

**PART VI  
SCHEDULE OF BENEFITS  
MEDICAL EXPENSE BENEFITS**

**AICUM - ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF MA - STUDENT ATHLETE PLAN  
- INJURY ONLY  
2016-202708-68  
INJURY ONLY BENEFITS**

<b>Student Maximum Benefit</b>	<b>\$1,000 (For Each Injury)</b>
<b>Student Deductible</b>	<b>\$50 (Per Insured Person, Per Policy Year)</b>
<b>Coinsurance</b>	<b>90% except as noted below</b>

This policy provides benefits for Injury sustained by an Insured Person while: 1) actually engaged, as an official representative of the Policyholder, in the play or practice of an intercollegiate sport under the direct supervision of a regularly employed coach or trainer of the Policyholder; or 2) actually being transported as a member of a group under the direct supervision of a duly delegated representative of the Policyholder for the purpose of participating in the play or practice of a scheduled intercollegiate sport.

The benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto. Benefits are subject to the policy Maximum Benefit unless otherwise specifically stated. Benefits will be paid up to the maximum benefit for each service as scheduled below.

**Inpatient**

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<b>Room &amp; Board:</b>	Usual and Customary Charges
<b>Intensive Care:</b>	Usual and Customary Charges
<b>Hospital Miscellaneous:</b>	Usual and Customary Charges
<b>Physiotherapy:</b>	Usual and Customary Charges
<b>Surgery:</b>	Usual and Customary Charges
<i>(Specified Surgery based on data provided by FAIR Health, Inc.)</i>	
<b>Assistant Surgeon:</b>	Usual and Customary Charges
<b>Anesthetist:</b>	Usual and Customary Charges
<b>Registered Nurse:</b>	Usual and Customary Charges
<b>Physician's Visits:</b>	Usual and Customary Charges
<b>Pre-admission Testing:</b>	Usual and Customary Charges

**Outpatient**

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<b>Surgery:</b>	Usual and Customary Charges
<i>(Specified Surgery based on data provided by FAIR Health, Inc.)</i>	
<b>Day Surgery Miscellaneous:</b>	Usual and Customary Charges
<i>(Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.)</i>	
<b>Assistant Surgeon:</b>	Usual and Customary Charges
<b>Anesthetist:</b>	Usual and Customary Charges
<b>Physician's Visits:</b>	100% of Usual and Customary Charges
	\$30 Deductible per visit
<i>(Deductible per visit is in lieu of the Policy deductible) (The limitation for Surgery will be waived for in office procedures.)</i>	
<b>Physiotherapy:</b>	Usual and Customary Charges
<b>Medical Emergency:</b>	Usual and Customary Charges
	\$150 Deductible per visit
<i>(The Deductible is in addition to Policy Deductible) (The Deductible per visit will be waived if admitted to the Hospital.)</i>	
<b>X-rays:</b>	Usual and Customary Charges
<b>Laboratory:</b>	Usual and Customary Charges
<b>Tests &amp; Procedures:</b>	Usual and Customary Charges
<b>Injections:</b>	Usual and Customary Charges
<b>Prescription Drugs:</b>	No Benefits

**SCHEDULE OF BENEFITS (Continued)**

**MEDICAL EXPENSE BENEFITS**

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**Other**

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<b>Ambulance:</b>	80% of Usual and Customary Charges
<b>Durable Medical Equipment:</b> <i>(See also Benefits for Prosthetic Devices and Repair)</i>	Usual and Customary Charges
<b>Consultant:</b>	100% of Usual and Customary Charges \$30 Deductible per visit
<i>(Deductible per visit is in lieu of the Policy deductible)</i>	
<b>Dental:</b> <i>(\$500 maximum (Per Policy Year)) (Benefits paid on Injury to Sound, Natural Teeth only.)</i>	Usual and Customary Charges
<b>Repatriation:</b>	No Benefits
<b>Medical Evacuation:</b>	No Benefits
<b>AD&amp;D:</b>	No Benefits
<b>Urgent Care Center:</b>	Usual and Customary Charges \$50 Deductible per visit
<i>(Deductible per visit is in lieu of the Policy deductible)</i>	

**MAJOR MEDICAL**

**Maximum Benefit                  No Benefits**

**CATASTROPHIC MEDICAL**

**Maximum Benefit                  No Benefits**

**SHC Referral Required:** Yes ( ) No (X)

**Conversion Permitted:** Yes ( ) No (X)

( ) 52 Week Benefit Period or (X) Extension of Benefits

**Pre Admission Notification:** Yes ( ) No (X)

**Other Insurance:** ( ) Excess Insurance ( ) Excess Motor Vehicle (X) Primary Insurance

\*If benefit is designated, see endorsement attached.