

PART VI
SCHEDULE OF BENEFITS
MEDICAL EXPENSE BENEFITS
UNIVERSITY OF TEXAS SYSTEM-SPECIAL EVENTS
SPECIAL EVENTS
PREFERRED PROVIDERS
2002-550-7
INJURY & SICKNESS

Maximum Benefit	\$100,000.00 (For each Injury or Sickness)
Deductible	\$200.00 (Per Insured Person) (Per Policy Year)
Coinsurance	100% except as noted below

The Policy provides benefits for the Usual and Customary Charges (UCC) incurred by an Insured Person for loss due to a covered Injury or Sickness. If you receive care from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. See Preferred Provider information on page 9 (3). If a Preferred Provider is not available in your Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expenses are incurred due to an emergency treatment, benefits will be paid at the Preferred Provider level of Benefits. In all other situations, reduced, or lower benefits will be provided when an Out-of-Network provider is used. The Benefits payable are as defined in and subject to all provisions of this Policy and any endorsements thereto.

Benefits will be paid up to the Maximum Benefit for each service scheduled below. After the Deductible has been satisfied, benefits will be paid as listed for the Provider selected. Maximum total benefits are \$100,000.00 for each Injury or Sickness.

If two or more covered family members are injured in the same accident, only one Deductible will apply. Each Insured Person will be eligible for the Maximum Benefit.

After the Deductible of \$200.00 has been satisfied, benefits will be paid for 80% of Covered Medical Expenses incurred (70% of Covered Medical Expenses for Non-PPO Room & Board, Intensive Care and Hospital Miscellaneous 90% of PPO Allowance for designated PPO Room & Board, Intensive Care and Hospital Miscellaneous) up to \$10,000.00. After the Company has paid \$10,000.00, payment will be made for 100% of additional Covered Medical Expenses incurred (70% of Covered Medical Expenses for Non-PPO Room & Board, Intensive Care and Hospital Miscellaneous; 90% of PPO Allowance for designated PPO Room & Board, Intensive Care and Hospital Miscellaneous) not to exceed \$100,000.00 maximum.

NOTE: If the University has a Student Health Center, the Deductible and Pre-existing Condition exclusion will be waived and benefits will be paid for 100% of Covered Medical Expenses incurred at the Student Health Center.

Inpatient

Room & Board:	90% of Preferred Allowance
Hospital Miscellaneous:	90% of Preferred Allowance
Intensive Care:	90% of Preferred Allowance
Physiotherapy:	Paid under Hospital Miscellaneous Benefit
Surgery:	Usual & Customary Charges
Assistant Surgeon:	25% of Surgery Allowance
<i>(When required by the Hospital.)</i>	
Anesthetist:	25% of Surgery Allowance
Registered Nurse:	Usual & Customary Charges
Physician's Visits:	Usual & Customary Charges
Pre-admission Testing:	Usual & Customary Charges
<i>(The Deductible will be waived and benefits will be paid for 100% of Covered Medical Expenses incurred for Pre-Admission Testing provided the resulting Hospital Confinement begins within 10 days.)</i>	
Psychotherapy:	Paid as any other Sickness / 30 days maximum

Outpatient

Surgery:	Usual & Customary Charges
Day Surgery Miscellaneous:	Usual & Customary Charges
<i>(Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.)</i>	

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Outpatient (Continued)

Anesthetist:	25% of surgery allowance
Outpatient Miscellaneous Benefit:	No Benefits
Physician's Visits:	Usual & Customary Charges
Physiotherapy:	Usual & Customary Charges
<i>(Outpatient Physiotherapy benefits are payable only for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation.)</i>	
Medical Emergency:	Usual & Customary Charges / \$500.00 maximum
X-Rays & Laboratory:	Usual & Customary Charges
<i>(This benefit includes one Pap Smear when rendered at the Student Health Center.)</i>	
Radiation Therapy:	Usual & Customary Charges
Tests & Procedures:	Usual & Customary Charges
Injections:	Usual & Customary Charges
Chemotherapy:	Usual & Customary Charges
Prescription Drugs:	\$300.00 maximum (Per Policy Year)
Student Health Center:	\$2.00 copay for generic \$5.00 for named brand drugs

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OUT OF NETWORK
2002-550-7
INJURY & SICKNESS**

Maximum Benefit	\$100,000.00 (For each Injury or Sickness)
Deductible	\$200.00 (Per Insured Person) (Per Policy Year)
Coinsurance	100% except as noted below

If two or more covered family members are injured in the same accident, only one Deductible will apply. Each Insured Person will be eligible for the Maximum Benefit.

After the Deductible of \$200.00 has been satisfied, benefits will be paid for 80% of Covered Medical Expenses incurred up to \$10,000.00. After the Company has paid \$10,000.00, payment will be made for 100% of additional Covered Medical Expenses incurred not to exceed \$100,000.00 maximum.

NOTE: If the University has a Student Health Center, the Deductible and Pre-existing Condition exclusion will be waived and benefits will be paid for 100% of Covered Medical Expenses incurred at the Student Health Center.

The Benefits payable are as defined in and subject to all provisions of this Policy and any endorsements thereto.

Inpatient

Room & Board:	70% of Usual & Customary Charges / \$275.00 per day
Hospital Miscellaneous:	70% of Usual & Customary Charges
Intensive Care	70% of Usual & Customary Charges
Physiotherapy:	Paid under Hospital Miscellaneous Benefit
Surgery:	Usual & Customary Charges
Assistant Surgeon:	25% of Surgery Allowance
	<i>(When required by the Hospital.)</i>
Anesthetist:	25% of Surgery Allowance
Registered Nurse:	Usual & Customary Charges
Physician's Visits:	Usual & Customary Charges
Pre-admission Testing:	Usual & Customary Charges
	<i>(The Deductible will be waived and benefits will be paid for 100% of Covered Medical Expenses incurred for Pre-admission testing provided the resulting Hospital Confinement begins within 10 days.)</i>
Psychotherapy:	Paid as any other Sickness / 30 days maximum

Outpatient

Surgery:	Usual & Customary Charges
Day Surgery Miscellaneous:	Usual & Customary Charges
	<i>(Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.)</i>
Anesthetist:	25% of Surgery allowance
Outpatient Misc. Benefit:	No Benefits
Physician's Visits:	Usual & Customary Charges
Physiotherapy:	Usual & Customary Charges
	<i>(Outpatient Physiotherapy benefits are payable only for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation.)</i>
Medical Emergency:	Usual & Customary Charges / \$500.00 maximum
X-Rays & Laboratory:	Usual & Customary Charges
	<i>(This benefit includes one Pap Smear when rendered at the Student Health Center.)</i>

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Outpatient (Continued)

Radiation Therapy	Usual & Customary Charges
Tests & Procedures	Usual & Customary Charges
Injections:	Usual & Customary Charges
Chemotherapy:	Usual & Customary Charges
Prescription Drugs:	\$300.00 maximum (Per Policy Year)
Student Health Center:	\$2.00 copay for generic \$5.00 for named brand drugs
	<i>(Birth control pills are paid up to \$3.00.)</i>
All other:	\$200.00 maximum
	<i>(Copays are \$5.00 for generic and \$10.00 for named brand drugs.)</i>
Psychotherapy:	Allowable Charges
	<i>(\$65.00 per day for individual therapy / \$20.00 per day for group therapy/ \$975.00 maximum)</i>

Other

Ambulance:	Usual & Customary Charges / \$300.00 maximum
Braces & Appliances:	No Benefits
Consultant:	Usual & Customary Charges
Dental:	Paid as any Other Injury
	<i>(Benefits paid on Injury to Sound, Natural Teeth only.)</i>
Alcoholism/Drug Abuse:	Paid under Psychotherapy Benefit
Maternity:	Paid as any other Sickness
	<i>(Benefits paid for Newborn Infant care while Hospital Confined.)</i>
Repatriation:	\$7,500.00 maximum
Medical Evacuation:	\$20,000.00 maximum
Supplemental Injury Benefits:	No Benefits
AD&D:	No Benefits
Intercollegiate Sports:	No Benefits

Conversion Permitted: No Continuation Permitted: No

Extension of Benefits

Other insurance: *Excess Insurance

*If benefit is designated, see endorsement attached.