

### Covered Charges

*\*\*A covered charge is the reasonable and customary charge for a service or supply*

Hospital room and board and general nursing care, up to the semi-private room rate

Intensive Care

Inpatient miscellaneous Hospital charges

Outpatient miscellaneous Hospital charges

Doctor's charges for surgery

Administration of Anesthesia

Assistant surgeon charge

Non-surgical Inpatient Doctors' visits

Non-surgical Outpatient Doctors' visits

Hospital Emergency care, excluding professional charges

Outpatient imaging procedures and interpretation for MRI/CAT scan

Outpatient X-ray services

Outpatient laboratory services

Ambulance charges

Urgent Care Center charges. Does not include professional surgical charges

Hospital Emergency non-surgical Doctor charges

Durable Medical Equipment, including orthopedic appliances

Replacement expense for broken eyeglasses, lenses, contact lenses, hearing aids resulting from an Injury requiring medical treatment

Ambulatory Surgical Facility

Prescription Drugs

Dental treatment for Injury to Sound Natural Teeth

Outpatient Physical Therapy rendered by a Hospital or Doctor, up to a maximum of 20 visits

Registered Nurse expense

Treatment of heat exhaustion and heat stroke

Treatment of a Concussion and Post Injury Concussion Testing

Treatment of Repetitive Motion Sports Injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans

**Accidental Death and Dismemberment Plan Summary**

*Loss occurs 365 days from the date of the Accident*

Loss of Life	\$20,000
Loss of Both Hands	\$20,000
Loss of Both Feet	\$20,000
Loss of the Entire Sight of Both Eyes	\$20,000
Loss of One Hand or One Foot	\$10,000
Loss of One Hand and Entire Sight of One Eye	\$20,000
Loss of One Foot and Entire Sight of One Eye	\$20,000
Loss of Speech or Hearing (both ears)	\$20,000
Loss of Entire Sight of One Eye or Hearing One Ear	\$10,000
Loss of Thumb and Index Finger of the Same Hand	\$5,000
Policy Year Aggregate Loss of Life Maximum	N/A