

**PART V**  
**SCHEDULE OF BENEFITS**  
**MEDICAL EXPENSE BENEFITS-INJURY**  
**MINNESOTA STATE COLLEGES & UNIVERSITIES - ICS SPORTS PLAN**  
**2015-1757-48**  
**INJURY ONLY BENEFITS**

<b>Maximum Benefit</b>	<b>\$5,000 (For Each Injury)</b>
<b>Deductible Preferred Providers</b>	<b>\$0 (Per Insured Person, Per Policy Year)</b>
<b>Deductible Out-of-Network</b>	<b>\$250 (Per Insured Person, Per Policy Year)</b>
<b>Coinsurance Preferred Providers</b>	<b>100% except as noted below</b>
<b>Coinsurance Out-of-Network</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.

The Preferred Provider for this plan is Multiplan and Boynton Health Services.

If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced, or lower benefits will be provided when an Out-of-Network provider is used.

Boynton Health Services, located on the University of Minnesota Twin Cities Campus, can be utilized as a medical provider under this policy. Benefits for Covered Medical Expenses are covered at 100% after a \$10 co-payment. Prescriptions are paid according to the Policy as any other provider.

Note: Regarding exclusion #23 (for Pre-existing Conditions, credit will be given for the time the Insured Person was covered under a previous Employer Sponsored Group, Government or Student Plan, if the plan was continuous to a date not more than 60 days prior to the Insured's Effective Date under this policy.

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.

<b>Inpatient</b>	<b>Preferred Provider</b>	<b>Out-of-Network Provider</b>
<b>Room &amp; Board:</b>	Preferred Allowance	Usual and Customary Charges
<b>Intensive Care:</b>	Preferred Allowance	Usual and Customary Charges
<b>Hospital Miscellaneous:</b>	Preferred Allowance	Usual and Customary Charges
<b>Physiotherapy:</b>	Preferred Allowance	Usual and Customary Charges
<b>Surgery:</b> <i>(Specified Surgery based on data provided by FAIR Health, Inc.)</i>	Preferred Allowance	Usual and Customary Charges
<b>Assistant Surgeon:</b>	No Benefits	No Benefits
<b>Anesthetist:</b>	25% of Surgery Allowance	25% of Surgery Allowance
<b>Registered Nurse's Services:</b>	No Benefits	No Benefits
<b>Physician's Visits:</b> <i>(Benefits will be provided for Inpatient Physician's Visits on the same day as Surgery.)</i>	Preferred Allowance	Usual and Customary Charges
<b>Pre-admission Testing:</b>	Preferred Allowance	Usual and Customary Charges

**SCHEDULE OF BENEFITS (CONTINUED)**  
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**2015-1757-48**  
**INJURY ONLY BENEFITS**

<b>Outpatient</b>	<b>Preferred Provider</b>	<b>Out-of-Network Provider</b>
<b>Surgery:</b> <i>(Specified Surgery based on data provided by FAIR Health, Inc.)</i>	Preferred Allowance	Usual and Customary Charges
<b>Day Surgery Miscellaneous:</b> <i>(Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.)</i>	Preferred Allowance	Usual and Customary Charges
<b>Assistant Surgeon:</b>	No Benefits	No Benefits
<b>Anesthetist:</b>	25% of Surgery Allowance	25% of Surgery Allowance
<b>Physician's Visits:</b> <i>(Benefits will be provided for Outpatient Physician's Visit on the same day as Surgery.)</i>	Preferred Allowance	Usual and Customary Charges
<b>Physiotherapy:</b> <i>(Outpatient Physiotherapy benefits are payable only with a referral from your Student Health Service or 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.)(Review of Medical Necessity will be performed after 12 visits per Injury)</i>	Preferred Allowance	Usual and Customary Charges
<b>Medical Emergency:</b>	Preferred Allowance	Usual and Customary Charges
<b>X-rays:</b>	Preferred Allowance	Usual and Customary Charges
<b>Laboratory:</b>	Preferred Allowance	Usual and Customary Charges
<b>Tests &amp; Procedures:</b>	Preferred Allowance	Usual and Customary Charges
<b>Injections:</b>	Preferred Allowance	Usual and Customary Charges
<b>Prescription Drugs:</b> <i>(Limited to a 30 day supply)</i>	90% of Usual and Customary Charges	90% of Usual and Customary Charges

<b>Other</b>	<b>Preferred Provider</b>	<b>Out-of-Network Provider</b>
<b>Ambulance:</b> <i>(Benefits are payable for ground transportation only.)</i>	Preferred Allowance	Usual and Customary Charges
<b>Durable Medical Equipment:</b>	No Benefits	No Benefits
<b>Consultant:</b>	Preferred Allowance	Usual and Customary Charges
<b>Dental:</b> <i>(\$250 maximum per tooth) (Benefits paid on Injury to Sound, Natural Teeth only.)</i>	Preferred Allowance	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) \*Coordination of Benefits (X) 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. Assistant Surgeon Fees;
3. Biofeedback;
4. Durable Medical Equipment
5. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
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. Hirsutism;
13. Preventive medicines or vaccines, except where required for treatment of a covered Injury;
14. Injury caused by, contributed to, or resulting from being under the influence of any narcotic unless on the advice of the Insured Person's Physician;
15. Injury for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
16. 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;
17. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any valid and collectible no-fault insurance;
18. 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;

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

19. Investigational services;
20. Lipectomy;
21. 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; or when referred by the Student Health Center;
22. Commission of or attempt to commit a felony;
23. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months;
24. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
  - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
  - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
  - c) Products used for cosmetic purposes;
  - d) Anabolic steroids used for body building;
  - e) Growth hormones; or
  - f) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
25. 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;
26. Routine physical examinations and routine testing; screening exams or testing in the absence of Injury;
27. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
28. Sickness or disease in any form; over-exertion; fainting; or hernia, regardless of how caused;
29. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; nasal and sinus surgery;
30. 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;
31. Sleep disorders;
32. Supplies, except as specifically provided in the policy;
33. Injury resulting from participating in organized racing or speed contests involving motorcycles or recreational vehicles including but not limiting to: two- or three-wheeled motor vehicles; four-wheeled all-terrain vehicles (ATV); jet skis; ski cycles; or snowmobiles; downhill skiing scuba diving; surfing; riding in a rodeo;
34. Treatment in a Government hospital, unless there is an obligation for the Insured Person to pay for such treatment; and
35. 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).