SCHEDULE OF BENEFITS

The Policy provides different levels of benefits and copayments depending on where the Covered Person chooses to receive care or whether or not he or she uses the services of a Participating Provider. A Covered Person is free, however, to use the provider of his or her choice. The following benefits are available, per Covered Person, up to the amounts shown.

POLICY BENEFITS – PER COVERED STUDENT	
Policy Year Maximum Benefit	$250,000
Lifetime Maximum Benefit per Covered Injury or Covered Sickness	$250,000
Annual Deductible- Applies to all Covered Benefits except to Prescription Drugs and Medical Treatment received at Student Health Centers	$100
Policy Out-of-Pocket Expense Maximum	$6,000
Pre-Existing Condition Benefit – First six months of continuous coverage	$2,500

COPAYMENTS	In-Network	Out-of-Network
Student Health Center	**$0**	**-**
Office Visit	**$20**	**$35**
Hospital	**$50**	**$70**
Hospital Emergency Room	**$100**	**$200**

COINSURANCE	
In-Network Provider	80% of Allowed Charge
Out-of-Network Providers	60% of Reasonable and Customary Expenses

When a Covered Person has satisfied the Policy Out-of-Pocket Expense Maximum during the policy year, all levels of Coinsurance will increase to 100% for any additional Covered Expenses incurred during the remainder of the policy year, and Copayment charges will no longer apply except as pertains to covered prescription drugs. Benefits will be paid at this level unless stated otherwise in the Covered Expense section or in the Exceptions and Exclusions section. In addition, any benefit maximums will still apply and the Covered Person will not be reimbursed for any Copayments.

Satisfaction of the Policy Out-of-Pocket amount will not apply to outpatient prescription drugs expenses. Copay and coinsurance will continue to apply to the prescriptions drugs outpatient benefit.

SCHEDULE OF BENEFITS (CONTINUED...)

PRESCRIPTION DRUG BENEFITS	
Dispensed by a Student Health Center	100% of each 30 day supply
Dispensed by a Participating Network Pharmacy	50% of each 30 day supply
Prescription Contraceptives	Oral birth control covered at 100% at a retail participating network pharmacy.
	Select non-oral birth control covered at 50% at a retail participating network pharmacy.
Dispensed while Inpatient at a Hospital	80%
Prescription Drug Benefit Maximum	$2,500
With respect to outpatient prescriptions, the Policy will pay the stated percentage for each 30 day supply, until the stated Prescription Drug Benefit Maximum has been met.	

Payments toward the Prescription Drug Out-of-Pocket Expense Maximum will not count toward satisfying the Policy Out-of-Pocket Expense Maximum.

Don't forget to bring your ID card when you visit the doctor or the pharmacy!

SCHEDULE OF BENEFITS (CONTINUED...)

COVERED BENEFITS	In-Network	Out-of-Network
Hospital Room and Board at Semi-Private Room Rate	80%	60%
Intensive Care Unit (Average Charge)	80%	60%
Urgent Care	80%	60%
Outpatient Medical Care and Supplies	80%	60%
Pregnancy Benefits	80%	60%
Laboratory, X-Ray, and Diagnostic Examinations	80%	60%
Professional Ground Ambulance for Emergency Services	80%	80%
Professional Air Ambulance For Emergency Services	80%, up to a maximum of $10,000 per incident	60%, up to a maximum of $10,000 per policy year
Infusion Therapy Benefit	80%, up to a maximum of $10,000 per policy year	60%, up to a maximum of $10,000 per policy year
Renal Dialysis/Hemodialysis Benefit	80%, up to a maximum of $10,000 per policy year	60%, up to a maximum of $10,000 per policy year
Medical Treatment of a Mental Condition	Inpatient – Aggregate maximum of 30 days per policy year Outpatient – Aggregate maximum of 30 visits per policy year	
Medical Treatment of Alcoholism or Drug Dependency	Inpatient – Aggregate maximum of 30 days per policy year Outpatient – Aggregate maximum of 30 visits per policy year	
Wellness Benefit (Not subject to Copay or Deductible)	Covered up to $250	
Tuberculosis Testing Benefit	Included in the Wellness Benefit	
Immunization Benefit	Included in the Wellness Benefit	
Physiotherapy Benefit	Up to 20 visits per policy year A Copayment applies for each visit	
Acupuncture and Chiropractic Benefit	Up to $50 per visit after satisfaction of Copayment Maximum Benefit of $500 per policy year	
Intramural/Recreational/Club Sports Benefit	80%	60%
Intercollegiate Sports Benefit	Not covered	
Aeronautics Benefit	Not covered	
Self-Inflicted Injury Benefit	$10,000 per policy year	
Elective Abortion	$1,000 per policy year	
Dental Injury Benefit	Up to $2,500 per policy year	
Palliative Treatment of Dental Pain Benefit	Not covered	
Continuation Benefit	Available up to a maximum of 13 weeks or up to a Maximum Benefit of $10,000, whichever is reached first	
Medical Evacuation Benefit	Up to $50,000 of Reasonable Expenses	

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFITS

Applies only to Covered Students; terminates at age 65

Principal Sum: $10,000
Loss must occur within 90 days of the Covered Accident

INSURED STUDENT'S COVERED LOSS	AD&D BENEFIT
Life	**100% of the Principal Sum**
Quadriplegia (the total Paralysis* of both upper and lower limbs)	**100% of the Principal Sum**
Paraplegia (the total Paralysis* of both lower limbs)	**50% of the Principal Sum**
Hemiplegia (the total Paralysis* of upper and lower limbs on one side of the body)	**50% of the Principal Sum**
Two or more Members**	**100% of the Principal Sum**
One Member**	**50% of the Principal Sum**
Irrecoverable loss of sight of both eyes	**100% of the Principal Sum**
Irrecoverable loss of sight of one eye	**50% of the Principal Sum**
Irrecoverable loss of speech and hearing in both ears	**100% of the Principal Sum**
Irrecoverable loss of speech or hearing in both ears	**50% of the Principal Sum**
Thumb and index finger of same hand	**25% of the Principal Sum**

*__Paralysis__ means loss of use, without severance, of a limb. This loss must be determined by a Physician to be complete and not reversible.

**__Member__ means hand, foot, or eye (sight).