

SCHEDULE OF BENEFITS

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the policy provisions carefully.

The *Schedule of Benefits* provides a brief outline of the coverage and benefits provided by this Policy. Please read the *Conditions of Coverage* and *Description of Benefits* sections for full details.

Eligible Persons: All enrolled student-athletes of the Policyholder

CONDITIONS OF COVERAGE The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages.

Sports Only Coverage
Personal Deviations covered No

**Baseball, Basketball, Cross Country/Running, Field Hockey, Golf, Ice Hockey
Lacrosse, Soccer, Softball, Swimming, Tennis, Track & Field, Volleyball & Wrestling**

Covered Travel Activities: Travel directly and uninterruptedly to and from a covered activity.

INDEMNITY BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Principal Sum \$5,000
Covered Losses must occur within 365 days of the Covered Accident
unless described otherwise in the Policy

SCHEDULE OF COVERED LOSSES

Covered Loss	Benefit
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or Foot and Sight in One Eye	100% of the Principal Sum
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum

Aggregate Limit Of Indemnity

Applies to all Conditions of Coverage
Amount: \$500,000

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death and Dismemberment Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

EXPENSE INCURRED MEDICAL BENEFITS

Any benefit limits and benefit percentages for *Expense-Incurred Medical Benefits* apply, unless otherwise specified, on a per Covered Person – per Covered Accident basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

SCOPE OF COVERAGE APPLICABLE TO EXPENSE-INCURRED MEDICAL BENEFITS

Full Excess Medical Expense	
Other Health Plan Reduction	N/A

ACCIDENT MEDICAL EXPENSE BENEFIT

Total Maximum for all Accident Medical Expense Benefits	\$65,000
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First Covered Expenses must be Incurred within	180 days after the Covered Accident
Benefit Period	2 Years from the date of the Covered Accident
Deductible	\$1,500
applies to	each Covered Accident, Per Person

Covered Expenses

Benefit Percentage and Other Limits

Determination of the amount of each Covered Expense, and where applicable, each Usual and Customary Charge, will be made solely by Us.

In-Patient Hospital Services

Room and Board Expenses	
Intensive Care Unit	100% up to two times average semi-private room rate
Private/Semi-Private Room	100% up to the semi-private daily room rate
Hospital Miscellaneous Expenses	100%
Inpatient X-ray, CT scan, MRI, laboratory tests	100%
Ambulatory Medical Center	100%
Emergency Room Treatment	100%

Physician Services

Surgery	100%
Assistant Surgeon	100%
Physician Assistant	100%
Use of Physician's Surgical Facilities	100%
Second Opinion or Consultation	100%
Anesthesia and its Administration	100%
In-Hospital Visits	100%
Office Visits	100%

Out Patient X-Ray, CT Scan, MRI and

Laboratory Tests	100%
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Out Patient Physiotherapy	100%
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Out Patient Nursing Services	100%
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Ambulance Services	100%
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Medical Equipment Rental	100%
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Dental Services	100%
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Prescription Drugs	100%
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Expanded Medical Benefit for Covered Sports

Conditions	100%
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Covered Sports Conditions	bursitis; sprains; hernia; muscle tears; tendonitis; and repetitive motion injuries
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HMO/PPO Denial Benefit	100%
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