

PITT COUNTY SCHOOLS

2015-2016 ACCIDENT INSURANCE SUMMARY OF COVERAGE

Maximum Medical Expense per injury	\$100,000
Accidental Death Benefit	\$10,000
Accidental Dismemberment – Single	\$5,000
Accidental Dismemberment - Double	\$10,000
Benefit Period	One Year
Treatment Commencement Period	Within 60 days of the Accident
Payment Basis	Excess to other insurance. Becomes primary if no other insurance exists.
Surgical	80% Reasonable Expenses to \$3,000
Assistant Surgeon/Anesthesiologist	Reasonable Expenses to 25% of surgical benefit paid if surgeon is paid
Hospital Room & Board	100% Reasonable Expenses up to Semi Private room rate
Hospital Intensive Care	100% Reasonable Expenses
Hospital Inpatient Miscellaneous	100% Reasonable Expenses to \$10,000
Free-Standing Ambulatory Surgical Facility	100% Reasonable Expenses to \$2,000
Outpatient Hospital Miscellaneous	100% Reasonable Expenses to \$750 (except physician's services & x-rays paid as below)
Hospital Emergency Room	100% Reasonable Expenses to \$500
Hospital Emergency Room Physician	100% Reasonable Expenses to \$75
Registered Nurse's Services	100% Reasonable Expenses
Physical Therapy and/or Spinal Manipulation	100% Reasonable Expenses to \$75 per visit 5 visits maximum (Outpatient)
Physician's Office Visit	100% Reasonable Expenses to \$60 per day for non-surgical treatment
Outpatient Prescription Expenses	100% Reasonable Expenses
Outpatient X-Rays	100% Reasonable Expenses to \$300
MRI/CT Scan	100% Reasonable Expenses to \$1,000
Ambulance Ground / Air	100% Reasonable Expenses to \$500 ground / \$1,500 air
Durable Medical Equipment	100% Reasonable Expenses to \$500
Dental	100% Reasonable Expenses to \$2,000 maximum
Replace eyeglasses, hearing aids, contacts	100% Reasonable Expenses to \$700 if medical treatment received

SPECIAL INSTRUCTIONS:

- This accident insurance policy pays on an accident injury after other insurance has paid but if no other insurance is available then this accident insurance policy becomes the primary payor
- Accident insurance coverage is for all Middle and High School athletes, Cheerleaders, Band, JROTC, field trip Participants and Adult Volunteers (sideline judges, timers, teacher's helpers, etc.)
- If a covered insured has an accident a school administrator must complete and sign the designated area on the accident claim form and then it is the parent or guardian's responsibility to complete the remainder of the claim form and return it, along with all bills, to the claims office (mailing address is on the claim form)
- If you have questions pertaining to a claim contact the claims office at 1-866-409-5734
- This is not a policy, rather a brief description of the benefits provided under the Master Policy issued to the school. If there is any conflict between this brochure and the Policy, the Policy will prevail.



256 West Millbrook Road Raleigh NC 27609
919-846-9798 info@younggroup.biz