

**PART V
SCHEDULE OF BENEFITS
MEDICAL EXPENSE BENEFITS-INJURY
OHIO NORTHERN UNIVERSITY - IC SPORTS ONLY
2013-1097-8
INTERCOLLEGIATE SPORTS ONLY BENEFITS**

Maximum Benefit	\$90,000 (For each Injury)
Deductible	\$2,000 (For each Injury)
Coinsurance	100% except as noted below

Pre-existing Condition Exclusion Exception: For the purpose of allowing credit for the waiting period for pre-existing conditions, coverage is considered continuous if the Insured's coverage expired no more than 63 days prior to the effective date of the Insured's coverage under this policy.

If the covered Athlete is insured under 2013-1097-1, the Deductible will be waived.

The Deductible may also be satisfied by other insurance coverage. The EOB from the covered Athlete's primary carrier must be provided.

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.

Inpatient

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

SCHEDULE OF BENEFITS (Continued)
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Other

Ambulance:	Usual and Customary Charges
Durable Medical Equipment:	Usual and Customary Charges
Consultant:	Usual and Customary Charges
Dental:	Usual and Customary Charges <i>(Benefits paid on Injury to Sound, Natural Teeth only.)</i>
*AD&D:	\$1,250 - \$5,000 maximum

MAJOR MEDICAL

Maximum Benefit

No Benefits

CATASTROPHIC MEDICAL

Maximum Benefit

No Benefits

SHC Referral Required: Yes () No (X)

Conversion Permitted: Yes () No (X)

(X) 104 Week Benefit Period or () Extension of Benefits

Pre Admission Notification: Yes () No (X)

Other Insurance: (X) *Excess Insurance () Excess Motor Vehicle () 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, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acupuncture;
2. Chronic pain disorders;
3. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
4. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
5. Elective Surgery or Elective Treatment;
6. 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; except when due to a disease process;
7. Health spa or similar facilities; strengthening programs;
8. 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;
9. Injury caused by, contributed to, 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;
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
11. Investigational services;
12. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
13. 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;
14. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical
 - b) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - c) Products used for cosmetic purposes;
 - d) Anabolic steroids used for body building;
 - e) Anorectics drugs used for the purpose of weight control;
 - f) Growth hormones; or
 - g) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;

15. 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; except for Covered Medical Expenses for Routine Patient Care administered in any stage of an Eligible Cancer Clinical Trial;
16. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury;
17. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
18. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline; or chartered aircraft only while participating in a school sponsored intercollegiate sport activity;
19. Sickness or Disease in any form;
20. Supplies, except as specifically provided in the policy;
21. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and
22. 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).