

2008 - 2009 Christian Schools International - New York

Program (See attached program description.)

Plan 2

Plan 4

This schedule is a brief description of the coverage. Please refer to Master Policy for detail of benefits and provisions		
	(Plan 2)	(Plan 4)
Maximum Benefit		
School-Time Option	\$25,000	\$25,000
24-Hour Option	\$25,000	\$25,000
Football	\$25,000	\$25,000
Deductible	\$0	\$0
Injuries Involving Motor Vehicles	\$5,000	\$5,000
Death Benefit	\$10,000	\$10,000
Single Dismemberment Benefit	\$5,000	\$5,000
Double Dismemberment Benefit	\$10,000	\$10,000
Loss Period -Treatment must begin within__ of Injury	60 days	60 days
Benefit Period	One Year	One Year
Coverage	Full Excess	Full Excess
Hospital/Facility Services		
Inpatient		
Hospital Room and Board (Semi Private Room)	100% U&C	100% U&C
Hospital Intensive Care	100% U&C	100% U&C
Inpatient Hospital Miscellaneous	\$800 1st day/\$400 ea. thereafter/\$5,000 Max.	\$400 1st day/\$350 ea thereafter/\$5,000 Max.
Outpatient		
Free-standing Ambulatory Surgical Facility	\$3,000 Maximum	\$1,500 Maximum
Outpatient Hospital Miscellaneous(HM)-(except physician services and x-rays paid as below)	\$300 Maximum	\$150 Maximum
RE for Outpatient Hospital Care & Service Treatment & Hospital Emergency Room or Outpatient Department, including lab		
Hospital Emergency Room	\$200 Maximum	\$60 Maximum
Physician's Services		
Surgical		
Assistant Surgeon	80% U&C/\$4,000 Max.	80% U&C/\$2,000 Max
Anesthesiologist (if surgeon is paid)	25% of Surg. Benefits	25% of Surg. Benefits
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	25% of Surg. Benefits	25% of Surg. Benefits
Physician's Non-surgical Treatment (Except as above)	\$50/visit; \$700 Max.	\$25/visit;\$350 Max.
Other Services	\$50/visit	\$25/visit
Registered Nurses' Services (not incl. Anesthesiology)	100% U&C	100% U&C
Prescriptions - outpatient	100% U&C	100% U&C
Laboratory Tests Outpatient	Covered Outpat. HM	Covered Outpat. HM
X-rays, includes interpretation - outpatient	\$250 Maximum	\$250 Maximum
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation - outpatient	\$1,000 Maximum	\$500 Maximum
Ground Ambulance	\$500 Maximum	\$300 Maximum
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	One Trip per Injury from Accident Scene to Hospital	
Dental Treatment to sound, natural teeth due to covered injury. Treatment must be received within 60 days of injury.	\$500 Maximum	\$250 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$500/tooth	\$200/tooth
	\$400 Maximum	\$200 Maximum