

SCHEDULE OF BENEFITS**TABLE 1**

For Suggested changes, please specify which plan with E (Enhanced), B (Basic), or X (Both)

MEDICAL EXPENSES	Enhanced (E)	Basic (B)	Suggested Changes
	Limits Individual Insured	Limits Individual Insured	
Coverage Year Limit	\$1,000,000	\$500,000	
Coverage Deductible	\$500 per Coverage Year	\$500 per Coverage Year	
Coverage Year Out-of-Pocket Limit Out-of-pocket Limit means the amount of Reasonable Expenses for which the Covered Person is responsible after which the Insurer pays 100% of the Reasonable Expenses, subject to the limits and provisions of this Certificate	After the Covered Person reaches a \$2,500 Out-of-pocket Limit per Coverage Year, the Insurer pays the Reasonable Expenses at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of-pocket Limit.	After the Covered Person reaches a \$5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Reasonable Expenses at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of-pocket Limit.	
EMERGENCY MEDICAL EVACUATION	Maximum Benefit up to \$100,000 per Coverage Year	Maximum Benefit up to \$100,000 per Coverage Year	
EMERGENCY FAMILY TRAVEL ARRANGEMENTS	Maximum Benefit up to \$1,500 per Coverage Year	Maximum Benefit up to \$1,500 per Coverage Year	Maximum Benefit up to \$3,000 per Coverage Year (other options)
REPATRIATION OF MORTAL REMAINS	Maximum Benefit up to \$50,000 per Coverage Year	Maximum Benefit up to \$50,000 per Coverage Year	
ACCIDENTAL DEATH & DISMEMBERMENT	Maximum Benefit: Principal Sum up to \$10,000	Maximum Benefit: Principal Sum up to \$5,000	

Add Intercollegiate Athletics Rider (Required)

Required option to refund summer months if student out of country

TABLE 2
MEDICAL EXPENSE BENEFITS

MEDICAL EXPENSES	PPO Plan In PPO Limits	PPO Plan Out PPO Limits	Suggested Changes
Physician Office Visits Enhanced	After the deductible is satisfied, 90% of the Negotiated Rate after a \$20 Copayment per visit	After the deductible is satisfied, 75% of Reasonable Expenses	
Basic	After the deductible is satisfied, 80% of the Negotiated Rate after a \$20 Copayment per visit	After the deductible is satisfied, 60% of Reasonable Expenses	
Treatment at an Urgent Care Facility Enhanced	After the deductible is satisfied, 90% of the Negotiated Rate after a \$35 Copayment per visit	After the deductible is satisfied, 75% of Reasonable Expenses	
Basic	After the deductible is satisfied, 80% of the Negotiated Rate after a \$35 Copayment per visit	After the deductible is satisfied, 60% of Reasonable Expenses	
Hospital and Physician Outpatient Services Enhanced	After the deductible is satisfied, 90% of the Negotiated Rate after a \$100 Copayment per visit	After the deductible is satisfied, 75% of Reasonable Expenses	
Basic	After the deductible is satisfied, 80% of the Negotiated Rate after a \$250 Copayment per visit	After the deductible is satisfied, 60% of Reasonable Expenses	
Inpatient Hospital Services Enhanced	After the deductible is satisfied, 90% of the Negotiated Rate after a \$50 Copayment per visit	After the deductible is satisfied, 75% of Reasonable Expenses	
Basic	After the deductible is satisfied, 80% of the Negotiated Rate after a \$250 Copayment per visit	After the deductible is satisfied, 60% of Reasonable Expenses	
Emergency Hospital Services Enhanced	After the deductible is satisfied, 90% of the Negotiated Rate after a \$250 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived	After the deductible is satisfied, 75% of Reasonable Expenses	
Basic	After the deductible is satisfied, 80% of the Negotiated Rate after a \$250 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived	After the deductible is satisfied, 60% of Reasonable Expenses	

TABLE 3
MEDICAL EXPENSE BENEFITS

MEDICAL EXPENSES	Enhanced	Basic	Suggested Changes
Maternity Care for a Covered Pregnancy	Same as any other illness	Same as any other illness	
Complications of Pregnancy	Same as any other illness	Same as any other illness	
Inpatient treatment of mental and nervous disorders including substance abuse	Reasonable Expenses up to \$10,000 Maximum per Coverage Year for a maximum period of 30 days per Coverage Year	Reasonable Expenses up to \$10,000 Maximum per Coverage Year for a maximum period of 30 days per Coverage Year	100% of reasonable expenses
Outpatient treatment of mental and nervous disorders including substance abuse	Reasonable Expenses up to \$1,000 Maximum per Coverage Year for a maximum period of 30 visits per Coverage Year	Reasonable Expenses up to \$1,000 Maximum per Coverage Year for a maximum period of 30 visits per Coverage Year	100% of reasonable expenses (Campus resources available but limited.)
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses up to 20 visits per Coverage Year on an Outpatient basis	Reasonable Expenses up to 20 visits per Coverage Year on an Outpatient basis	
Routine Preventive Care Services	Reasonable expenses up to a Coverage Year Maximum of \$500	No coverage	
Breast Reconstruction due to Mastectomy	Reasonable Expenses	Reasonable Expenses	
Medical treatment of Injuries sustained as a result of a covered motor vehicle accident	Covered the same as any other accident	Reasonable Expenses up to \$10,000 Maximum per Injury or Sickness	Reasonable Expenses per Injury or Sickness, include options for coverage
Repairs to sound, natural teeth required due to an Injury	Reasonable Expenses up to \$500 per Coverage Year maximum	Reasonable Expenses up to \$500 per Coverage Year maximum	Reasonable Expenses per Coverage Year maximum, include options for \$1000 and \$2000
Outpatient prescription drugs including oral contraceptives and devices	Prescription Drug Program with the Copayment stated below. Limited to a 31 day supply for initial fill or refill.	Prescription Drug Program with the Copayment stated below. Limited to a 31 day supply for initial fill or refill.	Prescription Drug Program with the Copayment stated below. Limited to a 31 day supply for initial fill or refill. Consider longer time period.
1. Generic Drugs	All except a \$10 Copayment per prescription	All except a \$10 Copayment per prescription	
2. Brand Name Drugs	All except a \$20 Copayment per prescription	All except a \$20 Copayment per prescription	