

PART V
SCHEDULE OF BENEFITS
MEDICAL EXPENSE BENEFITS-INJURY
UNIVERSITY OF CHICAGO - IC SPORTS
2016-451-8
INJURY ONLY BENEFITS

Maximum Benefit	\$90,000 (For each Injury)
Deductible	\$25,000 (For each Injury)
Coinsurance	100% except as noted below

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 will be paid up to the Maximum Benefit for each service as scheduled below.

NOTE: No benefits will be paid for services designated as "No Benefits" in the Schedule.

Inpatient

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

Outpatient

Surgery: <i>(Specified surgery based on data provided by FAIR Health, Inc.)</i>	Usual and Customary Charges
Day Surgery Miscellaneous: <i>(Usual and Customary Charges for Day Surgery Miscellaneous benefits are based on the Outpatient Surgical Facility Charge Index.)</i>	Usual and Customary Charges
Assistant Surgeon:	Usual and Customary Charges
Anesthetist:	Usual and Customary Charges
Physician's Visits:	Usual and Customary Charges
Physiotherapy: <i>(Review of Medical Necessity will be performed after 12 visits per Injury.)</i>	Usual and Customary Charges
Medical Emergency:	Usual and Customary Charges
X-rays:	Usual and Customary Charges
Laboratory:	Usual and Customary Charges
Tests & Procedures:	Usual and Customary Charges
Injections:	Usual and Customary Charges
Prescription Drugs:	Usual and Customary Charges

Other

Ambulance:	Usual and Customary Charges
Durable Medical Equipment:	Usual and Customary Charges
Consultant:	Usual and Customary Charges
Dental: <i>(Benefits paid on Injury to Sound, Natural Teeth only.)</i>	Usual and Customary Charges
Repatriation:	Benefits provided by UnitedHealthcare Global
Medical Evacuation:	Benefits provided by UnitedHealthcare Global
*AD&D:	\$5,000 - \$10,000 maximum

SCHEDULE OF BENEFITS (Continued)
MEDICAL EXPENSE BENEFITS-INJURY
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2016-451-8
INJURY ONLY BENEFITS

MAJOR MEDICAL

Maximum Benefit **No Benefits**

CATASTROPHIC MEDICAL

Maximum Benefit **No Benefits**

SHC Referral Required: Yes () No (X)

Conversion Permitted: Yes () No (X)

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

(X) **52 week Benefit Period** or () **Extension of Benefits**

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

*If benefit is designated, see endorsement attached.

**PART VII
EXCLUSIONS AND LIMITATIONS**

No benefits will be paid for: a) loss or expense caused by or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Biofeedback;
2. Chronic pain disorders;
3. Circumcision, except if medically necessary due to injury, illness, disease or functional congenital disorder;
4. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
5. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
6. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
7. Elective Surgery or Elective Treatment;
8. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems;
9. Foot care including: flat foot conditions, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
10. Health spa or similar facilities; strengthening programs;
11. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
12. Hypnosis;
13. Preventive medicines or vaccines, except where required for treatment of a covered Injury;
14. Injury caused by, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician; Intoxication is defined and determined by the laws of the state where the loss or cause of the loss was incurred.
15. Injury for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
16. Injury sustained while (a) participating in any professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
17. Investigational services;
18. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
19. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months; The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy;

EXCLUSIONS AND LIMITATIONS (Continued)

20. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - d) Anabolic steroids used for body building;
 - e) Growth hormones, except when a Medical Necessity; or
 - f) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
21. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;
22. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury;
23. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
24. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
25. Sleep disorders;
26. Speech therapy, except when a Medical Necessity due to Injury; naturopathic services;
27. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
28. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and
29. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).