,000.00	\$5,000.00
PREMIUMS (ONE-TIME ANNUAL PAYMENT)	LOW OPTION	HIGH OPTION
SCHOOL-TIME ACCIDENT COVERAGE		
Students — Grades Pre-K - 12	\$28.00	\$54.00
24-HOUR-A-DAY ACCIDENT COVERAGE		
Students — Grades Pre-K - 12	\$105.00	\$215.00
OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE		
Per Player — Grades 9 - 12	\$275.00	\$550.00
EXTENDED DENTAL		
Grades Pre-K - 12	\$5.00	\$5.00