

MUGCONT





NATIONAL VOLUNTARY STUDENT ACCIDENT INSURANCE SCHEDULE OF BENEFITS

Room & Board Semi-Private Room Rate/\$150 per day maximum Room Rate	SCHEDULE OF BENEFITS						
maximum Room Rate	TNPATIENT:	LOW/OPTION	HIGH OPTION TO A STATE				
Hospital Miscellaneous Up to \$600 per day maximum Up to \$1,200 per day maximum	Room & Board	Semi-Private Room Rate/\$150 per day	Room Rate				
Registered Nurse Physician's Nonsurgical Visits Up to \$40 first day; \$25 per day thereafter (Benefits are limited to one visit per day and do not apply when related to surgery) OLIPALIENT Hospital Outpatient Surgery – Facility Charge Physician's Nonsurgical Visits Up to \$1,000 maximum Up to \$1,200 per day maximum Charge Physician's Nonsurgical Visits Up to \$40 first day; \$25 per day thereafter (Benefits are limited to one visit per day and do not apply when related to surgery) Physician's Nonsurgical Visits Up to \$40 first day; \$25 per day thereafter (Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy) Physiotherapy Up to \$30 first day; \$20 per day thereafter's day maximum Emergency Room Up to \$30 first day; \$20 per day thereafter's day maximum (Use of room and supplies; treatment must be rendered within 72 hours from time of injury) X-Ray Services (Includes charges for reading) Diagnostic Imaging - Cat Scan/MRI (includes charges for reading) Laboratory \$50 maximum \$500 maximum S600 maximum S600 maximum Laboratory S75 maximum S200 maximum Orthopekie Brense Up to \$200 per tootto (Benefits are paid on sound natural teeth only) Replacement of Eyeglasses, Contact S200 maximum (When broken as a							
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	Lenses and Hearing Aids	result of a covered injury)	result of a covered injury)				

PLAN & RATE OPTIONS

(Make your selection on the enrollment form attached).

COVERAGE PLANS	LOW OPTION RATES	HIGH OPTION RATES	
24-Hour	\$ 86.65	\$132.65	
24-Hour Summer Only	\$ 22.45	\$ 35.30	
At School	\$ 21.40	\$ 31.00	
High School Football	\$147.65	\$230.05	
Spring High School Football	\$ 58.85	\$ 92.00	
Extended Dental	\$ 9.65	\$ 9.65	

RETAIN THIS DESCRIPTION FOR YOUR RECORDS. Retain this student accident insurance flyer, and your canceled check, money order receipt or credit card receipt as your record of coverage. This flyer has been designed to illustrate the highlights of this insurance. All student accident insurance information is subject to the provisions of Policy Form SR2014 and state special versions. Exclusions and Limitations will apply. Should there be any discrepancy between the policy and this student accident information, policy provisions will prevail.



2015-2016 VOLUNTARY STUDENT ACCIDENT INSURANCE ENROLLMENT FORM

(Not Available in AR, CA, CT, FL, ID, KS, KY, MD, MT, NC, NH, NY, OH, RI, SD, TX, VA & WA)

Student's Last Name:		Student's Date of Bin	rth:	
tudent's First Name: MI:		Telephone Number:		
Student's Social Security Number:	Grade:	Student ID Number:		
Address:Street				
Street	City	State	Zip	
Name of School District:	Name of School	0.0.1		
(Required to Pro		•		
Signature of Parent or Guardian:	Date:	E-mail Address:		
PLEASE	CHECK YOUR SELEC	CTION BELOW:		
			* * HEROPTON !	
24-Hour		□ \$ 86.65*	□ \$132.65*	
24-Hour Summer Only		□ \$ 22.45*	□ \$ 35.30*	
At School		□ \$ 21.40*	□ \$ 31.00*	
High School Football		□ \$147.65*	□ \$230.05*	
Spring High School Footbal Extended Dental	<u>u</u>	□ \$ 58.85* □ \$ 9.65*	□ \$ 92.00*	
COMPANY USE ONLY: Check #				
_		Total Amount	Enclosed:	

Once completed, return form and monies to:

THS Athletic Office