

**Injury Basic Medical Expense Schedule of Benefits for Undergraduate Students  
Up to \$2,000 Maximum Benefit Paid as Specified Below (for each Injury)**

This Certificate provides benefits for 100% (except outpatient charges which are paid at 80%) of the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury up to the Maximum Benefit of \$2,000. The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$2,000 has been paid by the Company. The Policy will pay 80% of the Usual and Customary Charges incurred in excess of \$2,000 up to, but not exceeding \$50,000 for Domestic Students and International Students and their dependents including Basic Benefits under the Major Medical Benefit. Benefits will be paid up to Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

**INPATIENT**

|   |                                 |
|---|---------------------------------|
| <b>Room and Board</b> , daily semi-private room rate; and general nursing care provided by the Hospital .....   | Semi-Private Room Rate          |
| <b>Intensive Care</b> .....   | Paid Under Room & Board         |
| <b>Hospital Miscellaneous Expenses</b> , such as the cost of the operating room, laboratory tests, 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.. | Usual & Customary (U&C) Charges |
| <b>Physiotherapy</b> .....  | U&C Charges                     |
| <b>Surgeon's Fee</b> , in accordance with data provided by Ingenix, Inc. No more than one (1) surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.....   | U&C Charges                     |
| <b>Anesthetist</b> .....  | 25% of Surgery allowance        |
| <b>Registered Nurse</b> , private duty nursing care .....   | U&C Charges                     |
| <b>Physician's Visits</b> , benefits are limited to one (1) visit per day and do not apply when related to surgery .....  | U&C Charges                     |
| <b>Pre-Admission Testing</b> , payable within 3 working days prior to admission.....  | U&C Charges                     |

**OUTPATIENT**

|   |                          |
|---|--------------------------|
| <b>Surgeon's Fees</b> , in accordance with data provided by Ingenix, Inc. No more than one (1) surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession .....   | 80% of U&C Charges       |
| <b>Day Surgery Miscellaneous</b> .....  | 80% of U&C Charges       |
| <b>Anesthetist</b> .....  | 25% of Surgery allowance |
| <b>Physician's Visits</b> , benefits are limited to one (1) visit per day. Benefits for Physician's visits do not apply when related to surgery or Physiotherapy .....  | 80% of U&C Charges       |
| <b>Physiotherapy</b> , benefits are limited to one (1) visit per day. Outpatient Physiotherapy benefits are payable only for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation or when referred by the Student Health Center ..... | 80% of U&C Charges       |
| <b>Medical Emergency Expenses</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.....  | 80% of U&C Charges       |
| <b>X-ray and Laboratory Services</b> .....  | 80% of U&C Charges       |
| <b>Tests &amp; Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's visit, Physiotherapy, X-rays and lab procedures .....   | 80% of U&C Charges       |
| <b>Injections</b> .....   | 80% of U&C Charges       |

**OTHER**

|   |   |
|---|---|
| <b>Ambulance Services</b> .....   | U&C Charges                               |
| <b>Braces &amp; Appliances</b> , a written prescription must accompany the claim when submitted.<br>Replacement braces and appliances are not covered ..... | U&C Charges                               |
| <b>Consultant Physician Fees</b> , when requested and approved by the attending physician .....   | U&C Charges                               |
| <b>Dental</b> , benefit paid on Injury to Sound, Natural teeth only .....   | U&C Charges                               |
| <b>Intercollegiate Sports</b> .....   | Paid as any other injury                  |
| <b>Prescription Drug Expense</b> , including contraceptive drugs and devices, through Express Scripts .....   | \$10 generic/\$25 brand co-pay, \$250 Max |

**OPTIONAL CATASTROPHIC BENEFIT**

This optional benefit is subject to payment of an additional premium and begins payment after the basic maximum of \$50,000 for Domestic Students and International Students has been paid by the Company. It must be purchased at the same time the basic coverage is purchased. This benefit is paid at 100% up to an additional \$200,000. The total benefit payable for each Injury or Sickness, including the basic benefit is \$250,000 for Domestic and International Students. This optional benefit is not subject to any pre-existing condition limitations.

**Sickness Basic Medical Expense Schedule of Benefits for Undergraduate Students  
Up to \$2,000 Maximum Benefit Paid as Specified Below (for each Sickness)**

This Certificate provides benefits for 100% (except outpatient charges which are paid at 80%) of the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Sickness up to the Maximum Benefit of \$2,000. The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$2,000 has been paid by the Company. The Policy will pay 80% of the Usual and Customary Charges incurred in excess of \$2,000 up to, but not exceeding \$50,000 for Domestic Students and International Students and their dependents including Basic Benefits under the Major Medical Benefit. Benefits will be paid up to Maximum Benefit for each service as scheduled below. No Benefits will be provided for Chemotherapy, Radiation Therapy, Injections or Registered Nurse Services. Covered Medical Expenses include:

**INPATIENT**

|   |                                   |
|---|-----------------------------------|
| <b>Room and Board</b> , daily semi-private room rate; and general nursing care provided by the Hospital .....   | Semi-Private Room Rate            |
| <b>Intensive Care</b> .....   | Paid Under Room & Board           |
| <b>Hospital Miscellaneous Expenses</b> , such as the cost of the operating room, laboratory tests, 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 ..... | 80% of U&C                        |
| <b>Physiotherapy</b> .....  | Paid under Hospital Misc. Benefit |
| <b>Surgeon's Fee</b> , in accordance with data provided by Ingenix, Inc. No more than one (1) surgical procedure will be Covered when multiple procedures are performed through the same incision or in immediate succession .....  | 80% of U&C                        |
| <b>Physician's Visits</b> , benefits are limited to one (1) visit per day and do not apply when related to surgery .....  | 80% of U&C                        |
| <b>Pre-Admission Testing</b> , payable within 3 working days prior to admission .....   | Paid under Hospital Misc. Benefit |
| <b>Psychotherapy</b> .....  | No Benefits                       |

**OUTPATIENT**

|  |   |
|--|---|
| <b>Surgeon's Fees</b> , in accordance with data provided by Ingenix, Inc.. No more than one (1) surgical procedure will be Covered when multiple procedures are performed through the same incision or in immediate succession .....   | 80% of Usual & Customary (U&C)                            |
| <b>Day Surgery Miscellaneous</b> .....   | 80% of U&C  |
| <b>Outpatient Miscellaneous</b> .....  | 80% of U&C  |
| <b>Physician's Visits</b> , benefits are limited to one (1) visit per day. Benefits for Physician's visits do not apply when related to surgery or Physiotherapy. A visit to the Health Center will be considered the first visit when the Health Center makes a referral. This limitation does not apply to Dependents, the first visit will be payable for Covered Medical Expenses .....  | \$75 per day beginning w/ 2 <sup>nd</sup> visit/\$400 max |
| <b>Physiotherapy</b> , benefits are limited to one (1) visit per day .....   | Paid under Physician Visits                               |
| <b>Medical Emergency Expenses</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness .....  | 80% of U&C  |
| <b>X-ray and Laboratory Services</b> .....   | 80% of U&C  |
| <b>Tests &amp; Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-rays and lab procedures .....   | Paid under Outpatient Misc.                               |
| <b>Psychotherapy</b> , includes all related or ancillary charges incurred as a result of a Mental and Nervous disorder. A referral by the counseling center is required. The following will be considered covered psychotherapy providers; a) a community mental health center; b) any other mental health clinic, c) an independent Clinical social worker; d) a clinical specialist in psychiatric and mental health nursing ..... | \$125 per day/12 days maximum                             |

**OTHER**

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|--|---|
| <b>Ambulance Services</b> .....  | \$300 maximum                             |
| <b>Braces &amp; Appliances</b> .....   | Up to \$300 a year                        |
| <b>Consultant Physician Fees</b> , when requested and approved by the attending physician .....  | \$125 maximum                             |
| <b>Dental</b> .....  | No Benefits                               |
| <b>Alcoholism</b> .....  | See Treatment of Alcoholism               |
| <b>Drug Abuse</b> .....  | No Benefits                               |
| <b>Maternity</b> , benefits will be paid for at least 48 hours Hospital Confinement following normal delivery and 96 hours Hospital Confinement following cesarean section .....   | Paid as any other Sickness                |
| <b>Complications of Pregnancy</b> .....  | Paid as any other Sickness                |
| <b>Pap Smear</b> , benefits will be provided for an annual Pap Smear or more frequently if recommended by a Physician .....  | Paid as any other Sickness                |
| <b>Diabetes</b> , benefits will be provided for the expense incurred for equipment and supplies for the treatment of Diabetes, if recommended or Prescribed by a Physician. Benefits will also be provided for the expense incurred for the education as to the proper self-management and Treatment of the diabetic condition, including information on proper diet ..... | Paid as any other Sickness                |
| <b>Prescription Drug Expense</b> , including contraceptive drugs and devices, through Express Scripts .....  | \$10 generic/\$25 brand co-pay, \$250 Max |

**OPTIONAL CATASTROPHIC BENEFIT**

This optional benefit is subject to payment of an additional premium and begins payment after the basic maximum of \$50,000 for Domestic Students and International Students has been paid by the Company. It must be purchased at the same time the basic coverage is purchased. This benefit is paid at 100% up to an additional \$200,000. The total benefit payable for each Injury or Sickness, including the basic benefit is \$250,000 for Domestic and International Students. This optional benefit is not subject to any pre-existing condition limitations.