

**Member: Franklin County Public Schools**  
**Contract Number: VA-FR-036B**

**STUDENT ACCIDENT INSURANCE  
INCLUDING ATHLETICS**

**SCHEDULE OF BENEFITS**

For the contribution charged, it is hereby agreed that Benefits will be allocated as follows for the **Accident** and **Sickness** coverage:

<b>Expense</b>	<b>Benefit Limit</b>
Medical Expense Limit	\$10,000 total maximum for all expenses
Inpatient Room and Board – U&C – Semiprivate Room	up to \$500 first day; up to \$300 each additional day
Day Surgery	up to \$1,000 per surgery
Outpatient Physician Visit Expense	up to \$30 per visit
Outpatient Physiotherapy Expense	up to \$30/day; total maximum benefit of \$250
Outpatient Emergency Room Expense	up to \$500 per visit
Outpatient X-Ray Expense	up to \$250 per x-ray series
Laboratory	U&C
Prescriptions	U&C
Outpatient Durable Medical Equipment and Supplies Expense	up to \$200 per durable medical equipment or supply
Surgeon Expense	U&C up to \$2,000 per surgery
Assistant Surgeon	up to 30% of benefit paid for Surgeon
Anesthetist or Anesthesiologist Expense	up to 30% of benefit paid for Surgeon
Ambulance Expense	up to \$250 per ride
Consultant	up to \$250 per consultation
Outpatient Dental Accident Expense	up to \$250 per tooth
Licensed Nurse Expense	U&C
Heat Exhaustion and Sunstroke	up to maximum benefit of \$500

- Any **Expense** not specifically listed above is not a covered benefit.

Note: U&C means **Usual and Customary Charges**

Nothing herein contained shall be held to vary, alter, waive or extend any of the Agreements, Conditions, Declarations, Exclusions, Limitations, or Terms of the General Liability Contract other than as stated herein.