

2017-2018	
STUDENT ACCIDENT INSURANCE QUOTES	

Coverages are Secondary to Family Insurance Plan

BENEFITS	CRAWFORD (SCHOLASTIC) Plan 1 2 year benefit	CRAWFORD (SCHOLASTIC) Plan 2 2 year benefit	ROBERTS INS (K&K Plan 4) 2 year benefit	YOUNG GROUP INC. (Plan 2) 1 year benefit	YOUNG GROUP INC. (Plan 3) 1 year benefit	YOUNG GROUP INC. (Plan 4) 1 year benefit
Maximum Benefit per Injury	\$25,000	\$25,000	\$25,000	\$75,000	\$50,000	\$25,000
Room & Board Semi-private	Covers semi private room	Covers semi private room	100% U&C	100% U&C	80% U&C up to \$200/day	\$400/day Maximum
Hospital Misc Expenses(nursing care/testing)	\$2,000 Maximum/Injury	\$1,500 Maximum/Injury	\$5,000 Maximum/Injury	\$7,500 Maximum	\$5,000 Maximum	\$1,000 Maximum
Outpatient Hospital Surgical Charges	\$2,000 Maximum/Injury	\$1,000 Maximum/Injury	\$1,000 Maximum/Injury	80% U&C up to \$500	\$250 Maximum	\$150 Maximum
Physician Surgery Fees	\$3,000 Maximum/Injury	\$1,500 Maximum/Injury	100% U&C	80% U&C up to \$2,000	80% U&C up to \$1,000	50% U&C up to \$750
Physician non surgical visits	\$35/visit	\$25/visit	100% U&C	\$35/Day	\$35/Day	\$20/Day
Anesthetist Services/Asst Surgeon	up to 25% of benefit paid		100% U&C	25% of Surgery Benefit	25% of Surgery Benefit	25% of Surgery Benefit
Physical Therapy	\$40/visit, Maximum \$400/injury	\$25/visit - 5 visits limit	\$40/visit, Maximum \$400/injury	\$50/visit, up to 5 visits	\$35/visit, up to 5 visits	\$20/visit, up to 5 visits
Xrays, Diagnostic	\$400/injury	\$300/injury	\$500 Maximum/Injury	\$300 Maximum	\$200 Maximum	\$100 Maximum
Dental	\$200/injured tooth	\$100/injured tooth	\$500/Tooth/Injury w/10 yr benefit period	\$1,500 Maximum	\$1,000 Maximum	\$500 Maximum
Orthopedic Appliances	\$150 Maximum/injury	\$75 Maximum/injury	\$500 Maximum/Injury	\$300 Maximum	\$200 Maximum	\$100 Maximum
Outpatient Drugs	\$50/injury	\$25/limit	\$100/Maximum/Injury	100% U&C	80% U&C	80% U&C
Ground Ambulance Service	\$100/injury	\$75/injury	100% U&C	\$400/\$1,000 Maximum	\$300/\$500 Maximum	\$200/\$250 Maximum
Catastrophic Coverage	\$5,000,000 Maximum	\$5,000,000 Maximum	\$7,500,000 Maximum			
937	\$14.00/ADA	\$12.00/ADA		Option for Parents Pay Add'l Cov	Option for Parents Pay Add'l Cov	Option for Parents Pay Add'l Cov
QUOTE FOR STUDENTS P-12	\$13,118.00	\$11,244.00	\$12,972.30	\$17,839.00	\$14,409.00	\$10,412.00

FY17 Coverage ---Scholastic Insurors (Crawford) at \$16.00/ADA (937 ADA = \$14,992)