

MEDICAL BENEFITS

When injury covered by this policy results in treatment by a Licensed Physician within 180 days from the date of injury, the Company will pay the Usual and Customary expenses incurred for necessary covered services and supplies as listed below, for expenses actually incurred within one year from the date of injury up to a **Maximum Medical Benefit of \$25,000 per injury**. This policy will pay benefits only after all other valid and collectible coverage has been paid.

All Amounts Listed Below are Per Injury

YOUR PLAN

	TEXAS VALUE	TEXAS STAR
A. INPATIENT BENEFITS		
1. Hospital Room and Board	Semi-private Room Charges	Semi-private Room Charges
2. Intensive Care (in lieu of Hospital Room and Board)	1.5 X Semi-private Room Charges	1.5 X Semi-private Room Charges
3. Hospital Miscellaneous Services (all charges except Room & Board)	First day up to \$1,000, thereafter up to \$500 per day; max \$5,000	First day up to \$500, thereafter up to \$250 per day; max \$2,500
4. Physician's Non-Surgical Visits (other than Physical Therapy; not paid day of surgery)	First day of treatment up to \$50, subsequent visits up to \$40, maximum 10 visits	First day of treatment up to \$40, subsequent visits up to \$30, maximum 10 visits
5. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith)	Included in Hospital Misc. Benefit	Included in Hospital Misc. Benefit
6. X-ray and Radiology Services	Included in Hospital Misc. Benefit	Included in Hospital Misc. Benefit
7. Registered Nurse	U&C charges	U&C charges
B. OUTPATIENT SURGERY BENEFITS		
1. Day Surgery (facility charge)		
Room supplies and all other expenses for outpatient surgery	U&C, up to \$2,000	U&C, up to \$1,500
C. OTHER OUTPATIENT BENEFITS		
1. Hospital Emergency Room Charges	U&C, up to \$300	U&C, up to \$200
2. X-ray and Radiology Services	U&C, up to \$250; \$50 reading	U&C, up to \$175; \$25 reading
3. Diagnostic Imaging (includes CAT scans, MRI and bone scans)	U&C, up to \$750; \$50 reading	U&C, up to \$575; \$25 reading
4. Laboratory Services	U&C, up to \$100	U&C, up to \$50
5. Physician's Non-Surgical Visits (not paid day of surgery)	\$50 per visit, maximum 10 visits	\$40 per visit, maximum 10 visits
6. Physician's Non-Surgical Visits (treatment for concussion)	\$80 per visit, first 2 visits; then paid \$50 per visit, up to 10 additional visits	\$60 per visit, first 2 visits; then paid \$40 per visit, up to 10 additional visits
7. Emergency Room Physician's Non-Surgical Care (other than treatment for concussion)	U&C, up to \$150	U&C, up to \$120
Orthopedic Appliances (when prescribed by a physician for healing)	U&C up to \$500	U&C, up to \$500
9. Shots and Injections (within 24 hours of an injury)	U&C, up to \$50	U&C, up to \$25
10. Prescription Drugs	U&C, up to \$50	U&C, up to \$25
11. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith)	\$50 per visit, maximum 5 visits	\$30 per visit, maximum 5 visits
12. Ambulance Service (air or ground)	U&C, up to \$1,000	U&C, up to \$500
13. Eyeglass Replacement (if medical treatment is received for a covered injury)	U&C, up to \$200	U&C, up to \$100
14. Durable Medical Equipment (post-surgical only)	U&C, up to \$100	U&C, up to \$100
D. OTHER PHYSICIAN SERVICES		
1. Dental Treatment (in lieu of all other medical benefits, including x-rays of sound and natural teeth)	U&C, up to \$1,000	U&C, up to \$500
2. Physician's Surgical Care (inpatient or outpatient) Only one procedure will be allowed (the highest scheduled) when multiple procedures are performed through the same incision or in immediate succession.	U&C up to \$3,000	U&C, up to \$1,500
3. Assistant Surgeon Charges (inpatient or outpatient)	25% of Surgery Allowance	25% of Surgery Allowance
4. Anesthesia Charges (inpatient or outpatient)	25% of Surgery Allowance	25% of Surgery Allowance
E. MOTOR VEHICLE INJURY		
	U&C, up to \$1,000, as scheduled above	U&C, up to \$1,000, as scheduled above
F. OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other accident.		
G. FIELD TRIP COVERAGE - All students will be covered for one day field trips, with no overnight stay. Basic benefits apply for up to \$2,000 per injury.		
H. ACCIDENTAL DEATH AND DISMEMBERMENT - When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.		
Loss of Life	\$ 2,000	Double Dismemberment \$10,000
Loss of an Eye	\$ 2,000	Single Dismemberment \$ 2,000

specific costs and further details of the coverage, including exclusions, reductions or limitations, and the terms under which the policy may be continued in force, see your agent or write the Company. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits.