

Determine the benefit level that best fits your needs

Description of Benefits (Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)

We will pay benefits only for covered Injuries sustained or covered Sicknesses commencing while insured under this School Year's plan. Benefits payable will be based on the Usual, Customary and Reasonable charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements and limitations. We do not pay for a service or supply unless it is Medically Necessary and listed in the Description of Benefits below. You may take your child to any provider you choose; however, seeking Treatment through a First Health contracted provider may reduce your out-of-pocket costs.

To find participating First Health medical providers nearest you, call 800-226-5116 or log on to www.myfirsthealth.com.

Covered Benefit Levels	Low Option	Mid Option	High Option	Student Accident & Sickness Plan
Plan Name	MAXIMUMS PER ACCIDENT			
Tackle Football Accident Plan	\$25,000	\$50,000	\$50,000	\$50,000 Maximum per Sickness \$200,000 Maximum per Accident
Full-Time 24/7 Accident Plan	\$50,000	\$100,000	\$150,000	
School-Time Accident Plan	\$25,000	\$50,000	\$50,000	
Deductible - per Covered Accident/Sickness	\$0			\$50
Covered Expenses	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board - Semi-Private Room Rate	60%	80%	100%	80%
Inpatient Hospital Miscellaneous Charges <small>Services described below are paid as scheduled. All other miscellaneous charges - Paid up to</small>	\$600/Day	\$900/Day	\$1,600/day	80% to \$4,000/Day
Intensive Care Unit	\$1,500/Day	\$1,800/Day	\$2,500/day	80%
Hospital Emergency Room <small>(room & supplies) incurred within 72 hours of an Injury</small>	100%			100%
Emergency Room Physician Services	100%			100%
Outpatient Surgical (room & supplies)	\$600	\$900	\$1,500	80% to \$4,000
Physician Non-Surgical Treatment & Examination <small>(excluding Physical Therapy)</small>				
First Visit	\$50	\$55	\$70	80%
Each Follow Up Visit	\$30	\$40	\$50	80%
Consultation (when referred by attending Physician)	\$175	\$200	\$250	80%
Surgeon Services	50% to \$12,000	70% to \$12,000	90% to \$12,000	80%
Assistant Surgeon Services25% of Surgical Allowance.....			80%
Anesthesiologist Services25% of Surgical Allowance.....			80%
Physiotherapy (includes related office visits) <small>when prescribed by a Physician</small>	\$40/Visit to \$500	\$45/Visit to \$600	\$60/Visit to \$700	80% to \$2,000
X-Ray Examinations (including reading)	60% to \$500	70% to \$500	90% to \$500	80%
Diagnostic Imaging MRI, Cat Scan	80% to \$600	80% to \$700	80% to \$1,000	80%
Ambulance (from site of an emergency directly to hospital)	100%			100%
Laboratory Procedures, Registered Nurse Services, Rehabilitative Braces	60%	80%	100%	80%
Durable Medical Equipment	60% to \$400	80% to \$600	100% to \$800	80%
Out-Patient Prescription Drugs (for Injuries only)	60%	80%	100%	80%
Dental Services (including dental x-rays) <small>for Treatment due to a covered Accident</small>	60%	80%	90%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical attention)	100% to \$300	100% to \$300	100% to \$300	80%
Medical Evacuation & Repatriation	\$0	\$0	\$0	100% to \$10,000

Benefits for Accidental Death, Dismemberment, Loss of Sight, Paralysis and Psychiatric/Psychological Counseling

(Applies to all plans except the Dental Accident Plan)

In addition to medical benefits, if, within 365 days from the date of Accident covered by the policy, bodily Injuries result in any of the following losses, we will pay the benefit set opposite such loss. Only one such benefit (the largest) will be paid for all such losses due to any one Accident.

- Accidental Death **\$10,000**
 - Single dismemberment or entire loss of sight in one eye **\$20,000**
 - Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia **\$30,000**
- Counseling - In addition to the AD&D benefits, we will pay 100% of the Usual, Customary and Reasonable Charge of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to **\$ 5,000**

Choose Your Own Doctor and Hospital