

**PART V  
SCHEDULE OF BENEFITS  
MEDICAL EXPENSE BENEFITS-INJURY  
HIGH POINT UNIVERSITY - INJURY ONLY – INTERCOLLEGIATE SPORTS  
2013-518-8  
INJURY ONLY BENEFITS**

<b>Maximum Benefit</b>	<b>\$2,000 (Per Insured Person) (Per Policy Year)</b>
<b>Deductible</b>	<b>\$0</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.

**Student Health Center Benefits:** All services provided at the SHC are covered at 100% and are not subject to the policy exclusions.

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**

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<b>Room &amp; Board:</b>	Usual and Customary Charges \$250 Deductible per admission
<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>	100% of 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 \$20 Deductible per visit
<b>Physiotherapy:</b>	Usual and Customary Charges <i>(Review of Medical Necessity will be performed after 12 visits for each Injury)</i>
<b>Medical Emergency:</b>	Usual and Customary Charges
<b>X-rays:</b>	Usual and Customary Charges

**SCHEDULE OF BENEFITS (CONTINUED)**  
**MEDICAL EXPENSE BENEFITS-INJURY**  
**HIGH POINT UNIVERSITY - INJURY ONLY – INTERCOLLEGIATE SPORTS**  
**2013-518-8**  
**INJURY ONLY BENEFITS**

**Outpatient**

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<b>Laboratory:</b>	100% of Usual and Customary Charges
<b>Tests &amp; Procedures:</b>	Usual and Customary Charges
<b>Injections:</b>	Usual and Customary Charges
<b>Prescription Drugs:</b>	\$15 Deductible per prescription for generic drugs \$25 Deductible per prescription for brand name up to a 31-day supply per prescription

**Other**

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<b>Ambulance:</b>	Usual and Customary Charges
<b>Durable Medical Equipment:</b> <i>(\$1,000 maximum (Per Policy Year))</i>	Usual and Customary Charges
<b>Consultant:</b>	Usual and Customary Charges \$35 Deductible per visit
<b>Dental:</b> <i>(\$1,000 maximum (Per Policy Year)) (Benefits paid on Injury to Sound, Natural Teeth only.)</i>	Usual and Customary Charges

**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) **Primary Insurance** ( ) **Excess Motor Vehicle**

\*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. Acne; acupuncture; allergy, including allergy testing;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation;
4. Biofeedback;
5. Chemotherapy; Radiation Therapy;
6. Alcoholism and Drug Abuse;
7. Circumcision;
8. Congenital conditions, except as specifically provided for a Newborn Infant or Adopted or Foster Child;
9. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for a Newborn Infant or Adopted or Foster Child; removal of warts, non-malignant moles and lesions;
10. 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;
11. Dental treatment, except for accidental Injury to Sound, Natural Teeth as specifically provided in the Schedule of Benefits;
12. Elective Surgery or Elective Treatment;
13. Elective abortion;
14. 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;
15. Foot care including: flat foot conditions, supportive devices for 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;
16. Health spa or similar facilities; strengthening programs;
17. Hearing examinations, except as specifically provided in the Benefits for Newborn Hearing Screening 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;
18. Hirsutism; alopecia;
19. Hypnosis;

## EXCLUSIONS AND LIMITATIONS *(Continued)*

20. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
21. Injury caused by, contributed to, or resulting from the 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;
22. Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act;
23. Injury sustained while (a) participating in any intercollegiate, or 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, in excess of \$2,000;
24. Investigational services;
25. Lipectomy;
26. Organ transplants, including organ donation;
27. Psychotherapy;
28. Voluntary participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
29. 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, except as specifically provided in the Benefits for Diabetes;
  - b. Immunization agents, except as specifically provided in the policy, 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, except for drugs for the treatment of cancer that have not been approved by the Federal Food and Drug Administration, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following established reference compendia: (1) The U.S. Pharmacopeia Drug Information Guide for the Health Care Professional (USP DI); (2) The American Medical Association's Drug Evaluations (AMA DE); or (3) The American Society of Hospital Pharmacist's American Hospital Formulary Service Drug Information (AHFS-DI);
  - d. Products used for cosmetic purposes;
  - e. Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - f. Anorectics - drugs used for the purpose of weight control;
  - g. Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - h. Growth hormones, except for a Newborn Infant, Adopted or Foster Child who requires growth hormones for the treatment of congenital condition;
  - i. Drugs used for tobacco cessation, except as specifically provided in the policy; or
  - j. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
30. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;

## **EXCLUSIONS AND LIMITATIONS (Continued)**

31. 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;
32. Routine Newborn Infant Care, well-baby nursery and related Physician charges;
33. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury;
34. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
35. Sickness or disease in any form;
36. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
37. 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;
38. Sleep disorders;
39. Speech therapy; naturopathic services;
40. Supplies, except as specifically provided in the policy;
41. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
42. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all-terrain vehicle (ATV); jet ski; ski cycle; or snowmobile;
43. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
44. 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); and
45. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.