

SCHEDULE OF BENEFITS

The Plan provides benefits for covered Medical Expenses incurred by an Insured Person for loss due to Accident or Sickness up to a Per Condition Aggregate Maximum of \$50,000. Benefits will be paid for each service below: **In-Network Providers** are Physicians, Hospitals and other health care providers who have contracted to provide medical care at a Preferred Allowance. **Preferred Allowance** means the amount a Preferred Provider will accept as payment for Covered Medical Expenses. **Out-of-Network** providers have not agreed to any prearranged fee schedules.

BENEFIT	IN-NETWORK PROVIDER	OUT- OF-NETWORK PROVIDER
Per Condition Aggregate Maximum Benefit	\$50,000	
HOSPITAL EXPENSE BENEFIT		
Hospital Room and Board Expense , Services include semi-private room, nursing services, special care unit	90% of Preferred Allowance	70% of R&C Expense
Hospital Miscellaneous Expense , Services include anesthesia, operating room, diagnostic x-ray and laboratory tests, prescribed drugs and medicines, dressings, supplies, physical and occupational therapy and other necessary and prescribed hospital expenses.	90% of Preferred Allowance	70% of R&C Expense
In Hospital Doctor's Fees and Medical Expense , Services include visits by a doctor who may or may not have performed surgery	90% of Preferred Allowance	70% of R&C Expense
Routine Well-Baby Care , only while hospital confined, 4 days maximum	Covered as Any Other Sickness	
Pre-Admission Testing Expense	Paid under Hospital Miscellaneous Expense	
SURGICAL EXPENSE BENEFITS (INPATIENT OR OUTPATIENT)		
Surgical Expense , No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession	90% of Preferred Allowance, up to a maximum of \$5,000 per policy year	70% of R&C Expense, up to a maximum of \$5,000 per policy year
Assistant Surgeon Expense	30% of Preferred Allowance, included under Surgical Expense Benefit	
Anesthetist Expense	30% of Preferred Allowance, included under Surgical Expense Benefit	
Physician's Visits , limited to one visit per day and does not apply when related to surgery	90% of Preferred Allowance	70% of R&C Expense
OUTPATIENT BENEFITS		
Outpatient Miscellaneous Expense , Services include Diagnostic tests and procedures, x-ray & Laboratory, Hospital Emergency Room, Hospital Outpatient Department, Doctor Services, and radiation therapy /chemotherapy, limited to one visit per day	90% of Preferred Allowance, up to a maximum of \$2,000 per policy year	70% of R&C Expense, up to a maximum of \$2,000 per policy year
CAT Scan/MRI Expense (Outpatient Only)	100% of R&C up to a maximum of \$2,000 per policy year	
Physical Therapy Expense , one visit per day and treatment is for a condition that requires surgery or hospital confinement	Covered Under Outpatient Miscellaneous Benefit	
Doctor's Office Visit Expense , limited to one visit per day and does not apply when related to surgery or Physiotherapy	\$25 deductible per visit and Paid under Outpatient Miscellaneous	
Consultant Physician Fees , when requested and approved by the attending Physician	80% of R&C, up to a maximum of \$250 per Injury or Sickness	
MENTAL ILLNESS EXPENSE BENEFIT		
Inpatient Mental Illness Expense	90% of Preferred Allowance, up to 60 days per policy year	70% of R&C Expense, up to 60 days per policy year
Outpatient Mental and Illness Expense for Non-Biologically based Conditions	After a \$25 co-payment per office visit, Covered at 100% of Preferred Allowance, up to 24 visits per policy year	After a \$25 co-payment per office visit, Covered at 80% of R&C Expense, up to 24 visits per policy year
Medication Management Expense	After a \$25 co-payment, Covered under Outpatient Miscellaneous Expense	After a \$25 co-payment, Covered under Outpatient Miscellaneous Expense
ALCOHOL AND SUBSTANCE ABUSE EXPENSE BENEFITS		
Inpatient Alcohol and Substance Abuse Expense	90% of Preferred Allowance, up to 30 days per calendar year	70% of R&C Expense, up to 30 days per calendar year
Outpatient Alcohol and Substance Abuse Expense	100% of Preferred Allowance, up to a maximum of \$500 per policy year	80% of R&C Expense, up to a maximum of \$500 per policy year
ADDITIONAL BENEFITS		
Accidental Dental Expense , injury to sound, natural teeth	90% of Preferred Allowance	70% of R&C Expense
Sickness Dental Expense , removal of impacted wisdom teeth	80% of R&C Expense, up to \$150 per tooth	
Prescription Drug Expense , per 30 day supply, per prescription or refill	Reimbursed at 100% after a \$10 co-pay for generic or \$20 co-pay for a brand name up to \$2,000 per policy year.	
Intercollegiate Sports Accident Expense	Covered as Any Other Injury	
Braces and Appliances Expense , must be accompanied by a written prescription, replacement are not covered	90% of Preferred Allowance, up to a maximum of \$200, covered under Outpatient Miscellaneous Expense	70% of R&C Expense, up to a maximum of \$200, covered under Outpatient miscellaneous Expense
Ambulance Expense , ground transportation	90% of Preferred Allowance, up to a maximum of \$500	90% of R&C Expense, up to a maximum of \$500
Injections , including routine immunizations when administered in Physician's office	Covered under Outpatient Miscellaneous Expense	
Chiropractic Expense	Covered as any other Sickness	