

PART V
SCHEDULE OF BENEFITS
MEDICAL EXPENSE BENEFITS-INJURY
JOHNSON & WALES UNIVERSITY - INTERCOLLEGIATE SPORTS PLAN - NC
2016-608-18
INJURY ONLY BENEFITS

Maximum Benefit	\$10,000 (For Each Injury)
Deductible	\$0
Coinsurance Preferred Providers	100% except as noted below
Coinsurance Out-of-Network	80% except as noted below

The Preferred Provider for this plan is MultiPlan.

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.

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 lay or practice of a scheduled intercollegiate sport.

All benefit maximums are combined Preferred Provider and Out-of-Network, unless noted below. 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	Preferred Provider	Out-of-Network Provider
Room & Board:	Preferred Allowance	Usual and Customary Charges
Intensive Care:	Preferred Allowance	Usual and Customary Charges
Hospital Miscellaneous:	Preferred Allowance	Usual and Customary Charges
Physiotherapy:	Preferred Allowance	Usual and Customary Charges
Surgery:	Preferred Allowance	Usual and Customary Charges
<i>(Specified surgery based on data provided by FAIR Health, Inc.)</i>		
Assistant Surgeon:	Preferred Allowance	Usual and Customary Charges
Anesthetist:	Preferred Allowance	Usual and Customary Charges
Registered Nurse's Services:	Preferred Allowance	Usual and Customary Charges
Physician's Visits:	Preferred Allowance	Usual and Customary Charges
Pre-admission Testing:	Preferred Allowance	Usual and Customary Charges

Outpatient	Preferred Provider	Out-of-Network Provider
Surgery:	Preferred Allowance	Usual and Customary Charges
<i>(Specified surgery based on data provided by FAIR Health, Inc.)</i>		
Day Surgery Miscellaneous:	Preferred Allowance	Usual and Customary Charges
<i>(Day Surgery Miscellaneous charges are based on the Outpatient Surgical Facility Charge Index.)</i>		
Assistant Surgeon:	Preferred Allowance	Usual and Customary Charges
Anesthetist:	Preferred Allowance	Usual and Customary Charges
Physician's Visits:	Preferred Allowance	Usual and Customary Charges
	\$15 Copay per visit	

SCHEDULE OF BENEFITS (Continued)
MEDICAL EXPENSE BENEFITS-INJURY

Outpatient	Preferred Provider	Out-of-Network Provider
Physiotherapy:	Preferred Allowance \$15 Copay per visit	Usual and Customary Charges
<i>(Review of Medical Necessity will be performed after 12 visits per Injury)</i>		
Medical Emergency:	Preferred Allowance \$50 Copay per visit	100% of Usual and Customary Charges \$50 Deductible per visit
<i>(\$50 Copay/Deductible waived if admitted.)</i>		
X-rays & Laboratory:	Preferred Allowance	Usual and Customary Charges
Tests & Procedures:	Preferred Allowance	Usual and Customary Charges
Injections:	No Benefits	No Benefits
Prescription Drugs:	No Benefits	\$10 Deductible per prescription for generic drugs \$25 Deductible per prescription for brand name up to a 31-day supply per prescription

Other	Preferred Provider	Out-of-Network Provider
Ambulance:	Preferred Allowance	Usual and Customary Charges
Durable Medical Equipment: <i>(\$1,500 maximum (Per Policy Year))</i>	Preferred Allowance	Usual and Customary Charges
Consultant:	Preferred Allowance	Usual and Customary Charges
	\$15 Copay per visit	
Dental: <i>(Injury to Sound, Natural Teeth only)</i>	Preferred Allowance	Usual and Customary Charges

MAJOR MEDICAL

Maximum Benefit	No Benefits
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CATASTROPHIC MEDICAL

Maximum Benefit	No Benefits
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SHC Referral Required: Yes () No (X)

Conversion Permitted: Yes () No (X)

☐ 52 Week Benefit Period or ☒ Extension of Benefits

Pre Admission Notification: Yes () No (X)

Other Insurance: () Excess Motor Vehicle (X) 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. Injections;
2. Circumcision;
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, 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;
10. Preventive medicines or vaccines, except where required for treatment of a covered Injury;
11. 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;
12. Injury sustained while (a) participating in any interscholastic, high school, intramural, club, or 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;
13. Investigational services;
14. Voluntary participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
15. 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;
 - 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, 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. Anabolic steroids used for body building; or
 - e. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
16. 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*)

17. Screening exams or testing in the absence of Injury;
18. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
19. Sickness or disease in any form; over-exertion; fainting; or hernia, regardless of how caused;
20. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
21. 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;
22. Supplies, except as specifically provided in the policy;
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and
24. 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).