



North Carolina K-12 Student Athletic Accident Insurance

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Student and Athletic Accident Insurance Standard North Carolina Schedules of Benefits

ACCIDENT ONLY COVERAGE: The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that treatment by a qualified, licensed Physician begins within 60 days from the date of 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 shown below.

Maximum Benefits Paid As Specified Below. Medically Necessary and Reasonable Charges are based on the 75th percentile.

ATHLETIC PLAN COMPARISON		Low	Middle	High
COVERED EXPENSES		Full Excess	Full Excess	Full Excess
Medical Maximum		\$25,000.00	\$25,000.00	\$25,000.00
Inpatient Room and Board Expenses (Semi-Private Room)		\$150 per day	\$200 per day	80% U&C
Hospital Miscellaneous Expenses		\$500 per day Combined with Nurse	\$1,000 per day (Combined with Nurse, etc.)	80% U&C
Inpatient Registered Nurse		Paid under Misc. Expense	Paid under Misc. Expenses	Paid under Misc. Expenses
Inpatient Physician's Visits (limited to one visit per day)		\$30 first day/\$25 each subsequent day	\$50 first day/\$30 each subsequent day	80% U&C
Ambulatory Medical Center		\$750 maximum	\$1,000 max	80% U&C/\$5,000 max
Emergency Room Treatment (treatment must be rendered within 72 hours from the time of the injury)		\$150 maximum	\$250 max	80% U&C
Inpatient and/or Outpatient Surgery Allowance		\$750 maximum	\$1,000 max	80% U&C/\$5,000 max
In/Outpatient Assistant Surgeon		20% U&C Surgery Allowance	25% of surgery allowance	30% of surgery allowance
In/Outpatient Anesthesia and its Administration		20% of Surgery Allowance	25% of surgery allowance	30% of surgery allowance
Outpatient Physician Visits (limited to one visit per day)		\$30 first day/\$25 each subsequent day	\$50 first day/\$30 each subsequent	80% U&C/\$50 per day max
Outpatient X-ray		\$200 maximum	\$400 max	80% U&C
Outpatient Diagnostic Imaging Services (CAT Scan/MRI)		\$200 maximum	\$400 max	80% U&C/\$1,200 max
Outpatient Laboratory		\$50 maximum	\$150 max	80% U&C/\$600 max
Outpatient Physiotherapy (limited to one visit per day)		\$30 first day/\$20 each subsequent day, 5 day maximum	\$40 first day/\$30 each subsequent/5 day max	80% U&C/\$50 per day/15 day max
Medical Equipment Rental (Includes Orthopedic devices)		\$75 maximum	\$100 max	80% U&C
Ambulance Services (Air and Ground)		\$200 maximum	\$500 max	80% U&C
Prescription Drugs		\$50 maximum	\$100 max	80% U&C
Consultant		\$200 maximum	\$400 max	80% U&C
Dental Services (injury to sound, natural tooth)		\$100 per tooth	\$300 per tooth	80% U&C
Replacement of Eye Glasses, Contact Lenses or Hearing Aids		100% of U&C	100% U&C	100% U&C
Additional Benefits:				
Heart and Circulatory Conditions		Included	Included	Included
HMO/PPO Denial Benefit		Included	Included	Included
Pre-Existing Injury Benefit		Included	Included	Included
Bereavement and Trauma		Included	Included	Included
Felonious Assault and Violent Crime		Included	Included	Included
Benefits are provided as mandated by the State of North Carolina. Blanket Interscholastic and All School Coverage options can be customized by grade level to meet the school's needs.				