

**Medical Expense Schedule of Benefits for Graduate Students
Up to \$50,000 Maximum Benefit Paid as Specified Below (For Each Injury or Sickness)**

The Deductible is waived when treatment is rendered at or referred by the Student Health Center, or when covered Injury is treated within 48 hours after an accident. This Certificate provides benefits for 80% of the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$50,000 for Domestic Students and International Students and their Dependents for each Injury or Sickness. EXCEPTION: Room & Board/Hospital Miscellaneous will be paid at 100% up to \$950 Aggregate Maximum per day, which will be accepted as payment in full, when rendered at Hoboken University Hospital Hoboken, New Jersey. Benefits will be paid up to Maximum Benefit for each service as scheduled below. 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	Usual & Customary Charges
Intensive Care	Usual & Customary Charges
Physiotherapy	Usual & Customary 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	Usual & Customary Charges
Anesthetist	25% of Surgery Allowance
Registered Nurse , private duty nursing care	Usual & Customary Charges
Physician's Visits , benefits are limited to one (1) visit per day and do not apply when related to surgery	Usual & Customary Charges/\$75 per day
Pre-Admission Testing , payable within 3 working days prior to admission	Usual & Customary Charges
Psychotherapy	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 U&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. Usual and Customary charges for Day Surgery Miscellaneous are based on the outpatient Surgical Facility Charge Index	80% of U&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	U & C Charges/\$75 per day
Physiotherapy , benefits are limited to one (1) visit per day. Benefits reduced to 50% up to \$500 maximum when treatment is rendered without a referral	U & C Charges/\$500 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 U&C Charges
Diagnostic X-Ray	80% of U&C Charges
Laboratory Services	80% of U&C Charges
Radiation Therapy	80% of U&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 U&C Charges
Injections	80% of U&C Charges
Chemotherapy	No Benefit
Registered Nurse , private duty nursing care	80% of U&C Charges
Psychotherapy , including all related or ancillary charges incurred as a result of a Mental or Nervous Disorder. 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	\$75 per day/12 days Maximum
OTHER	
Ambulance Services	Usual & Customary Charges
Braces & Appliances , a written prescription must accompany the claims when submitted. Replacement braces and appliances are not covered	Usual & Customary Charges/\$5,000 Maximum
Consultant Physician Fees , when requested and approved by the attending physician	Usual & Customary Charges
Dental Treatment , made necessary by injury to Sound, Natural Teeth (only)	Usual & Customary Charges/\$500 Maximum
Alcoholism	See Treatment of Alcoholism
Drug Abuse	No Benefit
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

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.