

# MICHIGAN 2018/2019

## 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.

### MAXIMUM BENEFIT AMOUNT PER INJURY - \$25,000

#### COVERAGE AND BENEFITS

##### HOSPITAL/FACILITY SERVICES:

###### Inpatient:

Hospital Room and Board and general nursing care	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Intensive Care	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Miscellaneous Expense	80% of Reasonable & Customary up to \$1,500 maximum

###### Outpatient:

Hospital Miscellaneous	80% of Reasonable & Customary up to \$1,000 maximum
Hospital Emergency Care	80% of Reasonable & Customary up to \$500 maximum

###### Doctor's Services:

Surgical Fee – One Procedure Limit	80% of Reasonable & Customary up to \$2,500 maximum
Assistant Surgeon Expense	80% of Reasonable & Customary
Anesthesia Services	80% of Reasonable & Customary
Physical Therapy and/or treatment of the spine by manual or mechanical means	80% of Reasonable & Customary up to \$1,000 maximum
Doctor's Visits	80% of Reasonable & Customary

##### OTHER SERVICES:

Registered Nurse Expense	80% of Reasonable & Customary
Prescription Drug	80% of Reasonable & Customary
Laboratory Services	80% of Reasonable & Customary
X-rays – includes interpretation – outpatient	80% of Reasonable & Customary up to \$500 maximum
MRI/CAT Scan – includes interpretation	80% of Reasonable & Customary up to \$750 maximum
Ambulance Expense	80% of Reasonable & Customary up to \$500 maximum
Durable Medical Equipment	80% of Reasonable & Customary up to \$500 maximum
Orthopedic Appliances	80% of Reasonable & Customary up to \$500 maximum
Dental Treatment (For Injury to Sound & Natural Teeth)	80% of Reasonable & Customary up to \$2,500 maximum
Replacement of Eyeglasses, lenses, contact lenses and hearing aids, resulting from an Injury requiring medical treatment	80% of Reasonable & Customary
Motor Vehicle Accident injuries	80% of Reasonable & Customary limited to a maximum of \$2,500 per Injury
Loss of Life	\$2,500
Single Dismemberment (Loss of One Hand, One Foot, Entire Sight of One Eye, or Hearing One Ear)	\$5,000
Double Dismemberment (Loss of Both Hands, Both Feet, Entire Sight of Both Eyes, or Hearing Both Ears or Loss of Speech)	\$10,000

#### PREMIUMS (ONE-TIME ANNUAL PAYMENT)

##### School-Time Accident Coverage:

Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$105.00
Grades PreK-12 includes all activities except interscholastic sports	\$62.00

##### 24-Hour-A-Day Accident Coverage:

Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$290.00
Grades PreK-12 includes all activities except interscholastic sports	\$220.00

##### Football Only Accident Coverage:

Grades 9-12 (2018 Season Only)	\$375.00
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##### Extended Dental: (Can only be purchased in conjunction with School-Time, 24-Hour-A-Day or Football Only Plans)

Grades PreK-12	\$15.00
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