

SCHEDULE OF BENEFITS

COVERAGE IS PROVIDED UNDER GROUP POLICY NUMBER: AH-GA26932-002
ISSUED TO GROUP POLICYHOLDER: The Group and Blanket Accident & Health Insurance Trust

CERTIFICATEHOLDER: Springfield College

CERTIFICATE NUMBER: US096340

CERTIFICATE EFFECTIVE DATE: August 1, 2013

CERTIFICATE EXPIRATION DATE: July 31, 2014

BENEFIT PERIOD: Provided treatment begins within 90 days from the date of Injury, Benefits are payable for 104 weeks from the date of an Injury. The Injury must occur after the Effective Date and prior to the Expiration Date and care must be Medically Necessary.

DEDUCTIBLE AMOUNT: \$0 per Covered Injury

COINSURANCE PERCENTAGE: 100% Usual, Reasonable, and Customary Charges (URC)

MAXIMUM BENEFIT AMOUNT: \$90,000 per Covered Injury

ELIGIBLE PERSONS: Eligible students, including Policyholder intercollegiate student athletes, graduate students, student managers and student trainers participating in Men's Baseball, Men's and Women's Basketball, Men's and Women's Cross Country, Women's Field Hockey, Men's Football, Men's Golf, Men's and Women's Gymnastics, Men's and Women's Lacrosse, Men's and Women's Soccer, Women's Softball, Men's and Women's Swimming and Diving, Men's and Women's Tennis, Men's and Women's Track and Field, Men's and Women's Volleyball, and Men's Wrestling

MEDICAL EXPENSE BENEFIT

Hospital Room & Board Daily Maximum Benefit Amount: URC per day

Intensive Care Room & Board Daily Maximum Benefit: URC per day

Hospital Miscellaneous Maximum Benefit Amount: URC per day

Outpatient Pre-Admission Testing Benefit Amount: URC

Outpatient Hospital Emergency Room Treatment Maximum Benefit Amount: URC

Surgical Benefits:

Primary Surgeons Maximum Benefit Amount: URC

Assistant Surgeon, Second Surgical Opinion, Consultation Maximum Benefit: URC

Anesthesia Maximum Benefit: URC

Surgical Facility Maximum Benefit per Operating Session: URC

Doctor's Visits

In-Hospital Maximum Benefit: URC per visit

Office Visits Maximum Benefit: URC per visit

Maximum for All In-Hospital and Office Doctor's Visits: URC # visits per Injury

X-ray and Laboratory Maximum Benefit Amount: URC per procedure

Nursing Maximum Benefit Amount: URC per Injury

Physiotherapy Benefit	
Maximum Benefit Amount (Hospital Inpatient):	URC
Maximum Benefit Amount (Outpatient):	URC
Maximum for All Physiotherapy Combined (Inpatient & Outpatient):	URC per Injury
Ambulance Maximum Benefit Amount:	URC
Medical Equipment Rental Charges Maximum Benefit Amount:	URC
Medical Services and Supplies Maximum Benefit Amount (Blood, Blood Transfusions, Oxygen):	URC
Dental Treatment For Injury Only Maximum Benefit Amount:	URC
OUT-PATIENT PRESCRIPTION DRUG BENEFIT	
Maximum Benefit Amount:	URC
ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT	
Principal Sum:	\$10,000