

Medical Expense Schedule of Benefits

Up to \$75,000 Maximum Benefit Paid as Specified Below (For Each Injury or Sickness)

This Certificate provides benefits for 100% (except outpatient charges which are paid at 80%) of the Reasonable and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Basic Maximum Benefit of \$2,000. After the Basic Maximum Benefit of \$2,000 has been paid by the Company, the Major Medical Benefit will pay 80% of the Reasonable and Customary Charges incurred in excess of \$2,000 up to, but not exceeding \$75,000 (including the Basic benefits) for Domestic Students and International Students and their Dependents. Benefits will be paid up to Maximum Benefit for each service as scheduled below. **The student must use the services of the Student Health Center (SHC) first where treatment will be administered, or referral issued. Expenses incurred for medical treatment rendered outside of the SHC for which no prior approval or referral is obtained are excluded from coverage.** SHC referral for outside care is not necessary under certain conditions such as medical emergency. Please refer to page 7 of brochure for those conditions. Covered Medical Expenses include:

INPATIENT	
Room and Board , daily semi-private room rate; and general nursing care provided by the Hospital	Semi-Private Room Rate
Hospital Miscellaneous Expenses , 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	Reasonable & Customary (R&C) Charges
Intensive Care	R&C Charges
Physiotherapy	R&C Charges
Surgeon's Fee , 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	R&C Charges
Anesthetist	25% of Surgery Allowance
Registered Nurse , private duty nursing care	R&C Charges
Physician's Visits , benefits are limited to one (1) visit per day and do not apply when related to surgery	R&C Charges up to \$75 per day
Pre-Admission Testing , payable within three (3) working days prior to admission	R&C Charges
Treatment of Biologically-based Mental Illness	Paid as any other Sickness
Treatment of Mental or Nervous Disorders	No Benefits
OUTPATIENT	
Surgeon's Fees , 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 R&C Charges
Day Surgery Miscellaneous , related to major scheduled surgery performed in the operating room; 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 Index	80% of R&C Charges
Anesthetist	25% of Surgery Allowance
Physician's Visits , 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	R&C Charges up to \$75 per day beginning with 2 nd visit
Physiotherapy , benefits are limited to one (1) visit per day. Benefits reduced to 50% up to \$1,000 maximum when treatment is rendered without a referral	R&C Charges up to \$75 per day beginning with 2 nd visit, \$1,000 Policy Year Maximum
Medical Emergency Expenses , 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 R&C Charges
Diagnostic X-Ray	80% of R&C Charges
Laboratory Services	80% of R&C Charges
Chemotherapy and Radiation Therapy	80% of R&C Charges
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's visit, Physiotherapy, X-rays and lab procedures	80% of R&C Charges
Injections	80% of R&C Charges
Registered Nurse , private duty nursing care	80% of R&C Charges
Treatment of Biologically-based Mental Illness	80% of R&C Charges up to \$125 per day
Treatment of Mental or Nervous Disorders , including all related or ancillary charges incurred as a result of a Mental or Nervous Disorder. A referral by the counseling center is required. The following will be considered covered providers for Mental or Nervous Disorders: 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.	80% of R&C Charges up to \$125 per day, 12 days Policy Year Maximum
OTHER	
Ambulance Services	R&C Charges
Braces & Appliances , a written prescription must accompany the claims when submitted. Replacement braces and appliances are not covered	R&C Charges up to \$1,000 Policy Year Maximum
Consultant Physician Fees , when requested and approved by the attending Physician	R&C Charges
Dental Treatment , made necessary by Injury to Sound, Natural Teeth (only)	R&C Charges up to \$500 Policy Year Maximum
Alcoholism	Paid as any other Sickness
Drug Abuse	No Benefits
Intercollegiate, Intramural and Club Sports	R&C Charges up to \$2,000, then 80% of R&C Charges thereafter
Maternity , 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
Complications of Pregnancy	Paid as any other Sickness
Pap Smear , benefits will be provided for an annual Pap Smear or more frequently if recommended by a Physician	Paid as any other Sickness
Diabetes , 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
Prescription Drug Expense , including contraceptive drugs and devices, through Express Scripts.	\$10 generic/\$25 brand co-pay, up to a \$250 Policy Year Maximum for all conditions

OPTIONAL CATASTROPHIC BENEFIT

This optional benefit is subject to payment of an additional premium and begins payment after the Major Medical maximum of \$75,000 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 Major Medical Benefit is \$275,000 for Domestic and International Students. This optional benefit is not subject to any Pre-existing Condition limitations.