PART IV
SCHEDULE OF BENEFITS
MEDICAL EXPENSE BENEFITS
FLORIDA SOUTHERN COLLEGE – I/C SPORTS
2012-187-8
INJURY ONLY

Maximum Benefit	**$90,000 (For Each Injury)**
Deductible	**$0**
Coinsurance	**100% except as noted below**

The benefits payable are as defined in and subject to all provisions of this policy and any riders or endorsement thereto. Benefits will be paid up to a Maximum Benefit for each service scheduled below.

NOTE: No benefits will be paid for services designated as "No Benefits" in the Schedule.

Inpatient

Room & Board:	Usual & Customary Charges
Hospital Miscellaneous:	Usual & Customary Charges
Physiotherapy:	Usual & Customary Charges
Surgery:	Usual & Customary Charges
(Except Dental Surge. See: Other) (Specified surgery based on data provided by FAIR Health, Inc.)	
Assistant Surgeon:	No Benefits
Anesthetist:	25% of Surgery Allowance
Registered Nurse:	Usual & Customary Charges
Physician's Visits:	Usual & Customary Charges
Pre-admission Testing:	Usual & Customary Charges

Outpatient

Surgery:	Usual & Customary Charges
(Except Dental Surgery. See Other) (Specified surgery based on data provided by FAIR Health, Inc.)	
Day Surgery Miscellaneous:	Usual & Customary Charges
(Usual & Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.)	
Assistant Surgeon:	No Benefits
Anesthetist:	25% of Surgery Allowance
Physician's Visits:	Usual & Customary Charges
Physiotherapy:	Usual & Customary Charges
(Review of Medical Necessity will be performed after 12 visits for each Injury.)	
Medical Emergency:	Usual & Customary Charges
X-rays & Laboratory:	Usual & Customary Charges
Tests & Procedures:	Usual & Customary Charges
Injections:	Usual & Customary Charges
Prescription Drugs:	No Benefits

Other

Ambulance:	Usual & Customary Charges
Durable Medical Equipment:	Usual & Customary Charges / $1,000 maximum
Consultant:	Usual & Customary Charges
Dental:	Usual & Customary Charges / $1,000 maximum Per Policy Year
(Benefits paid on Injury to teeth only, not limited to Sound, Natural Teeth.)	
Repatriation:	No Benefits
Medical Evacuation:	No Benefits
AD&D	No Benefits

SCHEDULE OF BENEFITS *(Continued)*
MEDICAL EXPENSE BENEFITS
FLORIDA SOUTHERN COLLEGE – I/C SPORTS
2012-187-8
INJURY ONLY

MAJOR MEDICAL

Maximum Benefit **No Benefits**

CATASTROPHIC MEDICAL

Maximum Benefit **No Benefits**

SHC Referral Required: Yes ( ) No (**X**) **Conversion Permitted:** Yes ( ) No (**X**)

***Pre-Admission Notification:** Yes (X) No ( )

(**X**) **52 week Benefit Period**

Other Insurance: (**X**) ***Excess Insurance** ( ) **Primary Insurance**

*If benefit is designated, see rider or endorsement attached.

PART VII
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. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;

4. Dental treatment, except for accidental Injury to Sound, Natural Teeth;

5. Elective Surgery or Elective Treatment, except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function;

6. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses;

7. Hearing examinations or hearing aids;

8. The use of alcohol, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;

9. Injury for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;

10. Injury sustained while (a) participating in any 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;

11. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting, except in self-defense;

12. Pre-existing Conditions, will apply for the first 6 months, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. Credit will be given for the time the Insured was covered under a previous similar plan if the previous coverage was continuous to a date not more than 63 days prior to the Insured's Effective Date under this policy;

13. Prescription drugs dispensed or purchased while not Hospital Confined; except as specifically provided under Benefits for Outpatient Services; or except when dispensed at the Student Health Center;

14. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury;

15. Sickness or disease in any form; or hernia, regardless of how caused;

16. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;

17. Nasal and sinus surgery;

18. 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;

19. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;

20. Supplies, except as specifically provided in the policy;

21. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and

22. 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).

POLICY ENDORSEMENT

It is hereby understood and agreed that the policy to which this endorsement is attached is amended as follows:

EXCESS PROVISION

No benefit of this policy is payable for any expense incurred for Injury which is paid or payable by: 1) other valid and collectible insurance; or, 2) under an automobile insurance policy.

This Excess Provision will not be applied to the first $100 of medical expenses incurred.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with policy provisions or requirements.

This endorsement takes effect and expires concurrently with the policy to which it is attached, and is subject to all of the terms and conditions of the policy not inconsistent therewith.

POLICY ENDORSEMENT

It is hereby understood and agreed that the policy to which this endorsement is attached is amended as follows:

PRE-ADMISSION NOTIFICATION

UMR Care Management should be notified of all Hospital Confinements prior to admission.

1. **PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:** The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.

2. **NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide notification of any admission due to Medical Emergency.

UMR Care Management is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

This endorsement takes effect and expires concurrently with the policy to which it is attached, and is subject to all of the terms and conditions of the policy not inconsistent therewith.