

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; **When a student seeks treatment at the University's Student Health Center or Counseling Center and a referral to an outside provider is needed, the \$50 per condition deductible may be waived.** (See page 9 for more details)

COVERED MEDICAL EXPENSES	FIRST \$2,500	NEXT \$97,500
Hospital Room and Board.....	100% R&C*	80% R&C
Miscellaneous Hospital Expense.....	100% R&C	80% R&C
Miscellaneous Outpatient Expense (MOE).....	100% R&C	80% R&C
Surgical Expense.....	100% R&C	80% R&C
Anesthetist Expense.....	100% R&C	80% R&C
Physician's Fees.....	100% R&C	80% R&C
Emergency Room Expense.....	100% R&C	80% R&C
Diagnostic X-ray and Laboratory Expense.....	Paid Under MOE;	Paid Under MOE;
Ambulance Expense.....	100% R&C	80% R&C
Accidental Dental Expense.....	100% R&C, up to \$100/tooth	80% R&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 Sickness, up to a 60-day maximum. Outpatient: Paid as any other Sickness, up to a maximum of 30 visits.	
Alcohol and Substance Abuse Expense.....	Inpatient: Paid as any other sickness, up to a 30 day max Outpatient: R&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 R&C, not to exceed \$10,000	
Repatriation Expense (International Students Only).....	100% of R&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.....	R&C	
Outpatient Treatment of Alcoholism and Substance Abuse.....	R&C, up to 60 visits per year	
Second Medical Opinion.....	R&C	
Breast Cancer Benefit.....	R&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.....	R&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	

*R&C means Usual, Reasonable and Customary expenses