

**Moore Fowinkle Schroer Agency**  
**2020-2021 Voluntary Only Benefits & Rates**  
**PreK-12 School Districts and Vocational Schools\***

\* Vocational Schools are required to have their own Voluntary Only policy separate from the District's policy covering Grades PreK-12. A separate Voluntary Application will need to be completed for the Vocational schools.

**PreK-12 School District Rates Excluding All Senior High Sports**

	BASIC	Plan "A"	Plan "B"	Plan "C"
Optional School-Time	\$9.00	\$12.00	\$29.00	\$45.00
Optional 24-Hour	\$65.00	\$77.00	\$150.00	\$225.00
Optional 24-Hour Dental	\$8.00	\$8.00	\$8.00	\$8.00

**PreK-12 School District Rates Including All Sports Except Senior High Football**

	BASIC	Plan "A"	Plan "B"	Plan "C"
Optional School-Time with Sports except SH Football	\$24.00	\$27.00	N/A	N/A
Optional 24-Hour with Sports except SH Football	\$80.00	\$92.00	N/A	N/A
Optional Senior High Football (Fall/Spring)	\$75.00	\$110.00	N/A	N/A
Optional Senior High Football (Spring/Summer Only)	\$30.00	\$39.00	N/A	N/A
Optional 24-Hour Dental	\$8.00	\$8.00	\$8.00	\$8.00

**Vocational School Rates Excluding All Senior High Sports**

	BASIC	Plan "A"	Plan "B"	Plan "C"
Optional School-Time	\$9.00	\$12.00	\$29.00	\$45.00
Optional 24-Hour Dental	\$8.00	\$8.00	\$8.00	\$8.00

School Time Effective: Date of First School Year Activity

24 Hour Effective: Date of First School Year Activity

Football Effective: Date of First Day of Football

24 Hour Dental Effective: Date of First School Year Activity

School Time Termination: Date of Last Day of School

24 Hour Termination: 1st Day of the Following School Year

Football Termination: Date of Last Day of Football

24 Hour Dental Termination: 1<sup>st</sup> Day of the Following School Year

**Included Additional Mandatory Coverages**

One-Day Field Trips (\$5,000 Maximum)

Religious Education (\$5,000 Maximum)

Counseling Benefit (\$5,000 Maximum)

Overnight Field Trips (\$25,000 Maximum)

**IMPORTANT NOTICE – THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

**This proposal has been designed to illustrate the highlights of this insurance and it does not include all coverage details. All information in this proposal is subject to the provisions of Policy Form COL-11, underwritten by Gerber Life Insurance Company. If there is any conflict between this proposal and the Policy, the Policy will prevail.**

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**2020-2021 Voluntary Only Benefits & Rates**

Maximum Benefit	BSC M40	BSC M10	BSC M20	BSC M30
Plan Number	BASIC	Plan "A"	Plan "B"	Plan "C"
School-Time, 24-Hour & Football Options	\$25,000	\$25,000	\$25,000	\$25,000
<b>Deductible</b>	\$0	\$0	\$0	\$0
Injuries Involving Motor Vehicles	\$25,000	\$25,000	\$25,000	\$25,000
Death Benefit	\$10,000	\$10,000	\$10,000	\$10,000
Single Dismemberment Benefit	\$10,000	\$10,000	\$10,000	\$10,000
Double Dismemberment Benefit	\$20,000	\$20,000	\$20,000	\$20,000
<b>Loss Period</b> (Treatment must begin within __ days of Injury)	90	90	90	90
<b>Benefit Period</b>	One Year	One Year	One Year	One Year
<b>Coverage</b>	Full Excess	Full Excess	Full Excess	Full Excess
<b>Hospital/Facility Services</b>				
<b>Inpatient</b>				
Hospital Room and Board (Semi Private Room)	\$750 max	\$1,500 max	\$3,000 max	\$4,500 max
Hospital Intensive Care	\$750 max	\$1,500 max	\$3,000 max	\$4,500 max
Inpatient Hospital Miscellaneous	\$750 max	\$1,500 max	\$3,000 max	\$4,500 max
<b>Outpatient</b>				
Free-standing Ambulatory Surgical Facility	\$750 max	\$1,500 max	\$3,000 max	\$4,500 max
Outpatient Hospital Miscellaneous-(except physician services and x-rays paid as below)	\$750 max	\$1,500 max	\$3,000 max	\$4,500 max
Day Surgery Miscellaneous	\$750 max	\$1,500 max	\$3,000 max	\$4,500 max
Hospital Emergency Room	\$100 max	\$200 max	\$400 max	\$600 max
Hospital Emergency Room Physican	n/a	n/a	n/a	n/a
<b>Physician's Services</b>				
Surgical	\$750 max	\$1,500 max	\$3,000 max	\$4,500 max
Assistant Surgeon	25% of Surg. Benefits	25% of Surg. Benefits	25% of Surg. Benefits	25% of Surg. Benefits
Anesthesiologist	25% of Surg. Benefits	25% of Surg. Benefits	25% of Surg. Benefits	25% of Surg. Benefits
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	\$35/visit/10 visitis max	\$50/visit/10 visitis max	\$100/visit/10 visitis max	\$150/visit/10 visitis max
Physician's Non-surgical Treatment (Except as above)	\$35 per day	\$50 per day	\$100 per day	\$150 per day
<b>Other Services</b>				
Registered Nurses' Services	100% RE	100% RE	100% RE	100% RE
Prescriptions - outpatient	100% RE	100% RE	100% RE	100% RE
Laboratory Tests - Outpatient	n/a	n/a	n/a	n/a
X-rays, includes interpretation - outpatient	\$200 max	\$250 max	\$400 max	\$600 max
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation - outpatient	\$400 max	\$500 max	\$800 max	\$1,200 max
Ground Ambulance	\$350 max	\$500 max	\$1,000 max	\$1,500 max
Air Ambulance	\$350 max	\$500 max	\$1,000 max	\$1,500 max
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	\$200 max	\$250 max	\$400 max	\$600 max
Dental Treatment to sound, natural teeth due to covered injury.	\$200 max	\$250 max	\$400 max	\$600 max
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$200 max	\$250 max	\$400 max	\$600 max
Heart or Circulatory Malfunction	\$10,000	\$10,000	\$10,000	\$10,000