

SCHEDULE OF BENEFITS

**COVERAGE IS PROVIDED UNDER GROUP POLICY NUMBER:
ISSUED TO GROUP POLICYHOLDER:**

AH-GA26932-002
The Group and Blanket Accident & Health Insurance Trust

CERTIFICATEHOLDER:	Ludington Area Schools
CERTIFICATE NUMBER:	US026222
CERTIFICATE EFFECTIVE DATE:	8/01/15
CERTIFICATE EXPIRATION DATE:	7/31/16
BENEFIT PERIOD:	Provided treatment begins within 90 days from the date of Injury, Benefits are payable for one (1) year from the date of an Injury. The Injury must occur after the Effective Date and prior to the Expiration Date and care must be Medically Necessary.
DEDUCTIBLE AMOUNT:	\$0
LIFETIME MAXIMUM BENEFIT AMOUNT:	\$25,000

MEDICAL EXPENSE BENEFIT

Hospital Room & Board Daily Maximum Benefit Amount:	100% of Usual and Customary
Intensive Care Room & Board Daily Maximum Benefit:	100% of Usual and Customary
Hospital Miscellaneous Maximum Benefit Amount:	\$2,000 First Day/\$1,000 Each Subsequent Day Per Injury
Outpatient Pre-Admission Testing Benefit Amount:	\$100 Maximum Per Injury
Outpatient Hospital Emergency Room Treatment Maximum Benefit Amount:	\$300 Maximum Per Injury
Surgical Benefits:	
Primary Surgeons Maximum Benefit Amount:	100% of Usual and Customary
Assistant Surgeon, Second Surgical Opinion, Consultation Maximum Benefit:	\$1,000 Maximum Per Injury
Anesthesia Maximum Benefit:	\$1,000 Maximum Per Injury
Surgical Facility Maximum Benefit per Operating Session:	\$2,000 Maximum Per Injury
Doctor's Visits	
In-Hospital Maximum Benefit:	\$45 Per Visit, 5 Visit Maximum Per Injury
Office Visits Maximum Benefit:	\$45 Per Visit, 5 Visit Maximum Per Injury
Maximum for All In-Hospital and Office Doctor's Visits:	10 Visits Per Injury
X-ray and Laboratory Maximum Benefit Amount – <i>Including MRI's & CAT Scans:</i>	<i>See Endorsement</i>
Nursing Maximum Benefit Amount:	Paid Under Hospital Miscellaneous
Physiotherapy Benefit	
Maximum Benefit Amount (Hospital Inpatient):	\$50 Per Visit, \$250 Maximum Per Injury
Maximum Benefit Amount (Outpatient):	\$50 Per Visit, \$250 Maximum Per Injury
Maximum for All Physiotherapy Combined (Inpatient & Outpatient):	\$500 Maximum Per Injury
Ambulance Maximum Benefit Amount – <i>Including Ground & Air Transportation:</i>	\$1,000 Maximum Per Injury
Medical Equipment Rental Charges Maximum Benefit Amount <i>Including Durable Medical Equipment :</i>	\$200 Maximum Per Injury
Medical Services and Supplies Maximum Benefit Amount <i>Including Blood, Blood Transfusions, Oxygen, Casts/Splint/Strapping:</i>	\$100 Maximum Per Injury
Dental Treatment For Injury Only Maximum Benefit Amount – <i>Including Braces, Caps & Bridges:</i>	\$2,000 Maximum Per Injury
OUT-PATIENT PRESCRIPTION DRUG BENEFIT	
Maximum Benefit Amount:	100% of Usual and Customary
ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT	
Principal Sum:	\$5,000

SCOPE OF COVERAGE

Full Excess Medical Expense:

If an Injury to the Covered Person results in his incurring Eligible Expenses for any of the services in the SCHEDULE OF BENEFITS, we will pay the Eligible Expenses incurred, subject to the Deductible Amount and Coinsurance Percentage (if any), that are in excess of Expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.

The Covered Person must be under the care of a Doctor when the Eligible Expenses are incurred. The Expense must be incurred solely for the treatment of a covered Injury:

- (1) While the person is insured under this Policy; or
- (2) During the Benefit Period stated on the SCHEDULE OF BENEFITS.

The first Expense must be incurred within the time frame shown on the SCHEDULE OF BENEFITS.

The total of all medical benefits payable under this Policy is shown on the SCHEDULE OF BENEFITS; and

- (1) Subject to the specific maximums shown on the SCHEDULE OF BENEFITS; and
- (2) Subject to compliance with the requirement, set forth in the Limitations section of this Policy.

EXCLUSIONS

Benefits will not be paid for a Covered Person's loss which:

- (1) Is caused by or results from the Covered Person's own:
 - (a) Intentionally self-inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.);
 - (b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.);
 - (c) Commission or attempt to commit a felony;
 - (d) Participation in a riot or insurrection;
 - (e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or
 - (f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
- (2) Is caused by or results from:
 - (a) Declared or undeclared war or act of war;
 - (b) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.);
 - (c) Aviation, except as specifically provided in this Policy;
 - (d) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
 - (e) Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
 - (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
 - (ii) The Covered Person was within a 25-mile radius of the site of the release either:
 - 1) At the time of the release; or
 - 2) Within 24 hours of the start of the release.

ADDITIONAL EXCLUSIONS

Benefits will not be paid for:

1. Services or treatment rendered by a doctor, nurse or any other person who is:
 - (a) Employed or retained by the Policyholder; or
 - (b) Who is the Covered Person or a member of his immediate family;
2. Charges which:
 - (a) The Covered Person would not have to pay if he did not have insurance; or
 - (b) Are in excess of Usual, Reasonable and Customary charges.
3. An Injury that is caused by flight in:
 - (a) An aircraft, except as a fare-paying passenger;
 - (b) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - (c) An ultra light, hang-gliding, parachuting or bungi-cord jumping;
4. Travel in or upon:
 - (a) A snowmobile;
 - (b) Any two or three wheeled motor vehicle;
 - (c) Any off-road motorized vehicle not requiring licensing as a motor vehicle.
5. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
6. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
7. Injury that is:
 - (a) The result of the Covered Person being Intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or
 - (b) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
8. Any Sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food.
9. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
10. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
11. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
12. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request;
13. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
14. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
15. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
16. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
17. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
18. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;
19. Services and supplies furnished by the Student infirmary, its employees, or doctors who work for the School;
20. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound;
21. Prescription medicines unless specifically provided for under this Policy.