

2022-2023
DISTRICT FIVE SCHOOLS OF SPARTANBURG COUNTY
MANDATORY K-12 INSURANCE
SCHEDULE OF BENEFITS

Coverage is provided for loss due to a covered injury up to a maximum per injury benefit amount of \$25,000 . Treatment of covered injuries must begin within 60 days of the accident date. Only eligible expenses incurred within 52 weeks from the date of the accident are covered. The maximum benefit amount per service/treatment is as shown below. Benefits will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers' compensation. Coverage also includes Exposure & Disappearance, \$20,000 Accidental Death & \$20,000 Specific Loss Non-Motor Vehicle (\$10,000 Motor Vehicle).

<u>INPATIENT:</u>	
Room & Board	80% of Allowable Expense up to \$200/day
Intensive Care	80% of Allowable Expense up to \$200/day
Hospital Miscellaneous	100% of Allowable Expense up to a maximum of \$1,000
Registered Nurse	80% of Allowable Expense
Physician's Nonsurgical Visits	100% of Allowable Expense up to \$20 per visit
(Benefits are limited to one visit per day and do not apply when related to surgery)	
Orthopedic Braces and Appliances	Included in Hospital Miscellaneous Benefit
<u>OUTPATIENT:</u>	
Hospital Outpatient Surgery – Facility Charge	100% of Allowable Expense up to \$250 per injury
Hospital Outpatient Miscellaneous Services (other than Physician Services or X-Rays)	100% of Allowable Expense up to \$150 maximum
Physician's Nonsurgical Visits	100% of Allowable Expense up to \$20 per visit
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	
Physiotherapy	100% of Allowable Expense up to \$20 per visit, up to 5 visits per injury (Benefits are limited to one visit per day)
Emergency Room	100% of Allowable Expense up to \$100 per injury
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)	
Physician Emergency Room	100% of Allowable Expense up to \$50 per injury
Laboratory & X-Ray Services/Reading/Interpretation	100% of Allowable Expense up to \$100 per injury
Cat Scan/MRI Services/Reading/Interpretation	100% of Allowable Expense up to \$200 per injury
Injections	100% of Allowable Expense up to \$25 per injury
Prescription Drugs	80% of Allowable Expense
Orthopedic Braces and Appliances	100% of Allowable Expense up to \$250 per injury (When prescribed by a physician for healing)
Durable Medical Equipment (Post Surgical Only)	100% of Allowable Expense up to \$75 per injury
<u>INPATIENT AND/OR OUTPATIENT:</u>	
Surgeon's Fees	50% of Allowable Expense up to a \$1,000 maximum (Limited to the primary procedure per surgery)
Anesthetist/Assistant Surgeon	100% of Allowable Expense up to 25% of surgeon's allowance
Ambulance (Surface and/or Air)	100% of Allowable Expense, first trip to the hospital up to \$200 ground ambulance & \$250 air ambulance
Dental	100% of Allowable Expense up to \$500 maximum (Benefits are paid on sound natural teeth only)
Replacement of Eyeglasses, Contact Lenses & Hearing Aids	100% of Allowable Expense up to \$200 (When broken as a result of a covered injury)

EXCLUSIONS

We will not pay benefits for a loss due to or expenses incurred for:

1. intentionally self-inflicted injury, suicide while sane or insane;
2. treatment for alcoholism or drug addiction;
3. commitment of or an attempt to commit a felony, or engagement in an illegal activity;
4. participation in a riot or insurrection;
5. any Injury that results from fighting, brawling, assault or battery;
6. an act of declared or undeclared war;
7. active duty service in any Armed Forces;
8. operating, learning to operate, or serving as a pilot or crew member of any aircraft;
9. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
10. parachuting, except for self-preservation;
11. snow skiing, scuba diving, bob-sledding, bungee jumping, ballooning, flight in an ultralight aircraft, sky diving, hang-gliding, glider flying, sailplaning, or parasailing;
12. participation in professional or amateur racing;
13. injuries associated with activities or travel outside the United States;
14. sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning;
15. dental treatment or dental X-rays, except as otherwise provided, and only when Injury occurs to sound natural teeth;
16. orthodontic braces or appliances;
17. any loss for which benefits are paid under state or federal worker's compensation, employers' liability, or occupational disease law;
18. treatment in any Veterans Administration or federal Hospital, unless there is a legal obligation to pay;
19. charges which the Insured would not have to pay if the Insured did not have insurance;
20. a charge which is in excess of the Allowable Expense;
21. cosmetic surgery, except reconstructive surgery due to a covered or Injury;
22. participation in semi-professional and professional sports, play or practice, or any related travel;
23. participation in practice or play of any sports activity, including travel to and from the games and practice, unless specified in this policy;
24. assistant surgeon services, unless specified in this policy;
25. elective treatment or surgery that is not prescribed by a Physician and is not Medically Necessary, health treatment, or examination where no Injury is involved;
26. Pre-existing Conditions;
27. human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC);
28. any Heart or Circulatory Malfunction;
29. services or treatment rendered by a Physician, Nurse or any other person who is the Insured or an Immediate Family Member;
30. services or treatment incurred to the extent that they are paid or payable under any Other Insurance Plan;
31. services or treatment incurred to the extent that they are paid or payable under any automobile insurance policy without regard to fault. This exclusion does not apply in any state where it is prohibited;
32. travel in or upon:
 - a snowmobile;

- any two or three wheeled motor vehicle;
- any off-road motorized vehicle not requiring licensing as a motor vehicle in the jurisdiction where operated;

33. any Accident in which the Insured is operating a motor vehicle without a current and valid motor vehicle operator's license (except in a driver's education program);

34. 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.