

Student/Athletic Accident Program

PENNSYLVANIA



Coverage Available for Students and School Sponsored Sports and Activities

Plan Administrator

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This brochure provides only brief descriptions of the coverages available. The Policies contain reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in each Policy. If there are any conflicts between this document and each Policy, the Policy shall govern.

IMPORTANT NOTE: The plan provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical, major medical or sickness coverage.

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STUDENT/ATHLETIC ACCIDENT INSURANCE

Eligibility: Any enrolled student who attends preschool, kindergarten, elementary, Junior or Senior High School (public or private), is eligible. (Senior High School includes 10th, 11th, and 12th grades or any grade when participating in Senior High School Interscholastic Football and/or Sports.) Boarding school students, faculty members, administrative personnel, volunteer workers, and all other school employees are also eligible.

Accident Medical Expense: When a covered injury to an Insured results in treatment by a physician beginning within 90 days after the date of the accident, the Company will pay benefits as shown in the Schedule of Benefits. Only Covered Accident Medical Service(s) expenses incurred by the Insured within the benefit period are covered. The benefit period begins on the date of the accident. The policyholder selects the duration of the benefit period and it applies to all accidents covered by the policy.

Primary Excess Over \$100: Benefits are payable for the first \$100.00 of Covered Accident Medical Service(s) expenses. Thereafter, benefits are payable to the applicable maximum for covered expenses above \$100.00 that are not recoverable from another Plan Providing Accident Medical Expense Benefits. If the Insured is not covered by another Plan Providing Accident Medical Expense Benefits, the excess provision shall not apply, and benefits are payable to the limits described in this brochure. (Primary Excess is available in amounts over \$100, \$200, \$300, \$400 and \$500.)

Primary: Benefits are payable up to the policy maximum for Covered Accident Medical Service(s) expenses. Primary is available under voluntary student plans only.

COVERAGE

Compulsory

School Time Accident Coverage For All Students - Premiums are paid by the school. Insurance coverage for covered Injuries during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off School Premises • Also covers travel during such activities in transportation furnished or arranged by the school as defined by the policy • Includes participation in Interscholastic Sports including Interscholastic Football • Includes Summer Activities • Includes travel to and from school.

Interscholastic Football and/or Interscholastic Sports Accident Coverage - Premiums are paid by the school. Insurance coverage for covered Injuries during participation in games, tryouts, preseason play, and postseason play • Also covers travel during such activities in transportation furnished or arranged by the school as defined by the policy.

Includes non-athletic one-day field trips for all students (\$10,000 maximum). (Overnight field trips, field trips of more than one day, and out-of-state field trips may be covered for an additional premium.)

Voluntary

School Time Accident Coverage - Insurance coverage for covered Injuries during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off School Premises • Also covers travel during such activities in transportation furnished or arranged by the school as defined by the policy • Includes participation in Interscholastic Sports including Interscholastic Football • Includes Summer Activities • Includes travel to and from school. **\$35**

24-Hour Accident Coverage - Insurance coverage for covered Injuries in force around the clock 24 Hours Per Day • Includes weekends and vacation periods including the entire summer • Protected at home or while away. **\$115**

Optional Extended Dental Coverage - By selecting this optional benefit and by adding an additional premium, dental benefits covered under the policy will be extended to provide payment for the Usual and Customary charges incurred within two years from the date of covered accident to a maximum benefit of \$50,000. Extended Dental coverage is in effect 24 hours a day even when selected with School Time Only coverage. In addition, when the dentist certifies that treatment will continue until after the two year benefit period, benefits will be paid to a maximum of \$600. If there is more than one way to treat a particular dental problem, benefits will be paid for the least expensive procedure if it meets accepted dental standards. **\$10**

DEFINITIONS

Deductible – means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services, otherwise payable under the plan, that must be incurred by the Insured before Accident Medical Expense benefits become payable. Accident Medical Expense benefits are not payable for charges applied to the Deductible.

Durable Medical Equipment – refers to equipment of a type that is designated primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Hospital – means a facility which: (1) is operated pursuant to law and which is licensed or approved as a hospital by the responsible state agency; (2) is primarily engaged in providing medical care and treatment of sick or injured persons on an in-patient basis for which a charge is made; and (3) provides 24-hour nursing service by or under the supervision of a registered graduate professional nurse (R.N.). A Hospital does not include: (1) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces; (2) convalescent homes, convalescent, rest, or nursing facilities; or (3) facilities primarily for the aged, drug or alcoholic rehabilitation, and those primarily affording custodial or educational care.

Injury – means accidental bodily injury sustained by the Insured Person which is the direct and independent cause of the loss and occurs while the Policy is in force as to the Insured Person.

Insured – means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) for whom premium has been paid; and (3) while covered under the Policy.

Medically Necessary – means that a Covered Accident Medical Service is: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Physician – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

Usual and Customary Charges (U & C) – means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, service or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board); (3) is the negotiated fee; and (4) does not include charges that would not have been made if no insurance existed.

ACCIDENT MEDICAL EXPENSE INSURANCE
NO DEDUCTIBLE TO SATISFY • UP TO A TWO YEAR BENEFIT PERIOD AVAILABLE

| | SCHEDULE OF BENEFITS | | |
|--|---|---|---|
| | BASE PLAN MAXIMUM BENEFITS (per Injury) | | |
| | PLAN AAA | PLAN A | PLAN B |
| INSURANCE PLAN MAXIMUMS | | | |
| 1. Compulsory, including all Sports | Up to \$1,000,000 | Up to \$1,000,000 | Up to \$1,000,000 |
| 2. Mandatory, All Sports or Football Only | Up to \$1,000,000 | Up to \$1,000,000 | Up to \$1,000,000 |
| 3. Voluntary (Excluding Senior High School Interscholastic Sports and/or Football) | Not Available | Up to \$500,000 | Up to \$500,000 |
| HOSPITAL SERVICES | | | |
| 1. Daily Room and Board: Semi-Private while Hospital Confined | U & C | U & C | Average semi-private not to exceed \$250/day |
| 2. Intensive Care Room and Board | U & C | U & C up to 7 days | U & C not to exceed \$500/day up to 7 days |
| 3. Miscellaneous Services: During Hospital Confinement | U & C | U & C not to exceed \$10,000 | U & C not to exceed \$5,000 |
| 4. Emergency Room Out-Patient: When Hospital Confinement is not required | U & C | U & C | U & C not to exceed \$175 |
| 5. Ambulatory Medical Centers and Day Surgeries, including Operating Room | U & C | U & C not to exceed \$2,000 | U & C not to exceed \$1,500 |
| PHYSICIAN'S SERVICES | | | |
| 1. Surgery, including pre- and post-operative care: When a covered injury requires 2 or more covered surgical procedures which are performed through the same approach and at the same time or immediate succession, the Company will pay full value for the most expensive procedure and 50% of the value for the 2nd procedure performed and 25% of the value for any additional procedures performed. | U & C | U & C up to the Unit Value listed in the Ingenix, Inc. File multiplied by \$160 | U & C up to the Unit Value listed in the Ingenix, Inc. File multiplied by \$120 |
| 2. Anesthetic (including administration) and Assistant Surgeon | U & C | 40% of Surgery Benefit | 30% of Surgery Benefit |
| 3. Physician's visits other than for Physiotherapy or similar treatment when no surgery benefit is paid: Beginning on the first day treatment is rendered | U & C | \$70.00 - First Visit \$35.00 - Thereafter | \$50.00 - First Visit \$25.00 - Thereafter |
| 4. Consultant and second opinions when required by attending Physician for confirming or determining a diagnosis, but not for treatment | U & C | U & C | U & C not to exceed \$150 |
| X-RAY AND LABORATORY SERVICES | | | |
| 1. Per x-ray including fee for interpretation and/or reading of x-rays (Dental x-rays are payable under dental services benefits shown below.) | U & C | U & C not to exceed \$500 | U & C not to exceed \$250 |
| 2. Laboratory services | U & C | U & C not to exceed \$500 | U & C not to exceed \$250 |
| ADDITIONAL SERVICES | | | |
| 1. Physiotherapy or similar treatment including Diathermy, Ultrasound, Microtherm, Manipulation, Massage and Heat: While Hospital Confined | U & C | Maximum of \$50/day | Maximum of \$40/day |
| Out of Hospital | U & C | Maximum of \$50/day up to 10 days | Maximum of \$40/day up to 10 days |
| 2. Registered or licensed Nurse in or out of Hospital when medically necessary and prescribed by a Physician | U & C | U & C | U & C |
| 3. Ambulance to initial treatment facility | U & C | U & C | U & C |
| 4. Durable Medical Equipment when prescribed by a Physician including rental of crutches or a wheelchair | U & C | U & C | U & C not to exceed \$600 |
| In Hospital | U & C | U & C not to exceed \$600 | U & C not to exceed \$300 |
| Out of Hospital | U & C | U & C | U & C |
| 5. Drugs and medications, when prescribed by a Physician | U & C | U & C | U & C not to exceed \$150 |
| 6. Eye Glasses, Contact Lenses and Hearing Aids: Replacement of broken glasses and/or frames, contact lenses and hearing aids resulting from a covered injury requiring medical or surgical treatment | U & C | U & C | U & C not to exceed \$150 |
| DENTAL SERVICES | | | |
| Treatment, repair or replacement of each injured natural tooth: This will include Expenses Incurred for initial braces when required for treatment of a Covered Injury, examination, diagnosis, X-Rays, restorative treatment, endodontics, and oral surgery, and treatment for gingivitis resulting from trauma. | U & C | U & C | U & C not to exceed \$250/tooth |
| EXTENDED DENTAL SERVICES | | | |
| 1. Replacement of caps, crowns, dentures or orthodontic appliances (including braces) when damaged in a covered accident | U & C | AVAILABLE ONLY ON VOLUNTARY PLANS UNDER OPTIONAL EXTENDED DENTAL BENEFIT | AVAILABLE ONLY ON VOLUNTARY PLANS UNDER OPTIONAL EXTENDED DENTAL BENEFIT |
| 2. When a dentist certifies that treatment will continue beyond the expense incurral period, an ADDITIONAL amount will be paid | \$1,000 | AVAILABLE ONLY ON VOLUNTARY PLANS UNDER OPTIONAL EXTENDED DENTAL BENEFIT | AVAILABLE ONLY ON VOLUNTARY PLANS UNDER OPTIONAL EXTENDED DENTAL BENEFIT |

This is only a brief description of the coverage available. The policy contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern in all cases.

Tailor made plans available upon request.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If Injury to the Insured results within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, other than Loss of Life, the Company will pay the Maximum Amount shown below for that Loss:

| | |
|---|----------|
| For Loss Of: | |
| Life | \$15,000 |
| Both Hands or Both Feet | \$30,000 |
| Sight of Both Eyes | \$30,000 |
| One Hand and One Foot | \$30,000 |
| One Hand and the Sight of One Eye | \$30,000 |
| One Foot and the Sight of One Eye | \$30,000 |
| Speech and Hearing in Both Ears | \$30,000 |
| One Hand or One Foot | \$15,000 |
| The Sight of One Eye | \$15,000 |
| Speech or Hearing in Both Ears | \$15,000 |
| Hearing in One Ear | \$7,500 |
| Thumb and Index Finger of the Same Hand | \$7,500 |

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the meta carpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Heart and/or Circulatory Benefit – If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a Covered Activity, the Company will pay an Accidental Death Benefit of \$10,000 provided that: (1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 48 hours after such participation; and (2) such Insured has not, prior to the date of such participation in the Covered Activity, been medically advised that he/she has been diagnosed with, or has received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident.

EXCLUSIONS

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
3. the Insured's commission of or attempt to commit a felony.
4. declared or undeclared war, or any act of declared or undeclared war.
5. full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty (unearned premium will be returned if the Insured enters military service).
6. participation in any team sport or any other athletic activity, except participation in a Covered Activity as defined by the policy.
7. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
 - a. riding as a passenger in any aircraft not licensed for the transportation of passengers for hire.
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
8. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
9. the Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Physician.
10. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition. Applicable to Accident Medical Expense Only.
11. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits. Applicable to Accident Medical Expense Only.
12. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eye glasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight. Applicable to Accident Medical Expense Only.
13. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing. Applicable to Accident Medical Expense Only.
14. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense). Applicable to Accident Medical Expense Only.
15. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals. Applicable to Accident Medical Expense Only.

When an Insured is eligible under the policy for benefits in excess of other coverage and the Insured has other coverage that is primary under an HMO, PPO, or similar health service program, a penalty will apply if he or she does not use the facilities or services of the HMO, PPO, or similar health service program. In such case, the benefits otherwise payable under the Excess provision in the policy will be reduced by 50%. This reduction shall not apply to emergency treatment required within 24 hours of an accident when the accident occurs outside the geographic area served by an HMO, PPO, or similar health service program.