

**CHRISTIAN SCHOOLS INSURANCE  
MANDATORY COVERAGE  
SCHEDULE OF BENEFITS FOR THE PLANS LISTED BELOW**

***Schoolltime No Sports Option***

<b>Plan 1</b>	<b>Plan 2*</b>
<b>Medical</b>	<b>Medical</b>
<b><u>Maximum</u></b>	<b><u>Maximum</u></b>
\$10,000	\$25,000

***Schoolltime with Sports Option***

<b>Plan 3</b>	<b>Plan 4</b>
<b>Medical</b>	<b>Medical</b>
<b><u>Maximum</u></b>	<b><u>Maximum</u></b>
\$10,000	\$25,000

Injuries Involving Motor Vehicles	\$10,000
Accidental Death Benefit	\$20,000 / \$10,000 Volunteers
Single Dismemberment	\$10,000 / \$ 5,000 Volunteers
Double Dismemberment	\$20,000 / \$10,000 Volunteers
Loss Period	Treatment must begin within 60 days after the date of Injury
Benefit Period	One Year
Coverage	Full Excess
<b>Hospital/Facility Services</b>	
<b>Inpatient</b>	
Hospital Room and Board	100% of Reasonable Expenses for semi-private room rate
Hospital Intensive Care	100% of Reasonable Expenses
Inpatient Hospital Miscellaneous	100% of Reasonable Expenses
<b>Outpatient</b>	
Outpatient Hospital Miscellaneous (Except physician services and x-rays paid as below)	100% of Reasonable Expenses
Hospital Emergency Room	100% of Reasonable Expenses
Free-standing Ambulatory Surgical Facility	100% of Reasonable Expenses
<b>Physician's Services</b>	
Surgical	100% of Reasonable Expenses
Assistant Surgeon	100% of Reasonable Expenses
Anesthesiologist	100% of Reasonable Expenses
Physician's Non-surgical Outpatient Treatment (Except as below)	100% of Reasonable Expenses
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	100% of Reasonable Expenses
<b>Other Services</b>	
Registered Nurses' Services	100% of Reasonable Expenses
Prescriptions - outpatient	100% of Reasonable Expenses
Laboratory Tests - outpatient	100% of Reasonable Expenses
X-rays, includes interpretation - outpatient	100% of Reasonable Expenses
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation	100% of Reasonable Expenses
Ground Ambulance	100% of Reasonable Expenses
Air Ambulance	100% of Reasonable Expenses
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	100% of Reasonable Expenses
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	100% of Reasonable Expenses
<b>Dental Services</b>	100% of Reasonable Expenses
Treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered Injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma. When a dentist certifies that a treatment will continue beyond the Benefit Period, We will pay 100% of Reasonable Expenses provided such expenses are incurred within 2 years from the date of first treatment of Injury.	

**\*Volunteers can only be covered under Plan 2.**

***See reverse side for benefits under the Economy Plan.***