

**PART V**  
**SCHEDULE OF BENEFITS**  
**MEDICAL EXPENSE BENEFITS-INJURY**  
**UNIV. OF ILLINOIS - URBANA/CHAMPAIGN - INTERCOLLEGIATE SPORTS PLAN**  
**2013-1351-8**  
**INJURY ONLY BENEFITS**

<b>Maximum Benefit</b>	<b>\$90,000 (For Each Injury)</b>
<b>Outpatient Deductible</b>	<b>\$150 (Per Insured Person) (Per Policy Year)</b>
<b>Coinsurance</b>	<b>80% 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 will be paid up to the Maximum Benefit for each service as schedule below.

**Inpatient**

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<b>Room &amp; Board/Hospital Miscellaneous:</b>	\$100 Deductible
<i>(After satisfying a \$100 Deductible and paying the first \$10,000 at 80% the balance of Room &amp; Board charges and other hospital expense incurred, including Intensive Care will be paid at 100%.)</i>	
<b>Intensive Care:</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>	No Benefits
<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>	Usual and Customary Charges
<b>Physiotherapy:</b>	Usual and Customary Charges
<b>Medical Emergency:</b>	Usual and Customary Charges
	\$50 Deductible per visit
<i>(\$50 Deducible per Emergency Room visit is in addition to the Policy Outpatient Deductible.)</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

**Other**

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<b>Ambulance:</b> <i>(Includes benefits for air ambulance.)</i>	Usual and Customary Charges
<b>Durable Medical Equipment:</b>	Usual and Customary Charges
<b>Consultant:</b>	Usual and Customary Charges
<b>Dental:</b> <i>(Benefits paid on Injury to Sound, Natural Teeth only.)</i>	Usual and Customary Charges
<b>*AD&amp;D:</b>	\$2,500 - \$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)

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

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

**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. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
2. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
3. Elective Surgery or Elective Treatment;
4. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses;
5. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
6. Preventive medicines or vaccines, except where required for treatment of a covered Injury;
7. Injury caused by, or resulting from the use of intoxicants, 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;
8. Injury for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
9. Injury sustained while (a) participating in any interscholastic or professional sport, contest of 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.
10. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
11. Pre-existing Conditions as follows: in the event of a lapse in coverage or if coverage is waived and the individual purchase coverage under this policy during open enrollment, benefits will not be payable for Pre-existing Condition for 12 consecutive months from the Insured's Effective Date of the new coverage under this policy;
12. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia;
13. Sleep disorders;
14. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
15. Supplies, except as specifically provided in the policy;
16. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and
17. 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).

# **POLICY ENDORSEMENT**

**In consideration of the premium charged, it is hereby understood and agreed that the policy to which this endorsement is attached is amended as follows:**

## **EXCESS PROVISION**

No benefit of this policy is payable for any expense incurred for Injury or Sickness which is paid or payable by other valid and collectible insurance.

This Excess Provision will not be applied to the first \$100 of medical expenses incurred.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with policy provisions or requirements.

**This endorsement takes effect and expires concurrently with the policy to which it is attached, and is subject to all of the terms and conditions of the policy not inconsistent therewith.**

# POLICY ENDORSEMENT

In consideration of the premium charged, it is hereby understood and agreed that the policy to which this endorsement is attached is amended as follows:

## ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

### Loss of Life, Limb or Sight

If such Injury shall independent of disease or bodily infirmity and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below.

### For Loss Of:

Life	\$5,000
Two or More Members	\$5,000
One Member	\$2,500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

This endorsement takes effect and expires concurrently with the policy to which it is attached, and is subject to all of the terms and conditions of the policy not inconsistent therewith.