**MICHIGAN 2020/2021**

**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.

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<tr>
<th>MAXIMUM BENEFIT AMOUNT PER INJURY - $25,000</th>
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<td><strong>COVERAGE AND BENEFITS</strong></td>
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**HOSPITAL/FACILITY SERVICES:**

- **Inpatient:**
  - Hospital Room and Board and general nursing care: 80% of Reasonable & Customary up to $500 per day maximum
  - Intensive Care: 80% of Reasonable & Customary up to $500 per day maximum
  - Miscellaneous Hospital Charges: 80% of Reasonable & Customary up to $1,500 maximum

- **Outpatient:**
  - Miscellaneous Hospital Charges: 80% of Reasonable & Customary up to $1,000 maximum
  - Hospital Emergency Care, excluding professional charges: 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 Charge: 80% of Reasonable & Customary
- Administration of Anesthesia: 80% of Reasonable & Customary
- Outpatient Physical Therapy, rendered by a Doctor: 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 Drugs: 80% of Reasonable & Customary
- Outpatient Laboratory Services: 80% of Reasonable & Customary
- Outpatient X-ray Services: 80% of Reasonable & Customary
- Outpatient MRI/CAT Scan – includes interpretation: 80% of Reasonable & Customary up to $750 maximum
- Ambulance Charges: 80% of Reasonable & Customary up to $500 maximum
- Durable Medical Equipment, including 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:**

- 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 Student 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 (2020 Season Only): $375.00

**Extended Dental:** (Can only be purchased in conjunction with School-Time, 24-Hour-A-Day or Football Only Plans)

- Grades PreK-12: $15.00