PART IV
SCHEDULE OF BENEFITS
MEDICAL EXPENSE BENEFITS
FLORIDA SOUTHERN COLLEGE – DOMESTIC STUDENT PLAN – INJURY ONLY
2012-187-1
INJURY ONLY BENEFITS

Maximum Benefit	**$10,000 (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 endorsements thereto. Benefits will be paid up to the Maximum Benefit for each service as 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
(Specified surgery based on data provided by FAIR Health, Inc.) (Except Dental Surgery. See: Other)	
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
(Specified surgery based on data provided by FAIR Health, Inc.) (Except Dental Surgery. See: Other)	
Day Surgery Miscellaneous:	Usual & Customary Charges
(Usual & Customary Charges for Day Surgery Miscellaneous benefits are based on the Outpatient Surgical Facility Charge Index.)	
Anesthetist:	25% of Surgery Allowance
Assistant Surgeon:	No Benefits
Physician's Visits:	Usual & Customary Charges
Physiotherapy:	Usual & Customary Charges
(Review of Medical Necessity will be performed after 12 visits per Injury.)	
Medical Emergency:	Usual & Customary Charges
X-rays & Laboratory:	Usual & Customary Charges
Tests & Procedures:	Usual & Customary Charges
Injections:	Usual & Customary Charges
Prescription Drugs:	50% of Usual & Customary Charges / $250 maximum Per Policy Year

Other

Ambulance:	Usual & Customary Charges
Durable Medical Equipment:	Usual & Customary Charges
Consultant:	Usual & Customary Charges
Dental:	Usual & Customary Charges / $200 per tooth
(Benefits paid on Injury to Sound, Natural Teeth and fractured jaw only.)	
Repatriation:	Benefits provided by Scholastic Emergency Services, Inc.
Medical Evacuation:	Benefits provided by Scholastic Emergency Services, Inc.

Other *(Continued)*

Supplemental Injury Benefit:	No Benefits
AD&D:	No Benefits
Intercollegiate Sports:	No Benefits

MAJOR MEDICAL

Maximum Benefit **No Benefits**

OPTIONAL CATASTROPHIC MEDICAL

Maximum Benefit **No Benefits**

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

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

( ) **52 week Benefit Period** or (X) **Extension of Benefits**

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. Assistant Surgeon Fees;

2. Biofeedback;

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

4. Dental treatment, except as specifically provided in the policy;

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, except when due to a disease process;

7. Foot care including: bunions (except capsular or bone surgery), calluses, care of corns;

8. Hearing examinations or hearing aids;

9. Injury caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, 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;

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

11. Injury sustained while (a) participating in any intercollegiate 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;

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

13. 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;

14. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
    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;
    d. Products used for cosmetic purposes;
    e. Anabolic steroids used for body building;
    f. Growth hormones; or
    g. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;

15. Screening exams or testing in the absence of Injury;

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

17. Sickness or disease in any form; over-exertion; fainting; or hernia, regardless of how caused;

18. Nasal and sinus surgery;

19. 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;

20. Sleep disorders;

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

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).

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 or Sickness 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.