

**FRANKLIN COUNTY SPORTS PROGRAM  
2011-2012**

\$25,000 – MAXIMUM – covers accidents occurring while participating in sports practice or competition. Coverage will begin on the first day of tryouts and continue through the end of the school year. Travel is also covered when going directly to or from such practice or competition. Refer to the Plan Highlights below for specific benefits and limitations.

**PLAN HIGHLIGHTS**

**MEDICAL BENEFITS –**

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that the treatments begins within 60 days from the date of the Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the maximum benefit per service as scheduled below:

**INPATIENT**

Hospital Room & Board	80% of Usual & Customary, Semi-private room rate
Hospital Miscellaneous	\$1,200 per day
Registered Nurse	100 % of Usual & Customary
Physician's Visits	\$60 per day

(Benefits are limited to one visit per day and do not apply when related to surgery)

**OUTPATIENT**

Day Surgery Miscellaneous	\$1,250
(Usual & Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Facility Charge Index)	
Physician's Visits	\$60 per day
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	
Physiotherapy	\$60 per day/5 visit maximum
Emergency Room	\$300 maximum
(Use of room and supplies; treatment must be rendered within 72 hours from time of Injury)	
X-Rays	\$600 maximum
Cat Scan/MRI	\$600 maximum
Injections	No Benefit
Laboratory	\$300 maximum
Prescription Drugs	\$200 maximum
Orthopedic Braces & Appliances	\$140 maximum

**INPATIENT AND/OR OUTPATIENT**

Surgeon Fees	\$1,250 maximum
(No more than one procedure through the same incision will be paid)	
Anesthetist/Assistant Surgeon	25% of surgery allowance
Ambulance	\$800 maximum
Consultant	\$400 maximum
Dental Treatment	\$500 per tooth
(Benefits paid on Injury to Sound, Natural Teeth only)	
Replacement of eyeglasses, hearing aids, contact lenses	\$300 maximum
(As a result of a Covered Injury)	

**STUDENT ACCIDENT ONLY POLICY AND LIMITATIONS** – Benefits will not be paid for: a) loss or expense caused by, contributed to, or resulting from: or b) treatment, services or supplies for, at, or related to:

- 1) Air travel except while as a fare-paying passenger on a regularly scheduled commercial air carrier; travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limited to: two or three-wheeled motor vehicles; four-wheeled all terrain vehicle (ATV); jet ski, ski cycle, snowmobile or off-road motorized vehicle not requiring licensing as a motor vehicle.
- 2) Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore; unless specifically provided for in the schedule of benefits.
- 3) Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered Injury.
- 4) Dental treatment, except for accidental Injury to Sound, Natural Teeth.
- 5) Food poisoning or bacterial infections (except an infection occurring through an open visible wound); cysts or skin lesions such as blisters or boils; tumors; over-exerting; fainting; hernia, regardless of how caused; illness or disease in any form.
- 6) Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury.
- 7) Injury caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Persons' Physician.
- 8) Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to the final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
- 9) War, declared or undeclared (a pro-rata premium will be refunded upon request for such period not covered); voluntary participation in a riot or civil disorder; or while a member of the Armed Services.
- 10) Orthodontics (braces) for any reason or damage to or loss of orthodontics.
- 11) Play or practice of interscholastic high school football; except where a specific additional premium is paid.
- 12) Pre-existing Conditions or aggravation of a Pre-existing Condition.
- 13) Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury.
- 14) Skiing, scuba diving, surfing, roller skating, riding in a rodeo.
- 15) Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planning, bungee jumping, bob-sledding or ballooning.
- 16) Suicide or attempt thereat, while sane or insane (including drug overdose); intentionally self-inflicted Injuries; fighting.
- 17) Supplies, except as specifically provided in the policy.
- 18) While committing or attempting to commit an assault or felony, or to which a contributory cause was the Covered Persons being engaged in an illegal occupation.

**DEFINITIONS:** **Pre-Existing Condition** means any condition for which medical advice, diagnosis, care or treatment was recommended or received within the 12 months immediately prior to the Covered Person's Effective Date under the policy. **Injury** means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; and 4) sustained while the Covered Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity.

Underwritten by:  
**MARKEL INSURANCE COMPANY**