

SCHEDULE OF BENEFITS •

Maximum Policy Benefit: \$25,000 per Injury or Sickness – The Policy provides benefits for the Eligible Expenses incurred by a Covered Person for loss due to a covered Injury or Sickness up to Maximum Benefit of \$25,000. Benefits will be paid as allocated for each service as scheduled below.

Preferred Provider Organization (PPO): First Health Network. Please note: University of the Cumberland's Student Health Center / David B. Williams, M.D. and Shelia Lambdin, Nurse Practitioner are members of the First Health Network. Campus Health Center Office, 403 Sycamore St., Williamsburg, KY 40769, phone (606) 549-8244.

Inpatient	Preferred Provider	Out-of-Network
HOSPITAL ROOM AND BOARD , average daily semi-private room rate; and general nursing care provided by the Hospital.	100% of PPO Allowance	75% of U&C Charges
HOSPITAL MISCELLANEOUS EXPENSES , such as the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs (excluding take \$50 copay per confinement \$50 copay per confinement home drugs) or medicines; therapeutic services, and supplies.	100% of PPO Allowance	75% of U&C Charges
INTENSIVE CARE	100% of PPO Allowance	75% of U&C Charges
ROUTINE WELL BABY CARE , while Hospital confined; and routine nursery care provided immediately after birth; up to 4 days Hospital confinement expense maximum.	Paid as any other Sickness Paid as any other	
PHYSIOTHERAPY , limited to one visit per day; \$1,000 maximum per Policy Year per Injury or Sickness.	100% of PPO Allowance	75% of U&C Charges
SURGEON'S FEES , in accordance with data provided by MDR. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures.	100% of PPO Allowance	75% of U&C Charges
ASSISTANT SURGEON	100% of PPO Allowance	75% of U&C Charges
ANESTHETIST , professional services administered in connection with inpatient surgery.	100% of PPO Allowance	75% of U&C Charges
REGISTERED NURSE , private duty nursing care.	100% of PPO Allowance	75% of U&C Charges
DOCTOR'S VISITS , limited to one visit per day and does not apply when related to surgery. copay	100% of PPO Allowance \$50 per visit	75% of U&C Charges \$50 copay per visit
PRE-ADMISSION TESTING , this benefit is payable within 3 working days prior to admission.	100% of PPO Allowance	75% of U&C Charges
PSYCHOTHERAPY , limited to one visit per day; \$10,000 lifetime maximum; 30 days lifetime maximum.	100% of PPO Allowance	75% of U&C Charges
Outpatient		
SURGEON'S FEES , in accordance with data provided by MDR. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures.	100% of PPO Allowance	75% of U&C Charges
DAY SURGERY MISCELLANEOUS , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. U&C Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	100% of PPO Allowance	75% of U&C Charges
ASSISTANT SURGEON	100% of PPO Allowance	75% of U&C Charges
ANESTHETIST , professional services administered in connection with outpatient surgery.	100% of PPO Allowance	75% of U&C Charges
DOCTOR'S VISITS , limited to one visit per day and does not apply when related to surgery or Physiotherapy; the \$20 copay is waived if service is administered at SHC or referred by SHC.	100% of PPO Allowance \$20 copay per visit	75% of U&C Charges \$20 copay per visit
PHYSIOTHERAPY , limited to one visit per day; \$50 maximum per visit; benefits include acupuncture; \$1,000 maximum per Policy Year per Injury or Sickness; 20 visits maximum per Policy Year per Sickness.	100% of PPO Allowance \$20 copay per visit	75% of U&C Charges \$20 copay per visit Injury or Sickness.
MEDICAL EMERGENCY , use of emergency room and supplies; treatment must be rendered within hours from time of Injury or first onset of Sickness.	100% of PPO Allowance \$100 copay per visit (waived if admitted).	75% of U&C Charges 72 \$100 copay per visit (waived if admitted).
DIAGNOSTIC X-RAY & LABORATORY SERVICES	100% of PPO Allowance \$20 copay per visit	75% of U&C Charges \$20 copay per visit
TESTS & PROCEDURES , diagnostic services and medical procedures performed by a Doctor, other than Doctor's visits, Physiotherapy, x-rays and laboratory procedures.	100% of PPO Allowance \$20 copay per visit	75% of U&C Charges \$20 copay per visit
RADIATION THERAPY	100% of PPO Allowance	75% of U&C Charges
CHEMOTHERAPY	100% of PPO Allowance	75% of U&C Charges
INJECTIONS , when administered in the Doctor's office and charged on the Doctor's statement.	100% of PPO Allowance	75% of U&C Charges
OUTPATIENT PRESCRIPTION DRUGS , must utilize a Caremark pharmacy; limited to a 30 day supply per prescription or refill; \$500 aggregate maximum per Policy Year for all Conditions. all outpatient prescription drugs are subject to the Outpatient Prescription Drug maximum.	\$15 copay for generic \$25 copay for brand name	No benefits However obtained,
PSYCHOTHERAPY , including all related or ancillary Expenses incurred as a result of a Mental and Nervous Disorder; limited to one visit per day; \$1,000 lifetime maximum.	100% of PPO Allowance	75% of U&C Charges
Other		
AMBULANCE SERVICES	100% of U&C Charges	100% of U&C Charges
DURABLE MEDICAL EQUIPMENT , a written prescription must accompany the claim when submitted; replacement equipment is not covered.	100% of U&C Charges	100% of U&C Charges
CONSULTANT DOCTOR'S FEE , when requested and approved by the attending Doctor.	100% of PPO Allowance	75% of U&C Charges
DENTAL TREATMENT Injury to sound, natural teeth only; \$500 maximum per Policy Year per Injury.	100% of U&C Charges	100% of U&C Charges
ALCOHOLISM/DRUG ABUSE	Paid Under Psychotherapy Paid Under Psychotherapy	
MATERNITY/COMPLICATIONS OF PREGNANCY	Paid as any other Sickness Paid as any other Sickness	
PAP SMEAR One annual for women 18 and older.	100% of PPO Allowance	75% of U&C Charges
INTRAMURAL/CLUB/INTERCOLLEGIATE SPORTS	Paid as any other Injury Paid as any other Injury	