

PART V
SCHEDULE OF BENEFITS
MEDICAL EXPENSE BENEFITS - INJURY
UNIV. OF ILLINOIS - URBANA/CHAMPAIGN - INTERCOLLEGIATE SPORTS PLAN
2014-1351-8
INJURY ONLY BENEFITS

**PLEASE NOTE:
THIS DOCUMENT HAS BEEN
CHANGED. SEE THE BACK
COVER FOR DETAILS**

| | |
|------------------------------|---|
| Maximum Benefit | \$90,000 (For Each Injury) |
| Outpatient Deductible | \$150 (Per Insured Person) (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. 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

| | |
|---|-----------------------------|
| Room & Board/Hospital Miscellaneous: | \$100 Deductible |
| <i>(After satisfying a \$100 Deductible and paying the first \$10,000 at 80% the balance of Room & Board charges and other hospital expense incurred, including intensive care will be paid at 100%.)</i> | |
| Intensive Care: | 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: | No Benefits |
| 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 |
| Medical Emergency: | Usual and Customary Charges |
| \$50 Deductible per visit | |
| <i>(\$50 Deducible per Emergency Room visit is in addition to the Policy Outpatient Deductible.)</i> | |
| X-rays: | Usual and Customary Charges |
| Laboratory: | Usual and Customary Charges |
| Tests & Procedures: | Usual and Customary Charges |
| Injections: | Usual and Customary Charges |
| Prescription Drugs: | No Benefits |

SCHEDULE OF BENEFITS (CONTINUED)
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Other

| | |
|--|-----------------------------|
| Ambulance: <i>(Includes benefits for air ambulance.)</i> | 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 |
| *AD&D: | \$2,500 - \$5,000 maximum |
| Hospital Outpatient Facility or Clinic: | 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) ***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 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;
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 NUMBER: 2014-1351-8

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC#1 (4/23/15)

- Changed Outpatient Deductible from \$150 (For each Injury) to \$150 (Per Insured Person) (Per Policy Year).
- Changed Registered Nurse from paying Usual and Customary Charges to No Benefits.
- Removed the following parenthetical from Inpatient Physician's Visits: (The Physician's Visits will pay for a specialist visit on the same day as a Physician's visit with a referral from the Physician.) (Physician's Visits while confined in an Intensive Care unit will be paid at 50% of Usual and Customary Charges.)
- Removed the following parenthetical from the Outpatient Physician's Visits: (The Physician's Visits benefit will pay for a specialist visit on the same day as a Physician visit with a referral from the Physician.)
- Added benefit: Hospital Outpatient Facility or Clinic: Usual and Customary