

Lehigh 2009-2010 Schedule of Basic Medical Expense Benefits

The Policy provides benefits for the Reasonable and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to a Maximum of \$1,000 for each Injury or Sickness. Benefits will be paid up to the maximum benefit for each service as scheduled below. The Insured Student must pay a \$50 Deductible for each Injury or Sickness. The Deductible is waived if the Insured Student is referred by the Student Health Center. Covered Medical Expenses include:

Inpatient

Room and Board Expense , daily semi-private room rate and general nursing care provided by the Hospital	Semi-private Room Rate
Hospital Miscellaneous Expense , such as the cost of the operating room, laboratory test, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	Reasonable and Customary Charges
Physical Therapy	Reasonable and Customary Charges up to \$1,000
Surgeon's Fee , in accordance with data provided by Ingenix, Inc. Payment will be made for multiple procedures performed in succession through the same incision at 50%	Reasonable and Customary Charges
Anesthetist	30% of Surgery Allowance
Registered Nurse's Services , private duty nursing care	Reasonable and Customary Charges
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery	Reasonable and Customary Charges
Pre-admission Testing	Reasonable and Customary Charges
Mental or Nervous Disorders	Paid as any other Sickness up to 30 days

Outpatient

Surgeon's Fee , in accordance with data provided by Ingenix, Inc. Payment will be made for multiple procedures performed in succession through the same incision at 50%	Reasonable and Customary Charges
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room, laboratory tests and X-ray examinations, including professional fees. Anesthesia, drugs, or medicines and supplies. Reasonable and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge.	Reasonable and Customary Charges
Anesthetist	25% of Surgery Allowance
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physical Therapy.	Reasonable and Customary Charges
Physical Therapy , benefits are limited to one visit per day. See exclusion 17 for additional limitations	Reasonable and Customary Charges / \$1,000 Maximum (per policy year)
Medical Emergency Expenses , use of the emergency room and supplies for Medical Emergencies only	Reasonable and Customary Charges
Diagnostic X-ray and Laboratory Services	Reasonable and Customary Charges
Radiation Therapy & Chemotherapy	Reasonable and Customary Charges
Tests and Procedures, diagnostic services and medical procedures performed by a Physician	Reasonable and Customary Charges
Other than Physician's Visits, Physical Therapy, x-rays and lab procedures.	
Injections , when administered in the Physician's office and charged on the Physician's statement	Reasonable and Customary Charges
Prescription Drugs	Co-pay of \$10 for generic and \$20 for brand name per 30-day supply/ \$750 Maximum
Mental or Nervous Disorders , must be administered by an M.D. or licensed psychologist Ph. D.	50% of Usual and Customary Charges up to \$60 per day/\$1,000 Max. (per policy year)
Psychotherapy includes all related or ancillary charges incurred as a result of a Mental and Nervous Disorder.	

Other

Ambulance Services	Reasonable and Customary Charges up to \$500
Braces and Appliances , a written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered.	Reasonable and Customary Charges
Consultant Physician Fees , when requested and approved by the Attending Physician	Reasonable and Customary Charges
Dental Treatment , made necessary by Injury to Sound, Natural Teeth	Reasonable and Customary Charges
Maternity, Newborn infant benefits are payable only while the mother remains Hospital Confined. Physician's Visits for a well baby are limited to two visits maximum.	Paid as Any Other Sickness
Complications of Pregnancy	Paid as Any Other Sickness
Routine Well-Baby Care , payable only while the mother remains Hospital Confined. Physician's Visits for a well-baby are limited to two visits maximum.	Paid under Maternity Benefit
Elective Abortion	Paid under Maternity Benefit/\$400 maximum
Intercollegiate Sports	Paid as any other Injury up to \$2,000

Major Medical Benefit

\$50,000 Maximum Benefit (for each Injury or Sickness)

The Major Medical Benefits begin payment after the Company has paid the Basic Maximum Benefit of \$1,000 and after the Major Medical Deductible of \$50 has been satisfied. The Deductible is waived if referred by the Student Health Center. The company will pay 80% of additional Covered Medical Expenses incurred up to \$5,000 then 100% up to the Major Medical Maximum of \$50,000. The total benefit payable under Major Medical is \$50,000 minus the Basic Benefits already paid. No benefits will be paid under Major Medical for room and board expenses which exceed the semi-private room rate.