



**STUDENT ACCIDENT COVERAGE – SUMMARY DESCRIPTION OF BENEFITS**  
**2022-2023 SCHOOL YEAR**

We will pay usual, customary and reasonable medical and dental charges, as defined by the policy, subject to exclusions, requirements and limitations for necessary supplies and services as follows.

**ACCIDENT MEDICAL BENEFITS**

<p><b>Hospital Services</b></p> <ol style="list-style-type: none"> <li>1. Daily Room &amp; Board - Semi-Private</li> <li>2. Intensive Care Room &amp; Board</li> <li>3. Miscellaneous Services - when hospital confined or when surgery is performed.</li> <li>4. Emergency Room(outpatient)</li> </ol>	<p>80% Usual and Customary  80% Usual and Customary  80% Usual and Customary  80% Usual and Customary</p>
<p><b>Physician Services</b></p> <ol style="list-style-type: none"> <li>1. Surgery, including pre-and postoperative care</li> <li>2. Anesthetic (including administration and Assistant Surgeon</li> <li>3. Physician Visits other than physiotherapy and similar treatment, when no surgery benefits paid.</li> <li>4. Consultants (when required by attending physician for confirming or determining a diagnosis but not for treatment) and Second Opinions.</li> <li>5. Diagnostic Imaging/MRI/Cat Scan</li> </ol>	<p>80% Usual and Customary  80% Usual and Customary  80% Usual and Customary  80% Usual and Customary  80% Usual and Customary</p>
<p><b>Laboratory &amp; X-Rays</b></p> <ol style="list-style-type: none"> <li>1. Includes reading and interpretation</li> <li>2. Dental x Rays</li> </ol>	<p>80% Usual and Customary  80% Usual and Customary</p>
<p><b>Additional Services</b></p> <ol style="list-style-type: none"> <li>1. Physiotherapy or similar treatment; In Hospital - Out of Hospital</li> <li>2. Registered or Licensed Nurse</li> <li>3. Ambulance to initial treatment facility including Air Transport</li> <li>4. Orthopedic Appliances (includes rental of crutches or wheelchair); In Hospital - Out of Hospital</li> <li>5. Prescribed Drugs or Medicines</li> <li>6. Eyeglasses, when damaged in conjunction with a covered injury requiring medical treatment.</li> <li>7. Psychiatric or Psychological counseling required due to covered paralysis or dismemberment</li> </ol>	<p>80% Usual and Customary  80% Usual and Customary  80% Usual and Customary  \$1,500 maximum benefit per injury  80% Usual and Customary  80% Usual and Customary  80% Usual and Customary  \$5,000</p>
<p><b>Dental Services</b></p> <ol style="list-style-type: none"> <li>1. Treatment, repair or replacement of injured natural teeth. Includes initial braces when required for treatment of a Covered Accident, as well as examination, x-rays, restorative treatment, endodontics, oral surgery, and treatment for gingivitis resulting from trauma.</li> </ol>	<p>80% Usual and Customary</p>

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**ACCIDENT MEDICAL BENEFITS *Cont'd***

<b>Plan Limits</b> 1. Base Plan 2. Benefits paid on Full Excess Basis	\$25,000 per injury Yes
<b>Deductible</b>	\$50 per injury

**ACCIDENTAL DEATH, DISMEMBERMENT, LOSS OF SIGHT, OR PARALYSIS BENEFIT**

<b>Benefits</b>	
1. Loss of Life	\$10,000
2. Loss of Both Hands	\$10,000
3. Loss of Both Feet	\$10,000
4. Loss of Entire Sight of Both Eyes	\$10,000
5. Quadriplegia (total paralysis of both lower limbs)	\$10,000
6. Paraplegia (total paralysis of both lower limbs)	\$10,000
7. Hemiplegia (total paralysis of upper and lower limbs on one side of body)	\$10,000
8. Loss of One Hand	\$5,000
9. Loss of One Foot	\$5,000
10. Loss of Entire Sight of One Eye	\$5,000

**DESCRIPTION OF COVERED PERILS**

1. The hazards for which coverage is provided are such injuries occurring to the covered person:
  - a. At school during the school day while continuously on school premises (including academic summer classroom sessions) and
  - b. While attending or participating in activities sponsored and under the direct and immediate supervision of the school
  - c. While traveling in school provided and operated vehicles.
  - d. While traveling directly and without interruption between school and the site of an activity sponsored and under the direct and immediate supervision of the school, provided that such travel has been arranged by and is at the discretion of the school.

**DESCRIPTION OF EXCLUDED PERILS (including but not limited to)**

1. Intentionally self-inflicted injury.
2. Injury or death caused while riding in or on, entering into or alighting from a two or three-wheeled motor vehicle.

**CLAIM ELIGIBILITY**

1. Injuries must be solely and directly the result of participation in a covered activity.
2. Injuries must be reported immediately to a school official and initial treatment must be sought within 120 days of the injury.
3. Coverage for expenses must be first incurred within 120 days of the date of the injury, and in no event, after 365 days after the date of the first treatment for the injury. However, should the injury sustained require the removal of surgical pins, or continued treatment for serious burns, or treatment of non-union or mal-union of a covered fracture, the benefit period will be extended to 104 weeks for that condition.

This document is not meant to expand or amend AMLJIA coverage documents, nor should it be used in the determination of liability for any particular claim. For specific details, please refer to the AMLJIA Participant Coverage Memorandum and other official coverage forms. All matters of interpretation are to be construed in favor of these documents.