PLAYERS HEALTH

PO Box 242573, San Antonio, TX 78224

Premier Plus Plan

Plan Maximum: $25,000
Vocational Plans: $25,000
Field Trip Coverage: $25,000

Covered Expenses	
Hospital Room and Board	Semi-Private daily room rate
Hospital Inpatient Expenses	100% U & C up to $750 1st day, $250 per day thereafter subject to a Maximum of $5,000 per Hospital Stay
Hospital Outpatient Surgery *(facility charge)*	up to $2,500
Hospital Outpatient Medical Emergency *(use of emergency room[1] and supplies)*	100% U & C up to $350
Urgent Care Facility	100% U & C up to $350
Physician, Emergency Room	100% U & C up to $200
Physician, Nonsurgical Visits *Concussions are covered the same as any other injury, and there is an additional $100 benefit*	100% U & C up to $50 per visit *Concussions: $100 at U&C plus 100% U&C per visit up to $50 per visit*
Physician, Surgical Services	90% of U & C, Maximum $4,750
Physician, Urgent Care	100% U & C up to $200
Anesthetist / Assistant Surgeon	25% of surgeon's allowance
Registered Nurse *(Inpatient)*	100% U & C per Hospital Stay
Outpatient Physiotherapy[2] *- Non Post-Surgical* *- Post -Surgical*	$50 per visit, Maximum $350 $50 per visit, Maximum $800
Outpatient X-ray Services[2]	100% U & C up to $300
Outpatient Laboratory Services[2]	100% U & C up to $200
Dental Treatment	100% U & C
Ambulance Services	First Trip to Hospital 100% U & C
Diagnostic Imaging Services *(Includes MRI, Cat Scans)*	100% U & C up to $850
Orthopedic Braces & Appliances *- Inpatient* *- Outpatient*	100% U & C up to $500 100% U & C up to $500
Durable Medical Equipment	100% U & C up to $200
Eyeglasses / Contact Lenses	100% U & C
Hearing Aid Replacement	100% U & C
Prescription Drugs (outpatient)	100% U & C

All Maximums Are For Each Injury

1 – includes Urgent Care Facility rendering services in a Hospital 2 – includes Urgent Care Facility services provided in a freestanding facility

Note coverage includes benefits for:

Concussions are covered if it is a loss due to covered injury. Baseline testing is not included.
Hernia as a result of Covered Accident/not stress
Heart and Circulatory Conditions due to Heat Exhaustion
Deferred Surgical Expense Benefit *(pin removal within 2 years of the accident, paid under the surgical benefit maximum)*

This is a brief illustration of coverage. The Policy issued will be the contract and will govern and control the payment of benefits. If there is any conflict between the information in this illustration and the Policy, the Policy will control in all respects. The Policy is a non-renewable one year policy. No benefits are payable for expense incurred that is paid or payable by another Health Plan.