

PART V
SCHEDULE OF BENEFITS
MEDICAL EXPENSE BENEFITS - INJURY
REGIS COLLEGE - STUDENT PLAN
2013-1625-8
INJURY ONLY BENEFITS

Maximum Benefit	\$90,000 (Per Policy Year)
Deductible	\$250 (Per Policy Year)
Coinsurance	80% 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.

Copays are waived when service is rendered at the Student Health Center.

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:	Usual and Customary Charges \$150 Deductible per visit
<i>(Deductible is in addition to the Policy Deductible.)</i>	
Intensive Care:	Usual and Customary Charges
Hospital Miscellaneous:	Usual and Customary Charges
Physiotherapy:	Usual and Customary Charges
Surgery:	Usual and Customary Charges
Assistant Surgeon:	Usual and Customary Charges
Anesthetist:	Usual and Customary Charges
Registered Nurse's Services:	Usual and Customary Charges
Physician's Visits:	Usual and Customary Charges
Pre-admission Testing:	Usual and Customary Charges

Outpatient

Surgery:	Usual and Customary Charges
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 \$25 Deductible per visit
<i>(Deductible is in addition to the Policy Deductible.)</i>	
Physiotherapy:	Usual and Customary Charges
<i>(Outpatient Physiotherapy benefits are payable only for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation.)</i>	
Medical Emergency:	Usual and Customary Charges \$200 Deductible per visit
<i>(Deductible will be waived with Hospital admission)</i>	
Diagnostic X-rays:	Usual and Customary Charges \$25 Deductible per visit
<i>(Deductible is in addition to the Policy Deductible.)</i>	
Laboratory:	100% of Usual and Customary Charges \$25 Deductible per visit
<i>(Deductible is in lieu of the Policy Deductible.)</i>	
Tests & Procedures:	Usual and Customary Charges
Injections:	Usual and Customary Charges
Prescription Drugs:	No Benefits

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Other

Ambulance:	Usual and Customary Charges
Durable Medical Equipment: <i>(\$1,000 maximum (Per Policy Year)) (See also Benefits for Prosthetic Devices and Repair)</i>	Usual and Customary Charges
Consultant:	Usual and Customary Charges
Dental: <i>(\$500 maximum (Per Policy Year)) (Benefits paid on Injury to Sound, Natural Teeth only.)</i>	Usual and Customary Charges
Home Health Care:	See Benefits for Home Health Care

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MAJOR MEDICAL

Maximum Benefit

No Benefits

CATASTROPHIC MEDICAL

Maximum Benefit

No Benefits

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

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

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

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

*If benefit is designated, see endorsement attached.

**PART VIII
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. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
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. Cysts, blisters, or boils;
5. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
6. Elective Surgery or Elective Treatment;
7. 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;
8. Foot care including: flat foot conditions, supportive devices for the foot, 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;
9. 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;
10. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
11. Infections, except pyogenic infections caused wholly by a covered Injury;
12. Injury caused by, contributed to, or resulting from the use of 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;
13. Injury for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
14. Organ transplants, including organ donation;
15. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;

EXCLUSIONS AND LIMITATIONS (*Continued*)

16. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
17. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months; or under a previous qualifying health plan, provided such coverage was in force within 30 days prior to the Insured's Effective Date under this policy;
18. Prescription Drugs dispensed or purchased while not Hospital Confined, except when dispensed at the Student Health Center;
19. 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;
20. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury;
21. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
22. Sickness or disease in any form; overexertion; fainting; or hernia, regardless of how caused;
23. 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;
24. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
25. Supplies, except as specifically provided in the policy;
26. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and
27. 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 which is paid or payable by: 1) other valid and collectible insurance or, 2) under an automobile insurance policy.

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.