

PART VI
SCHEDULE OF BENEFITS
MEDICAL EXPENSE BENEFITS
AICUM - ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF MA - ICS PLAN
2015-202708-68
INJURY ONLY BENEFITS

Student Maximum Benefit	\$1,000 (For Each Injury)
Student Deductible	\$50 (Per Insured Person, Per Policy Year)
Coinsurance	90% 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 are subject to the policy Maximum Benefit unless otherwise specifically stated. Benefits will be paid up to the maximum benefit for each service as scheduled below.

Inpatient

Room & Board:	Usual and Customary Charges
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:	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
	\$25 Deductible per visit
<i>(Deductible per visit is in lieu of the Policy deductible) (The limitation for Surgery will be waived for in office procedures.)</i>	
Physiotherapy:	Usual and Customary Charges
Medical Emergency:	Usual and Customary Charges
	\$100 Deductible per visit
<i>(The Deductible is in addition to Policy Deductible) (The Deductible per visit will be waived if admitted to the Hospital.)</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:	80% of Usual and Customary Charges
Durable Medical Equipment: <i>(See also Benefits for Prosthetic Devices and Repair)</i>	Usual and Customary Charges
Consultant:	100% of Usual and Customary Charges \$25 Deductible per visit
<i>(Deductible per visit is in lieu of the Policy deductible)</i>	
Dental: <i>(\$500 maximum (Per Policy Year)) (Benefits paid on Injury to Sound, Natural Teeth only.)</i>	Usual and Customary Charges
Repatriation:	No Benefits
Medical Evacuation:	No Benefits
AD&D:	No Benefits
Urgent Care Center:	Usual and Customary Charges \$50 Deductible per visit
<i>(Deductible per visit is in lieu of the Policy deductible)</i>	

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

*If benefit is designated, see endorsement attached.

PART IX
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. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
4. 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;
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. Health spa or similar facilities; strengthening programs;
9. Hearing examinations, 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. Hypnosis;
11. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
12. Injury for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
13. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
14. Prescription Drugs, services or supplies as follows:
 - a. Therapeutic devices or appliances, including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy;
 - b. Immunization agents, 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;
 - d. Products used for cosmetic purposes;
 - e. Anabolic steroids used for body building;
 - f. Anorectics - drugs used for the purpose of weight control;
 - g. Growth hormones; or
 - h. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
15. 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;

EXCLUSIONS AND LIMITATIONS *(Continued)*

16. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury;
17. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
18. Sickness or disease in any form; overexertion; fainting; or hernia, regardless of how caused;
19. 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;
20. 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;
21. Supplies, except as specifically provided in the policy;
22. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and
23. 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).