

OPTIONAL \$100,000 ACCIDENTAL DENTAL CARE AND SURGICAL BENEFIT RIDER

By adding an additional \$8.50 to the base plan rates, dental benefits will be extended to provide payment for the USUAL AND CUSTOMARY CHARGES incurred within two years from the date of a covered accident for each injured natural tooth to a maximum of \$100,000.00.

Included in this benefit are the following services:

- Replacement of caps, crowns, dentures, and orthodontic appliances (including braces), fillings, inlays, crozat appliances, endodontics, oral surgery, examinations and x-ray services required as a result of an injury sustained while coverage was in effect; and
- When a Dentist certifies in writing to the Claim Administrator that treatment will continue beyond the two year benefit period, an additional \$1,500.00 will be paid.

Services must commence within 90 days from the date of injury. The benefit is in effect 24-Hours a day, even when purchased with School-Time Coverage. If there is more than one way to treat a particular dental problem, benefits will be paid for the least expensive procedure as per accepted dental standards.

EXCLUSIONS AND LIMITATIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section or Conditions of Coverage Section:

- intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
- commission or attempt to commit a felony or an assault;
- commission of or active participation in a riot or insurrection;
- declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
- flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;
- parachuting;
- travel in or on any off-road motorized vehicle that does not require licensing as a motor vehicle;
- sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or indirectly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
- voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
- injuries compensable under Workers' Compensation law or any similar law;
- the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
- practice or play in Senior High Interscholastic Football and/or Senior High Interscholastic Sports, including travelling to and from games and practice, unless specifically provided for in the Master Insurance Application;
- participation in any sports activity not specifically authorized, sponsored and supervised by the Policyholder, whether or not it takes place on the Policyholder's premises or during normal School hours, including snowboarding skiing and ice hockey;
- benefits will not be paid for services or treatment rendered by any person who is:
- employed or retained by the Policyholder;
- living in the Insured Person's household;
- an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or
- the Insured Person.

EXCLUDED EXPENSES

The following will not be considered Medically Necessary Covered Expenses unless coverage is specifically provided:

- expenses payable by any automobile insurance policy without regard to fault;
- cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Loss;
- examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses;
- services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay; and
- treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity (does not apply to Voluntary Coverage);

In no event will the Company's total payments for the Insured Person or exceed the Total Maximum for all Accident Medical Benefits.

Limitations: A Covered Injury occurring, and Covered Expenses incurred therefrom, as a result of an accident which occurs while an Insured Person is engaged in an activity which is covered under the School's Compulsory Plan, will not be covered under a Voluntary Plan.

The maximum payable for Expenses incurred as a result of an accident involving a motor vehicle shall be limited to \$10,000 for any one accident.

When Excess insurance is provided and another Plan Providing Medical Expense Benefits to an Insured is an HMO, PPO, or similar arrangement for provision of benefits or services, and the accident occurs within the geographic area of the HMO, PPO, or similar arrangement for provision of benefits or services, and the Insured does not use the services or facilities of the HMO, PPO, or similar arrangement for provision of benefits or services, the medical benefits otherwise payable under the policy shall be reduced by 50%. This limitation shall not apply to emergency treatment required within 24 hours after an accident or when the accident occurs outside the geographic area served by the HMO, PPO, or similar arrangement for benefits or services.

NOTE: It is not the intent of the Company to unfairly reduce benefits for any Insured if the Insured is outside the Network Area of the HMO, PPO, or similar arrangement for benefits or services and no benefits are available. The reduction of benefits is only for those Insureds who can use their HMO, PPO or similar arrangement for benefits or services and have not done so.

Agent Authority: No agent has the authority to change or alter the policy terms or rates of this brochure. Any change must be approved in writing by an officer of the Insurance Company.

Sales and Service Administrator

American Management Advisors, Inc.

P.O. Box 366

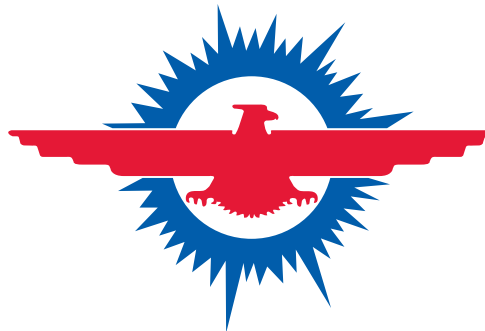
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Student and Athletic Accident Insurance

\$1,000,000
Student Plan



\$1,000,000
High School
Football Plan



\$1,000,000
High School
Sports Plan



ADMINISTERED BY:

AMERICAN MANAGEMENT ADVISORS

P.O. BOX 366

LANGHORNE, PA 19047

(215) 946-8888

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LOCAL AGENT OR REGIONAL SALES MANAGER:

UNDERWRITTEN BY:

AXIS INSURANCE COMPANY

(herein referred to as "The Insurance Company" or "The Company")

ELIGIBILITY

MANDATORY INTERSCHOLASTIC SPORTS COVERAGE

Class: All enrolled students of the Policyholder while participating in Supervised and Sponsored Sports Activities.

VOLUNTARY STUDENT ACCIDENT COVERAGE

Class: All enrolled students of the Policyholder who have selected and are covered under Voluntary Student Accident Coverage

COMPULSORY STUDENT ACCIDENT COVERAGE

Class All enrolled students of the Policyholder

COVERAGE

Voluntary Student Accident Coverage – Primary or Primary Excess –over \$100

Compulsory Student Accident and Mandatory Interscholastic Sports Coverage – Primary Excess

24 HOUR COVERAGE

When the Voluntary “24-Hour Rate” is selected, the Company will pay the Benefit Amount shown in the Master Insurance Application, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs any time while insured by this Policy including riding in or entering or exiting an Aircraft.

EXCLUSIONS

Exclusions that apply to this Condition of Coverage are in the Common Exclusions Section. (24 Hour Coverage is not available under Plan AAA)

SCHOOL COVERAGE

When the Voluntary “School Time Rate” is selected, the Company will pay the Benefit Amount shown in the Master Insurance Application, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs while he is participating in or attending one of the following School Covered Activities: regularly-scheduled classroom instruction; regularly-scheduled and supervised recess or lunch period; a study period or special instruction period supervised by a member of the School’s faculty; a Supervised and Sponsored School Activity; or Covered School Travel.

Covered School Travel means transportation on a School bus or Private Passenger Automobile driven by a member of the faculty or staff of the School, a parent of the Insured Person, or other adult with a valid drivers’ license whom the School has specifically designated to transport Insured Persons to a Supervised and Sponsored School Activity.

DEFINITIONS

USUAL AND CUSTOMARY CHARGE means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

COVERED INJURY means Accidental bodily injury; (1) which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the injured person’s coverage under the Policy is in force; (2) which results directly and independently from all other causes from a Covered Accident; and (3) which occurs while such person is participating in a Covered Activity. The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

OTHER HEALTH CARE PLAN or OTHER HEALTH PLAN means any arrangement, whether individually purchased or incident to employment or membership in an association or other group, which provides benefits or services for healthcare, dental care, disability benefits or repatriations of remains. Any Other Health Care Plan includes group, blanket, franchise, family or individual: insurance policies; subscriber contracts; uninsured agreements or arrangements; coverage provided through Health Maintenance Organizations, Preferred Providers Organizations and other prepayment, group practices and individual practice plans; medical benefits provided under automobile “fault” and “no-fault” type contracts; and medical benefits provided by any governmental plan or coverage or other benefit law, except: (a) a state sponsored Medicaid plan; or (b) a plan or law providing benefits only in excess of any private or nongovernmental plan.

SENIOR HIGH SCHOOL means 10th 11th, and 12th grades only. (Includes any grade when participating in Senior High School Interscholastic Sports or Football)

BASIS OF BENEFITS

Primary Medical Expense (applicable to Voluntary Student Accident Coverage only) The Company will pay the Medically Necessary Covered Expenses without regard to any Other Health Care Plan the Insured Person may have, after any applicable Deductible is satisfied.

Primary Excess Medical Expense the Company will pay the Medically Necessary Covered Expenses, up to the Primary Excess Maximum Amount shown in the Master Insurance Application after the Insured Person satisfies any Deductible without regard to any Other Health Care Plan the Insured Person may have. The Company will then pay Covered Expenses: The Company will pay benefits without regard to any Coordination of Benefits provisions in such Other Health Care Plan.

NON-ATHLETIC FIELD TRIP COVERAGE

SUPERVISED AND SPONSORED ACTIVITIES COVERAGE

While participating in School sponsored and supervised non-athletic field trips for extracurricular activity, whether or not school is in session. This includes necessary traveling directly between the Insured Person’s home or the School and the location of a School sponsored non-athletic field trip or extracurricular activity whether or not School is in session. Such traveling must be under adult supervision provided by the School. When travel is by other than School bus, covered travel time shall not exceed one hour each way. This includes traveling to or from the Insured’s home, School, or a School sponsored non-athletic field trip or extracurricular activity. The covered travel time includes the period before the Insured’s required attendance time and the period after his dismissal or when he completes any extra duties. Maximum benefit available is \$5,000

Overnight Field Trips and Field Trips of more than one day and out of state field trips are NOT covered.

\$1,000,000 ACCIDENT MEDICAL EXPENSE BENEFIT

AVAILABLE FOR:

- ALL INTERSCHOLASTIC SPORTS AND FOOTBALL
 - BAND, CHEERLEADERS, AND MAJORETTES
 - STUDENT MANAGERS, COACHES, AND TRAINERS
 - INTRAMURAL SPORTS AND GYM CLASSES
- ALL NON-ATHLETIC, INTERSCHOLASTIC OR EXTRACURRICULAR ACTIVITIES
- INTERSCHOLASTIC SPORTS GRADE 6 AND UNDER

PRIMARY EXCESS COVERAGE: OVER \$100, \$200, \$300, \$400, AND \$500 (available under all plans).

BENEFIT PERIODS OF 52 WEEKS AND 104 WEEKS AVAILABLE FOR SPORTS.

UNDERWRITING RULES

1. If the district only wishes to purchase coverage for football, we will bind coverage for the entire squad on the first day of practice. Premiums will be determined by the number of players on the final squad, plus any player who is injured during the tryout period and does not make the squad.
2. Athletic coverage may not be written unless the student coverage is offered to all students in all grades.
3. 100% of the premium must be paid by the school; 100% participation is required for all senior high football players.

**VOLUNTARY RATES AND
COMPULSORY SCHOOL TIME RATES
AVAILABLE UPON REQUEST**

**MEDICAL PLANS INCLUDE:
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

If a Covered Injury to Insured Person results in his death, dismemberment, or loss of sight, the benefit specified below is payable:

Loss of Life	**\$5,000.00
Loss of Two or More Hands or Feet	\$20,000.00
Loss of Sight of Both Eyes	\$20,000.00
Loss of One Hand or Foot and Sight in One Eye.....	\$20,000.00
Loss of One Hand or Foot	\$10,000.00
Loss of Sight in One Eye	\$10,000.00
Loss of Four Fingers of the Same Hand.....	\$10,000.00
Loss of Thumb and Index Finger of the Same Hand	\$10,000.00

****THE ACCIDENTAL DEATH BENEFIT FOR STUDENTS INSURED UNDER SENIOR HIGH FOOTBALL OR ALL INTERSCHOLASTIC SPORTS INSURANCE IS INCREASED TO \$15,000.**

Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint.

Loss of Sight means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

Loss of a Thumb and Index Finger or Four Fingers of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

IMPORTANT NOTICE: This brochure provides a brief description of the important features of the insurance plan. It is not a contract of insurance. Complete details are found in the Policy. The Policy is subject to the laws of the state in which it is issued.

US insurance coverage is underwritten by AXIS Insurance Company. Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on state laws. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. Further, this insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

SCHEDULE OF ACCIDENT MEDICAL EXPENSE BENEFIT SERVICES			
	PLAN AAA	PLAN AA	PLAN A
Inpatient Hospital Services / Room and Board Expenses			
Daily Room and Board (Semi-Private)	Usual and Customary Charges	Usual and Customary Charges	Average Semi-Private, up to \$500/day
Intensive Care Room & Board	Usual and Customary Charges	Usual and Customary Charges, not to exceed 7 days	Usual and Customary Charges not to exceed \$1,000 per day, not to exceed for 7 days
Hospital Miscellaneous Expenses (pre-admission test and all necessary charges other than room and board, for services received during a Hospital Stay).	Usual and Customary Charges	Usual and Customary Charges	Usual and Customary Charges, up to a maximum benefit of \$5,000
CT scan, MRI (or similar procedures)	Usual and Customary Charges	Usual and Customary Charges	Usual and Customary Charges
Laboratory Tests	Usual and Customary Charges	Up to a maximum benefit of \$650	Up to a maximum benefit of \$350
In Hospital Physiotherapy	Usual and Customary Charges up to a maximum of 30 visits	Usual and Customary Charges up to a maximum of 30 visits	Usual and Customary Charges up to a maximum of 30 visits
Nurse Services	Usual and Customary Charges	Usual and Customary Charges	Usual and Customary Charges
Inpatient Orthopedic Appliances	Usual and Customary Charges	Usual and Customary Charges	Up to a maximum benefit of \$950
Inpatient X-rays	Usual and Customary Charges	Usual and Customary Charges	Usual and Customary Charges
Outpatient Orthopedic Appliances	Usual and Customary Charges	Usual and Customary Charges	Up to a maximum of \$500
Emergency Room Treatment (when Hospital Confinement is not required)	Usual and Customary Charges	Up to a maximum benefit of \$400	Up to a maximum benefit of \$300
Ambulatory Medical Center	Usual and Customary Charges	Usual and Customary Charges	Usual and Customary Charges
Physician Services			
Surgery: Usual & Customary Charges in accordance with the 1974 Revised California Relative Value Studies, 5th Edition, having a conversion factor of:	Usual and Customary Charges	\$180.00 Unit Value	\$150 Unit Value
Assistant Surgeon	Usual and Customary Charges	40% of Surgery Allowance	35% of Surgery Allowance
Second Opinion or Consultation	Usual and Customary Charges	Usual and Customary Charges	Up to a maximum of \$150
Anesthesia and its Administration	Usual and Customary Charges	40% of Surgery Allowance	35% of the Surgery Allowance
In-Hospital Visits	Usual and Customary Charges	Usual and Customary Charges	Usual and Customary Charges
Office Visits	Usual and Customary Charges	Usual and Customary Charges	Usual and Customary Charges
Outpatient X-ray,CT Scan, MRI (and similar procedures)	Usual and Customary Charges	Up to a maximum benefit of \$650	Up to a maximum benefit of \$350
Outpatient Laboratory Tests	Usual and Customary Charges	Up to a maximum benefit of \$650	Up to a maximum benefit of \$350
Outpatient Physiotherapy (includes acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment)	Usual and Customary Charges, up to a maximum of 30 visits	\$50 per visit up to a maximum of 10 visits	\$40 per visit up to a maximum of 10 visits
Outpatient Nursing Services	Usual and Customary Charges	Usual and Customary Charges	Usual and Customary Charges
Ambulance Services (Air and Ground)	Usual and Customary Charges	Usual and Customary Charges	Usual and Customary Charges
Outpatient Prescription Drugs	Usual and Customary Charges	Usual and Customary Charges	Usual and Customary Charges
Eyeglasses, Contact Lenses, Hearing Aids	Usual and Customary Charges	Usual and Customary Charges	Usual and Customary Charges
Dental Services: For treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of covered injury as well as examination, x-rays, restorative treatment, endodontics, oral surgery, and treatment for gingivitis resulting from trauma	Usual and Customary Charges	Usual and Customary Charges	\$400 per tooth/ Usual and Customary for braces
* ADDITIONAL DENTAL SERVICES replacement of caps, crowns, dentures, orthodontic appliances including braces, fillings, inlays, crozat appliances, endodontics, oral surgery, examinations and x-ray services required as a result of a Dental Injury.	Usual and Customary Charges	Usual and Customary Charges	Up to a maximum benefit of \$750
When a dentist certifies that treatment will continue beyond a two year benefit period, an ADDITIONAL amount will be paid	\$1,500	\$1,500	\$1,500

***NOT INCLUDED IN VOLUNTARY PLANS--SEE OUR “OPTIONAL \$100,000 ACCI-DENTAL BENEFIT” FOR VOLUNTARY PLANS**