



**SOUTH CAROLINA PLAN
STUDENT K-12 ZERO DEDUCTIBLE
ACCIDENT MEDICAL SUPPLEMENTAL BENEFIT PLAN
2018-2019 SCHEDULE OF BENEFITS**

Coverage is provided for loss due to a covered injury up to a maximum per injury benefit amount of \$25,000 (\$5,000 for Motor Vehicle Injuries after first party benefits have paid). Treatment of covered injuries must begin within 30 days of the accident date. Only eligible expenses incurred within 52 weeks from the date of the accident are covered. The maximum benefit amount per service/treatment is as shown below. Benefits will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers' compensation.

Benefits are provided to members of ABT Fiduciary Holding, Inc. This is an outline of the PLAN. Complete coverage details are in the PLAN Policy Document. Should there be any discrepancy between this outline and the PLAN, the PLAN provisions will prevail. For information about the PLAN and its availability in your state, contact: Team Assure, Inc., 556 Clay Street, Montgomery, AL 36104. P 334-395-8000; Toll Free 888-636-7272; 334-395-8011; Email: info@teamassure.net

INPATIENT:-	CUSTOM ALLOWABLE EXPENSES MANDATORY PLAN:
Room & Board	100% of U, C, & R Allowable Expenses/Semi-Private Room Rate
Intensive Care	100% of U,C, & R Allowable Expenses
Hospital Miscellaneous	100% of U,C, & R Allowable Expenses
Registered Nurse	100% of U,C, & R Allowable Expenses
Physician's Nonsurgical Visits	100% of U,C, & R Allowable Expenses
(Benefits are limited to one visit per day and do not apply when related to surgery)	
Orthopedic Braces and Appliances	100% of U,C, & R Allowable Expenses up to a combined maximum of \$600
OUTPATIENT:	
Hospital Outpatient Surgery - Facility Charge	100% of U,C, & R Allowable Expenses up to maximum of \$2,500
Physician's Nonsurgical Visits/Walk-In Clinics	100% of U,C, & R Allowable Expenses
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	
Physiotherapy	Up to \$60/ first visit, \$40 per visit thereafter up to 25 visits per injury if surgery is required. If no surgery involved, 10 visit max
Emergency Room	100% of U,C, & R Allowable Expenses up to maximum of \$1,500
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)	
Emergency Room Physician	100% of U,C, & R Allowable Expenses up to combined max of \$1,000
X-Ray Services	100% of U,C, & R Allowable Expenses up to combined max of \$800
X-Ray Reading/Interpretation	Included in X-Ray Services Benefit
Cat Scan/MRI Services	100% of U,C, & R Allowable Expenses up to combined max of \$1,000
Cat Scan/MRI Reading/Interpretation	Included in Cat Scan/MRI Services Benefit Laboratory
Injections	100% U,C, & R Allowable Expenses
Prescription Drugs	100% of U,C, & R Allowable Expenses
Orthopedic Braces and Appliances	100% of U,C, & R Allowable Expenses up to a combined maximum of \$600 (When prescribed by a physician for healing)
Durable Medical Equipment (Post Surgical Only)	100% of U,C, & R Allowable Expenses up to a combined maximum of \$600
INPATIENT AND/OR OUTPATIENT:	
Surgeon's Fees	100% of U,C, & R Allowable Expenses up to a maximum of \$2,500 (Limited to the primary procedure per surgery)
Anesthetist	100% of U,C, & R Allowable Expenses
Ambulance, Ground or Air	100% of U,C, & R Allowable Expenses up to a maximum of \$1,000
Treatment of Heat Exhaustion/ Heat Stroke	100% of U,C, & R Allowable Expenses
Dental	100% of U,C, & R Allowable Expenses up to \$500 maximum per tooth (Benefits are paid on sound natural teeth only)
Replacement of Eyeglasses, Contact Lenses & Hearing Aids	100% of U,C, & R Allowable Expenses Hearing Aids (When broken as a result of a covered injury)
Post Injury Concussion Management Testing	Up to \$60 per test; not to exceed three tests