

## 2010-2011– Schedule of Benefits

When your covered Injury or Sickness requires treatment by a Physician, the Policy will provide benefits for 52 weeks from the date of accident or date of first medical treatment for a sickness for covered services and supplies as scheduled below, up to the Maximum Benefit shown for each Injury and each Sickness. Benefits will not be provided for services which are not listed in the Medical Benefit Schedule.

**PART A – Basic Injury Benefits - \$2,000 Maximum Each Injury, subject to the following limits:**

	<u>In Network</u>	<u>Out of Network</u>
1. Medical and Surgical Treatment by a physician	100%	80%
2. Hospital Confinement and Miscellaneous hospital expenses	100%	80%
3. Dental Treatment (including x-rays – for repair and/or replacement of sound and natural teeth, does not include biting or chewing injuries) up to \$200	100%	80%
4. Physical Therapy	100%	80%
5. Outpatient Prescription Drug	100%	80%
6. Motor Vehicle Injury	100%	80%
7. All Other Covered Services	100%	80%
8. Injury as a result of play or practice of intercollegiate athletics	100%	80%

**PART B – Basic Sickness Benefits - \$2,000 Maximum Each Sickness, subject to the following limits:**

	<u>In Network</u>	<u>Out of Network</u>
1. Hospital Room and Board	100%	80%
2. Hospital Miscellaneous Inpatient (for x-ray examinations, laboratory tests, anesthesia, operating room, medications, dressings, etc.)	100%	80%
3. Hospital Outpatient Surgical Miscellaneous (in lieu of Inpatient)	100%	80%
4. Surgical Treatment (in or out of hospital-services performed by a licensed physician	100%	80%
5. Anesthetist	80%	80%
6. Physician's Non-Surgical Visits (Inpatient, not paid day of surgery) \$100/visit first 3 days; \$50/visit thereafter; 1 visit/day	100%	80%
7. Physician's Non-Surgical Visits (Outpatient, not paid day of surgery) \$50/visit, 10 visits	100%	80%
8. Outpatient Diagnostic, X-ray and Lab Services	100%	80%
9. Hospital Emergency Room (Outpatient)	100%	80%
10. Mental & Nervous disorders and Substance Abuse Benefit; Outpatient-50%/visit, up to 10 visits; 1 visit/day	100%	80%
11. Maternity Benefits (conception must occur while coverage is in force)	Same as any Sickness	
12. Outpatient Prescription Drugs	\$200 Maximum	

**PART C – Major Medical Benefits (\$100,000 per condition)**

After the Company has paid \$2,000 under PART A or PART B and the Insured has paid a \$2,000 Major Medical Deductible, the Company will then pay 80% for In Network and 60% for Out of Network treatment, up to a Maximum Benefit for Each Injury or Sickness of \$100,000. This maximum includes benefits paid under both the Basic Benefits and Optional Major Medical Benefits. Benefits shall end at the close of the period of coverage under this policy.

**Note:** Students who do not provide proof of existing insurance coverage by October 15, 2010 will be automatically enrolled in this plan. You must complete the waiver form online at [www.NPUinsurance.com](http://www.NPUinsurance.com). For questions, please call us at **(800) 452-5772**.