

Medical Expense Schedule of Benefits – Up to \$500,000 Maximum Benefit Paid as Specified Below per Policy Year

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 per Policy Year. 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 \$500,000 (including the Basic benefits) for Domestic Students and International Students and their Dependents. **The student must use the services of the Student Health Center (SHC) first where treatment will be administered, or referral issued.** Expenses incurred for treatment rendered outside of the SHC for which no prior referral is obtained will be paid at 70%. 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.	R&C Charges
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 Fair Health, 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
Assistant Surgeon	R&C Charges
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
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	Paid as any other Sickness
Treatment of Alcoholism or Drug Abuse	Paid as any other Sickness
OUTPATIENT	
Surgeon's Fees , in accordance with data provided by Fair Health, 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
Assistant Surgeon	R&C Charges
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.	80% of R&C Charges
Physiotherapy , benefits are limited to one (1) visit per day. Benefits reduced to 50% when treatment is rendered without a referral.	80% of R&C Charges
Preventive/Wellness and Immunizations	R&C Charges
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	Paid as any other Sickness
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; 12 visits per Policy Year Maximum
Treatment of Alcoholism or Drug Abuse	Paid as any other Sickness
OTHER	
Ambulance Services	80% of R&C Charges
Braces & Appliances , a written prescription must accompany the claims when submitted.	80% of R&C Charges
Consultant Physician Fees , when requested and approved by the attending Physician.	80% of R&C Charges
Dental Treatment , made necessary by Injury to Sound, Natural Teeth (only).	80% of R&C Charges up to \$500 Policy Year Maximum
Intercollegiate, Intramural and Club Sports	Paid as any other Injury
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
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; Co-pays do not apply to generic contraceptives.
Medical Evacuation	\$10,000 Policy Year Maximum
Repatriation of Remains	\$7,500 Policy Year Maximum