

# Voluntary Student Accident Plan Schedule of Benefits

## Oklahoma only

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that the treatment begins within 60 days from the date of the Injury, benefits will be payable for covered Medical Expenses incurred within one year from the date of the Injury up to the maximum benefit per service as scheduled below. Covered Expenses means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay. Benefits are subject to all applicable conditions, exclusions and limitations and any deductible and coinsurance provisions shown. Benefits are limited to the amounts shown for specific services or supplies.

**Maximum Benefit: \$25,000 (For Each Injury)**

**Deductible: None**

	<u>HIGH OPTION</u>	<u>LOW OPTION</u>
<b>Inpatient</b> Room & Board/Semi-Private or Private:	Up to \$500 per day	Up to \$250 per day
Hospital Miscellaneous Expense: <i>(including general nursing care)</i>	\$500 maximum per day	\$250 maximum per day
Physician's Visits: <i>(Benefits are limited to one visit per day and do not apply when related to surgery)</i>	Reasonable Charges/ \$100 first day/\$60 each subsequent day	Reasonable Charges/ \$50 first day/\$30 each subsequent day
<b>Outpatient</b> Day Surgery Miscellaneous:	\$1,000 maximum	\$500 maximum
Physician's Visits: <i>(Benefits are limited to one visit per day and do not apply when related to surgery)</i>	Reasonable Charges/ \$100 first day/\$60 each subsequent day	Reasonable Charges/ \$50 first day/\$30 each subsequent day
Physiotherapy: <i>(Benefits are limited to one visit per day)</i>	Reasonable Charges/\$40 first day/ \$30 each subsequent day/10 days maximum	Reasonable Charges/\$20 first day \$15 each subsequent day/5 days maximum
Emergency Room: <i>(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)</i>	Reasonable Charges/\$200 maximum	Reasonable Charges/\$100 maximum
X-Rays:	Reasonable Charges/\$200 maximum	Reasonable Charges/\$100 maximum
CAT Scan/MRI:	Reasonable Charges/\$800 maximum	Reasonable Charges/\$400 maximum
Laboratory:	Reasonable Charges/\$200 maximum	Reasonable Charges/\$100 maximum
Prescription Drugs:	Reasonable Charges/\$200 maximum	Reasonable Charges/\$100 maximum
Orthopedic Braces & Appliances:	Reasonable Charges/\$200 maximum	Reasonable Charges/\$100 maximum
<b>Inpatient and/or Outpatient</b> Surgeon's Fees: <i>(Limited to primary procedure per injury)</i>	80% of Reasonable Charges/\$5,000 maximum	60% of Reasonable Charges/\$2,500 maximum
Anesthetist/Assistant Surgeon:	30% of surgery allowance	30% of surgery allowance
Ambulance:	Reasonable Charges/\$1,400 maximum	Reasonable Charges/\$700 maximum
Consultant:	Reasonable Charges/\$1,000 maximum	Reasonable Charges/\$500 maximum
Dental:	\$1,000 per tooth	\$500 per tooth

**Expenses for the following are not covered:**

Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 75th percentile of Ingenix schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.