

**MEDICAL PLANS INCLUDE  
ACCIDENTAL DEATH, DISMEMBERMENT OR LOSS OF SIGHT BENEFIT**

When covered injury results in any one of the following losses, within 365 days after the date of accident, benefits will be paid for the loss of:

Life.....	\$10,000.00
Both Hands or Both Feet or the Sight of Both Eyes.....	\$20,000.00
One Hand and One Foot.....	\$20,000.00
One Hand and the Sight of One Eye.....	\$20,000.00
One Foot and the Sight of One Eye.....	\$20,000.00
One Hand or One Foot or the Sight of One Eye.....	\$10,000.00

"Loss" means with regard to hands and feet, actual severance through or above the wrist or ankle joint; with reference to the eye, the irrecoverable loss of its entire sight. If more than one loss results from any one accident, only one amount, the largest, will be paid. This benefit is payable IN ADDITION to medical expenses.

**EXCLUSIONS AND LIMITATIONS**

The Policy does not cover:

- (1) Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only).
- (2) Injuries caused by an act of declared or undeclared war; injuries received while in the armed service (upon notice of entry into an armed service the prorated premium will be refunded).
- (3) Injuries received while acting as a pilot or crew member; injuries resulting from air travel, except while as a passenger for transportation only.
- (4) Injuries resulting from the insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation.
- (5) Injuries received while under the influence of any controlled substance, unless administered on the advice of a legally qualified physician; injuries received while intoxicated as specifically defined in the policy.

In addition, insurance plans provided on a Voluntary Basis does not cover: (1) an injury resulting from participation in or practice for non-school sponsored or organized ice hockey, tackle football or lacrosse; (2) an injury occurring and expense incurred therefrom, as a result of an accident which occurs while an Insured is engaged in an activity which is covered under the Compulsory Plan purchased by the Policyholder.

PLAN ADMINISTRATOR: Maksin Management Corporation  
Kevon Office Center, Suite 160  
2500 McClellan Avenue  
Pennsauken NJ 08109  
800-257-6250

9/18/01

ACCIDENT MEDICAL EXPENSE INSURANCE - NO DEDUCTIBLE TO SATISFY  
Base Plan Benefit Period - Up To 2 Years On Compulsory And Sports Plans

PLAN MAXIMUMS

Compulsory, including all Sports	Up to \$1,000,000
Mandatory All Sports or Football Only	Up to \$1,000,000

HOSPITAL SERVICES

1) Daily Room & Board - Semi-Private	Usual & Customary
2) Intensive Care Room & Board	Usual & Customary
3) Miscellaneous Service - when hospital confined or when surgery is performed	Usual & Customary
4) Emergency Room (outpatient)	Usual & Customary

PHYSICIAN SERVICES

1) Surgery, including pre-/post operative care	Usual & Customary
2) Anesthetic (including administration) and Assistant Surgeon	Usual & Customary
3) Physician Visits other than for physiotherapy and similar treatment, when no surgery benefit is paid	Usual & Customary
4) Consultants (when required by attending physician for confirming or determining a diagnosis but not for treatment) and Second Opinions	Usual & Customary

LABORATORY & X-RAY SERVICES

Including reading and interpretation	Usual & Customary
DENTAL X-Rays are payable under DENTAL SERVICES benefits shown below	

ADDITIONAL SERVICES

1) Physiotherapy or similar treatment In Hospital	Usual & Customary
Out of Hospital	All sports
2) Registered or Licensed Nurse	Usual & Customary
3) Ambulance to Initial Treatment Facility	Usual & Customary
4) Orthopedic Appliances (includes rental of crutches or wheelchair) In Hospital	Usual & Customary
Out of Hospital	Usual & Customary
5) Prescribed Drugs or Medicines	Usual & Customary
6) Eyeglasses, Contact Lenses, Hearing Aids - Replacement, when damaged in conjunction with a covered injury requiring medical treatment	Usual & Customary

DENTAL SERVICES

Treatment, repair or replacement of injured natural teeth. Includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma.	Usual & Customary up to <u>Policy Maximum</u>
Replacement of caps, crowns, dentures or orthodontic appliances (including braces) when damaged in a covered accident.	Usual & Customary
When dentist certifies treatment will continue beyond the expense incurral period, ADDITIONAL amount will be paid.	\$1,000