

Sentry Life Insurance Company

Maximum Benefit	GOLD	SILVER	BRONZE
School-Time Option	\$100,000	\$75,000	\$50,000
24-Hour Option	\$100,000	\$75,000	\$50,000
Football	\$100,000	\$75,000	\$50,000
Deductible	\$0	\$0	\$0
Injuries Involving Motor Vehicles	\$10,000	\$10,000	\$10,000
Death Benefit	\$10,000	\$10,000	\$10,000
Single Dismemberment Benefit	\$5,000	\$5,000	\$5,000
Double Dismemberment Benefit	\$10,000	\$10,000	\$10,000
Loss Period	Treatment must begin within 60 days of the Injury		
Benefit Period	One Year	One Year	One Year
Coverage	Full Exces	Full Exces	Full Exces
Hospital/Facility Services			
Inpatient			
Hospital Room and Board (Semi Private Room)	100% U&C	100% U&C	80% U&C \$200 Max Per Day
Hospital Intensive Care	100% U&C	100% U&C	80% U&C \$200 Max Per Day
Inpatient Hospital Miscellaneous	\$1,000 1st day/\$500 ea thereafter/\$10,000 Max.	\$750 1st day/\$375 ea thereafter/\$7,500 Max.	\$500 1st day/\$250 ea thereafter/\$5,000 Max.
Outpatient			
Free-standing Ambulatory Surgical Facility	\$2,000 Maximum	80% to \$1,000 Max	\$500 Maximum
Outpatient Hospital Miscellaneous-(except physician services and x-rays paid as below)	\$750 Maximum	80% to \$500 Max.	\$250 Maximum
Emergency Room Physician	\$75	\$50	\$25
Hospital Emergency Room	\$500 Maximum	80% to \$350	80% to \$150
Physician's Services			
Surgical	80% U&C/\$3,000 Max	80% U&C/\$2,000 Max	80% U&C/\$1,000 Max
Assistant Surgeon	25% of Surg. Benefits	25% of Surg. Benefits	25% of Surg. Benefits
Anesthesiologist	25% of Surg. Benefits	25% of Surg. Benefits	25% of Surg. Benefits
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	\$75/visit/5 visits Max.	\$40/visit/5 visits Max.	\$25/visit/5 visits Max.
Physician's Non-surgical Treatment (Except as above)	\$60/visit	\$40/visit/\$500 Max.	\$25/visit
Other Services			
Registered Nurses' Services	100% U&C	100% U&C	80% U&C
Prescriptions - outpatient	100% U&C	100% U&C	80% U&C
Laboratory Tests Outpatient	Covered Outpat. HM	Covered Outpat. HM	Covered Outpat. HM
X-rays, includes interpretation - outpatient	\$300 Maximum	\$250 Maximum	\$200 Maximum
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation - outpatient	\$1,000 Maximum	\$750 Maximum	\$300 Maximum
Ground Ambulance	\$500 Maximum	\$400 Maximum	\$200 Maximum
Air Ambulance	\$1,500 Maximum	\$1,000 Maximum	\$400 Maximum
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	\$500 Maximum	\$300 Maximum	\$150 Maximum
Dental Treatment to sound, natural teeth due to covered injury.	\$600/tooth	\$400/tooth	\$200/tooth
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$700 Maximum	\$500 Maximum	\$150 Maximum
Optional Schoolltime Coverage	\$31.00	\$20.00	\$10.00
Optional 24 Hour Accident Coverage	\$125.00	\$81.00	\$41.00
Optional Football Coverage	\$163.00	\$106.00	\$53.00
Optional 24 Hour Dental Coverage		\$7.00	
Overnight Field Trips (paid by school)	\$700.00	\$500.00	\$300.00

NOTE: Once coverage is accepted, a Master Policy will be issued to your school and will be kept on file for review. If there is any conflict between this Schedule of Benefits and the Policy, the Policy will prevail.