



## Schedule of Benefits

General Information	
Eligibility	All students enrolled in classes or in a practicum program and/or other recognized student groups approved by the College will be automatically enrolled in the University of Saint Joseph Mandatory Accident Only Insurance Plan, and will be defined as a "Covered Person." Distance learning online students are not eligible. However, online students who physically attend the college for academic purposes are eligible.
Type of enrollment	Mandatory
Type of coverage	Excess to any other valid/ collectible health insurance coverage
Plan Features	Accident Only
Maximum, per Injury	\$50,000
Deductible	\$0
Hospital Room & Board Expense	100% of Semi- Private Room Rate
Hospital Miscellaneous Expense	100% of Reasonable & Customary
Intensive Care	Paid under Room & Board
Physiotherapy, (in or outpatient), benefits limited to one visit per day	100% of Reasonable & Customary
Surgeon's Fees (in or outpatient)	100% of Reasonable & Customary
Anesthetist	100% of Reasonable & Customary
Physician's Visits (in or outpatient), benefits are limited to one visit per day	100% of Reasonable & Customary
Pre-Admission Testing	100% of Reasonable & Customary
Day Surgery Miscellaneous	100% of Reasonable & Customary
Medical Emergency Expenses	100% of Reasonable & Customary
Diagnostic X-Ray and Laboratory Services	100% of Reasonable & Customary
Radiation Therapy & Chemotherapy	No Benefits
Test & Procedures	100% of Reasonable & Customary
Injections	100% of Reasonable & Customary
Prescription Drugs	100% of Reasonable & Customary
Ambulance Services	100% of Reasonable & Customary
Durable Medical Equipment	100% of Reasonable & Customary
Alcoholism/ Substance Abuse	No Benefits
Consultant Physician Fees	100% of Reasonable & Customary
Psychotherapy	No Benefits
Intercollegiate Sports	No Benefits
Dental Injury Maximum (for dental treatment for injury to sound, natural teeth)	\$10,000
Benefit Period	We will pay for the Covered Percentage of the Covered Charges incurred within 52 weeks from the date of Accident, as shown in the Plan of insurance
Blood Borne/ Needlestick Coverage (1)	Included
Accidental Death & Dismemberment	\$10,000

(1) This benefit will apply only to possible or actual blood borne pathogen exposure occurring as a direct result of curriculum activities due to being enrolled as a student. It will not cover exposures occurring to an employee. This benefit will cover the actual expense up to the policy maximum for the first 30 days after a possible blood borne pathogen exposure (percutaneous, mucous membrane exposure, or exposure to broken skin) for the following:

A. The cost of an initial physician or nurse evaluation and treatment.

B. The cost of initial blood tests (HBsAg, HBsAb, HB cab, HCVAB, HIV), the following whole blood tests if done with an automated cell counter: white blood cell count, red blood cell count, whole blood hemoglobin, hematocrit, platelet count, differential blood count; and the following serum tests when done with an automated analyzer: glucose, blood urea nitrogen, uric acid, creatinine, sodium potassium, chloride, carbon dioxide, cholesterol, GGT, AGOT, AGPT, LDS, phosphorus, alkaline phosphatase, calcium, direct, indirect and total bilirubin, total protein, albumin, globulin, anion gap, and magnesium.



C. Up to 30 days of anti-HIV and anti-nausea medications when medically necessary.

D. Follow-up physician or nurse evaluation, if on medication, at one, two, and three weeks after anti-HIV medication is started when medically necessary.

E. Qualitative Hepatitis C RNA serum polymerase chain reaction testing at two weeks if the source patient has evidence of having been infected with hepatitis C.

F. Any needed follow-up evaluation or treatment more than 30 days after exposure are covered if complications arise as the result of this exposure. Benefits are payable for up to 52 weeks from the date of incident.

## Exclusions & Limitations

Benefits will not be paid for a Covered Person's loss which:

1. Is caused by or results from the Covered Person's own: (a) Intentionally self-inflicted Injury, suicide or any attempt thereat; (b) Voluntary self administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded); (c) Commission or attempt to commit a felony; (d) Participation in a riot or insurrection; (e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or (f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
2. Is caused by or results from: (a) Declared or undeclared war or act of war; (b) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.); (c) Aviation, except as specifically provided in this Certificate; (d) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning; (e) Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and: (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and (ii) The Covered Person was within a 25 mile radius of the site of the release either: (1) At the time of the release; or (2) Within 24 hours of the start of the release;

Additional Exclusions – Benefits will not be paid for:

1. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within 6 months of the Accident;
2. Services or treatment rendered by a doctor, nurse or any other person who is: (a) Employed or retained by the Certificate holder; or (b) Who is the Covered Person or a member of his immediate family;
3. Charges which: (a) The Covered Person would not have to pay if he did not have insurance; or (b) Are in excess of Usual, Reasonable and Customary charges;
4. An Injury that is caused by flight in: (a) An aircraft, except as a fare paying passenger; (b) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or (c) An ultra light, hang gliding, parachuting or bungi cord jumping;
5. Travel in or upon: (a) A snowmobile; (b) Any two or three wheeled motor vehicle; (c) Any off road motorized vehicle not requiring licensing as a motor vehicle;
6. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
7. Injury that is: (a) The result of the Covered Person being Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.; or (b) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
8. Any sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic test or treatment, or ingestion of contaminated food;
9. An Injury resulting from participation in or practice for intercollegiate sports;
10. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
11. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
12. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
13. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium up on request;
14. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions thereof;
15. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
16. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
17. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;



18. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
19. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
20. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
21. Services and supplies furnished by a Student Infirmary, its employees, or doctors who work for the School;
22. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits; or
23. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.