

PART V
SCHEDULE OF BENEFITS
MEDICAL EXPENSE BENEFITS-INJURY
HIGH POINT UNIVERSITY - INJURY ONLY – INTERCOLLEGIATE SPORTS
2014-518-8
INJURY ONLY BENEFITS

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

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

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

SCHEDULE OF BENEFITS (CONTINUED)
MEDICAL EXPENSE BENEFITS-INJURY
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INJURY ONLY BENEFITS

Outpatient

Laboratory:	100% of Usual and Customary Charges
Tests & Procedures:	Usual and Customary Charges
Injections:	Usual and Customary Charges
Prescription Drugs:	No Benefits

Other

Ambulance:	Usual and Customary Charges
Durable Medical Equipment: <i>(\$1,000 maximum (Per Policy Year))</i>	Usual and Customary Charges
Consultant:	Usual and Customary Charges \$35 Deductible per visit
Dental:	Usual and Customary Charges

(\$1,000 maximum (Per Policy Year)) (Benefits paid on Injury to Sound, Natural Teeth only.)

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 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. Biofeedback;
3. Circumcision;
4. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
5. 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;
6. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
7. Elective Surgery or Elective Treatment;
8. 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;
9. 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;
10. Health spa or similar facilities; strengthening programs;
11. 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;
12. Hypnosis;
13. Preventive medicines or vaccines, except where required for treatment of a covered Injury;
14. 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.
15. Injury outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs business or pleasure;
16. Injury sustained while (a) participating in any interscholastic, high school, intramural, club 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;
17. Investigational services;
18. Voluntary participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;

EXCLUSIONS AND LIMITATIONS *(Continued)*

19. Prescription Drugs dispensed or purchased while not Hospital Confined; except when dispensed at the Student Health Center;
20. 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;
21. Screening exams or testing in the absence of Injury;
22. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
23. Sickness or disease in any form; over-exertion; fainting; or hernia, regardless of how caused;
24. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
25. 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;
26. Sleep disorders;
27. Speech therapy; naturopathic services;
28. Supplies, except as specifically provided in the policy;
29. 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;
30. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and
31. 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).