

SCHEDULE OF BENEFITS

THE COMPANY WILL PAY THE ELIGIBLE EXPENSES INCURRED FOR ANY ONE (1) COVERED INJURY OR SICKNESS UP TO A MAXIMUM OF \$100,000 SUBJECT TO THE FOLLOWING ALLOCATIONS.

Benefits payable under the Policy are subject to An Aggregate Maximum of \$100,000. Per Covered Injury or Covered Sickness Deductible of \$50; **waived for students who obtain a referral from the university's Student Health Services or Counseling Center prior to seeking treatment.**

COVERED MEDICAL EXPENSES	FIRST \$2,500	NEXT \$97,500
Hospital Room and Board	100% UR&C*	80% UR&C
Miscellaneous Hospital Expense	100% UR&C	80% UR&C
Miscellaneous Outpatient Expense (MOE)	100% UR&C	80% UR&C
Surgical Expense	100% UR&C	80% UR&C
Anesthetist Expense	100% UR&C	80% UR&C
Physician's Fees	100% UR&C	80% UR&C
Emergency Room Expense	100% UR&C	80% UR&C
Diagnostic X-ray and Laboratory Expense	Paid Under MOE;	Paid Under MOE;
Ambulance Expense	100% UR&C	80% UR&C
Accidental Dental Expense	100% UR&C, up to \$100/tooth	80% UR&C, up to \$100/tooth
Mandated Benefits	Paid as required by the State of New York	Paid as required by the State of New York

OTHER BENEFITS

Mental and Nervous Disorders Expense	Inpatient: Paid as any other sickness, up to a 60 day max Outpatient: Paid as any other sickness, up to a maximum of 20 visits
Alcohol and Substance Abuse Expense	Inpatient: Paid as any other sickness, up to a 30 day max Outpatient: UR&C, paid as any other Sickness, up to a maximum of 60 visits
Prescription Drug Expense	Express Scripts: \$15 co-pay for generic and \$30 co-pay for brand name prescription drugs up to a maximum of \$1,100 per policy year. Asthma and allergy medications are included. Prescriptions must be filled at an Express Scripts participating pharmacy.

Medical Evacuation Expense

(International Students Only).....	100% of UR&C, not to exceed \$10,000
Repatriation Expense (International Students Only).....	100% of UR&C, not to exceed \$7,500
Accidental Death and Dismemberment	Principle Sum \$5,000

MANDATED BENEFITS

Maternity Care (Inpatient for mother & child).....	Same as any other Illness
Home Health Care	40 visits/year; \$50/school year deductible
Diabetes Equipment, Supplies and Services	UR&C
Outpatient Treatment of Alcoholism and Substance Abuse	UR&C, up to 60 visits per year
Second Medical Opinion	UR&C
Breast Cancer Benefit	UR&C
Enteral Formula Benefit	Covered under Prescription Drugs, except for certain food products necessary for the treatment of inherited diseases, up to \$2,500 per consecutive 12-month period
Chiropractic Care Benefit	UR&C

Experimental or Investigational Treatment or

Clinical Trials Expense	Same as any other Illness
Cancer Screening Tests	Same as any other Illness
Prehospital Emergency Medical Services	Same as any other Illness
Cancer Prescription Drug Expenses	Same as any other Illness

*UR&C means Usual, Reasonable and Customary expenses