

2009–2010

**STUDENT  
MEDICAL**

**Insurance Plan**

**For International Students,  
Graduate Assistants and Medical  
Students, including Visiting Scholars,  
Exchange Students and  
English Language Institute Students**

**FIU**

**FLORIDA  
INTERNATIONAL  
UNIVERSITY**



*Collegiate Risk Management*

(800) 922-3420

[www.collegiaterisk.com](http://www.collegiaterisk.com)



**BlueCross BlueShield  
of Florida**

An Independent Licensee of the  
Blue Cross and Blue Shield Association

## **Student Medical Insurance Plan**

Blue Cross and Blue Shield of Florida (BCBSF) is pleased to offer this summary brochure of the Blanket Accident and Sickness Medical Expense benefits available for Florida International University students and their eligible dependents. This brochure is not an insurance contract and nothing in this brochure shall override the actual benefits or eligibility criteria under the Florida International University Student Medical Insurance Plan. You may contact BCBSF's Customer Service Department at 800-664-5295 or Collegiate Risk Management at [www.collegiaterisk.com](http://www.collegiaterisk.com) for a copy of the benefit booklet. References to "we", "us" and "our" throughout refer to BCBSF.

### **Eligibility for Coverage**

#### **International Students:**

All International Students, scholars or other persons with a current passport and student visa (F-1 or J-1 visa) temporarily located outside their home country who have not been granted permanent residency status while engaged in educational activities at Florida International University and their Eligible Dependents are eligible for coverage. This includes International Students, Exchange Students, Visiting J-1 Scholars and English Language Institute students.

#### **Graduate Assistants:**

All Graduate Assistants are automatically enrolled in the plan, unless proof of other comparable coverage has been provided. Coverage for dependents is provided on a voluntary basis. The dependents must have the same coverage and enrollment dates as the students.

#### **Medical Students:**

All medical students are required to be continually covered by a health insurance plan throughout their enrollment. Students who do not provide annual documentation of comparable alternative coverage will be automatically enrolled in the plan. Coverage for dependents is also available on a voluntary basis. Dependents must have the same coverage and enrollment dates as the medical student.

#### **For All of the above Students:**

To be a covered person under the Policy, you must have paid the required premium and your name, address, student number and date of birth must have been included in the declaration made by your University. You must actively attend classes for at least the first 31 days of the period for which coverage is purchased, except in the case of medical withdrawal. The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is to terminate coverage.

## Eligibility Requirements for Dependent(s)

An individual who meets the eligibility criteria specified in the benefit booklet as an eligible dependent may apply for coverage under this Plan:

1. The covered student's spouse under a legally valid, existing marriage;
2. The covered student's natural, newborn, adopted, Foster, or step child(ren), (or a child for whom the covered student has been court-appointed as legal guardian or legal custodian) until the end of the calendar year in which the child reaches age 25 (or in the case of a Foster Child, is no longer eligible under the Foster Child Program), and dependent upon the covered student for financial support; and
  - a. living in the household of the covered student or is a full-time or part-time student; or
  - b. the child does not live in the household of the covered student and is not enrolled as a full or part-time student because the child has not met the age requirement to begin elementary school education; or
3. The newborn child of a covered dependent child. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child.

**Note:** It is your sole responsibility as the covered student to establish that a child meets the applicable requirements for eligibility. Eligibility will terminate on the date in which the child no longer meets the eligibility criteria required to be an eligible dependent.

## General Rules for Enrollment

Eligible students and eligible dependents may enroll for coverage according to the provisions specified in the benefit booklet. Any eligible student or eligible dependent who is not properly enrolled with us will not be covered under this Plan. We will have no obligation whatsoever to any individual who is not properly enrolled.

1. All eligible Florida International University students, including International Students, Graduate Assistants, Medical Students, Visiting Scholars, Exchange Students and English Language Institute students may enroll in this Student Medical Plan and may do so by submitting a Student Health and Accident Blanket Insurance Application (Enrollment Form) with the appropriate premium, or by completing the online enrollment application via credit card at [www.collegiaterisk.com](http://www.collegiaterisk.com), type in FIU at home page and click on submit.

Medical Students may go on-line to [www.collegiateriskmanagement.com](http://www.collegiateriskmanagement.com) to enroll by credit card. Type in FIU in upper right hand corner of home page and click on "submit" and follow the links for the Medical Student Application. Follow the link for on-line credit card enrollment.

International Students must return enrollment application form, along with cashier check or money order (U.S. Funds ONLY) payable to BlueCross and BlueShield of Florida to the University Health Services Complex, 111200 SW 8th St., Miami, FL 33199 or University Health Services, Biscayne Bay Campus, 3000 NE 151st St., North Miami, FL 33181. To buy on-line via Visa or MasterCard, log onto to [www.collegiateriskmanagement.com](http://www.collegiateriskmanagement.com), type in FIU in upper right hand corner of Home Page and follow the on-line credit card application link under International Students.

Graduate Assistants, Visiting Scholars, Exchange Students and English Language Institute Students must enroll through your various departments. For further information, contact:

Collegiate Risk Management  
110 Athens Street  
Tarpon Springs, FL 34689  
1-800-922-3420  
www.collegiaterisk.com

2. All eligible students who wish to apply for coverage for their eligible dependents under the Florida International University Student Medical Insurance Plan may do so by submitting the Student Health and Accident Blanket Insurance Application ("Enrollment Form") with the appropriate premium, or by enrolling online at the Collegiate Risk Management website [www.collegiaterisk.com](http://www.collegiaterisk.com). The application and premium should be remitted to Collegiate Risk Management within 30 days following the beginning of the period for which the student is enrolling.  
**Please note: Dependent coverage is available only if the student is insured under the plan, and the dependent's coverage period must be the same as the student's.**
3. All factual representations on the Enrollment Forms must be accurate and complete. Any false, incomplete, or misleading information provided during the enrollment process, or at any other time, may result, in addition to any other legal right(s) we may have, in disqualification for, termination, or rescission of coverage.
4. We will not provide coverage and benefits to any individual who would not have been entitled to enroll with us, had accurate and complete information been provided on a timely basis. In such cases, we may require you or an individual legally responsible for you, to reimburse us for any payments we made on your behalf.

Enrollment forms are different for various departments and colleges within the University. You may obtain enrollment forms from your Department, The University Health Center or on-line at [www.collegiaterisk.com](http://www.collegiaterisk.com).

Dependent enrollment forms may be found on-line, printed out, and mailed to Collegiate Risk Management at 110 Athens Street, Tarpon Springs, FL or by enrolling on-line via credit card. Simply follow the instructions on the applications or if questions call Collegiate Risk Management at 1-800-922-3420.

## Electing Coverage

When making application for coverage, you must elect one of the types of coverage available under the Florida International University program. The student must enroll for the dependents to be covered:

**Student Only Coverage** - covers the eligible student only.

**Student/Spouse Coverage** - covers the eligible student and the student's spouse under a legally valid, existing marriage.

**Student/Child(ren) Coverage** - covers the eligible student and the student's eligible child or children only.

**Student/Family Coverage** - covers the eligible student and the student's eligible dependents.

## Enrollment Periods

Coverage for an individual (except for whom the Continuous Coverage provision described herein applies), who makes a premium payment in accordance with the Enrollment provisions stated herein, shall become effective and terminated on the dates on the enrollment applications submitted

## **Termination of a Covered Student's Coverage**

If you withdraw from Florida International University within the first 31 calendar days of the semester, you will receive a full refund of the insurance premium unless you or your covered dependent files a medical claim. If you withdraw from Florida International University after the first 31 calendar days of the semester, your coverage will remain in effect until the end of the term for which you have paid premium. No refunds will be granted after the first 31 calendar days of the semester.

This also applies to students on leave of absence for medical or academic reasons, graduating students, and students choosing to enroll in a separate, comparable, or better plan during the policy period.

A covered person entering the armed forces of any country will not be covered under the Plan as of the date of such entry. A pro-rata refund of premium will be made for such person, and any of the student's covered dependents, upon written request submitted by the University through Collegiate Risk Management and received by us within 90 days of withdrawal from the school.

A Covered student's coverage will automatically terminate at 12:01 a.m.:

1. on the date the School Master Policy terminates;
2. on the last day of the period for which you have paid premium;
3. on the date the covered student's coverage is terminated for cause (see the Termination of Coverage for Cause subsection of the benefit booklet);
4. on the date specified by the school that the covered student's coverage terminates; or
5. on the date the covered student enters the armed forces of any country. A pro rata refund of premium will be made for such student upon written request, if the referenced request is made within 90 days of the withdrawal from the school.

## **Termination of a Covered Dependent's Coverage**

A covered dependent's coverage will automatically terminate at 12:01 a.m.:

1. on the date the School Master Policy terminates;
2. on the date the covered student's coverage terminates for any reason;
3. on the date the covered dependent fails to meet any of the applicable eligibility requirements (e.g., a child reaches the limiting age, or a spouse is divorced from the covered student);
4. on the date we specify that the covered dependent's coverage is terminated by us for cause;
5. on the date specified by the school that the covered dependent's coverage terminates; or
6. on the date the covered dependent enters the armed forces. A pro rata refund of premium will be made for such dependent upon written request, if the referenced request is made within 90 days of the dependent's entry in the armed forces.

## **Termination of Coverage for Cause**

If, in our opinion, any of the following events occur, we may terminate an individual's coverage for cause:

1. fraud, material misrepresentation or omission in applying for coverage or benefits;
2. the knowing misrepresentation, omission or the giving of false information by or on your behalf; or
3. misuse of the identification card.

## Physicians, Hospitals, and Other Providers

### Introduction

It is important for you to understand how the provider you select and the setting in which you receive health care services affects how much you are responsible for paying under this plan. The benefit booklet, along with the schedule of benefits and our provider directory, describes the health care provider options available to you and our payment rules for services you receive.

As used throughout this section, “out-of-pocket expenses” or “out-of-pocket” refers to the amounts you are required to pay, including any applicable copayments, the benefit period deductible and/or coinsurance amounts for covered services.

You are entitled to preferred provider type benefits when you receive covered services from in-network providers. You are entitled to traditional program type benefits at the point of service when you receive covered services from traditional program providers.

### Provider Participation Status

In order to help control health care costs, we have entered into contracts with certain providers to participate in NetworkBlue, one of our preferred provider networks. We have also entered into contracts with certain providers to participate in our traditional program. The allowances we establish are called allowed amounts. The amount you are responsible for paying out-of-pocket for a particular covered service is based on our allowed amount for that covered service. Your schedule of benefits designates the panel of NetworkBlue providers who are participating for your specific plan of coverage. This is important because these providers are considered your in-network providers for purposes of this coverage.

For additional information regarding NetworkBlue and traditional program providers, refer to the benefit booklet.

## Florida International University University Health Services (UHS)

**FIU University Health Services (UHS) provides access to quality health care and prevention services at both the University Park and Biscayne Bay Campuses. The various components which make up UHS, including the General Medical Clinic, a Women’s Health Clinic, Lab Services, and Pharmacy, who work in unison to provide students with a comprehensive and holistic health services experience. Students who are covered by the Student Medical Insurance Plan incur no out-of-pocket expenses, when accessing services at UHS, as these services are covered at 100%, in addition to being waived from the benefit period deductible. Prescriptions filled at the UHS Pharmacy will carry a required co-payment.**

### To verify if a Provider is In-Network for your plan you can

Access the BlueOptions (NetworkBlue) provider directory on our website at [www.bcbsfl.com](http://www.bcbsfl.com).

### In-Network Providers

When you use in-network providers, your out-of-pocket expenses for covered services will be lower. We will base our payment on the allowed amount at the coinsurance percentage listed in the schedule of benefits.

### Out-of-Network Providers

When you use out-of-network providers, your out-of-pocket expenses for covered services will be higher. We will base our payment on the allowed amount at the coinsurance percentage listed in the schedule of benefits. Further, if the out-of-network provider is a traditional program provider, our payment to such provider may be under the terms of that provider’s contract.

## Providers Outside the State of Florida

In most cases when you travel outside the state of Florida, you can take advantage of savings the local Blue Plan has negotiated with doctors and hospitals in the area. For covered services, you should not have to pay any amount above these negotiated rates. To find nearby doctors and hospitals outside Florida, call BlueCard® Access at **1-800-810-BLUE (2583)** or visit the BlueCard Doctor and Hospital Finder at **www.bcbs.com**.

## U.S. Benefits for International Students

State and federal law requires that all International Students be covered for medical evacuation and repatriation services when studying in the U.S. International Students have this coverage if they are covered under this plan. If the Student/Scholar has another health plan that does not include medical evacuation and repatriation services, the student/scholar has the option to purchase this coverage on a stand alone basis for \$40 per person, per policy year through Collegiate Risk Management. An application may be obtained through your department or at the University Health Services on your campus.

## International Benefits When You Travel or Study Abroad

BlueCard® Worldwide has you covered when you travel or study abroad. Through the World Access Service Corporation program, you have access to doctors and hospitals in more than 200 countries and territories around the world. All medical services and medical transportation must be authorized when traveling abroad by calling collect to 804-965-8071.

## Europ Assistance – Global Emergency Travel Assistance Services

If you are insured under this plan, you also have the added benefit of having travel assistance services and coverage through Europ Assistance USA, part of one of the world's largest travel assistance companies, with offices in 35 countries and ground support in over 200 countries and territories.

Coverage dates for these benefits, will be the same dates as your medical coverage. You have access to Pre-Trip Information services at all times. Furthermore, you may access more details about your travel assistance program online [www.europassistance-usa.com](http://www.europassistance-usa.com); E-Services – User ID and Password are available with information you will find very useful when traveling or planning a trip.

Medical related services are available whenever you are at least 100 miles away from your primary home (in the US or abroad). EA USA will provide all of the following services and will pay for related medical transport expenses as follows:

- **Medical Referrals** (*dental, doctors, hospitals*)
- **Hospital Admission Guarantee** (*you must provide a repayment guarantee and file for reimbursement with your insurance*)
- **Emergency Medical Evacuation** (*covered up to \$1,000,000 combined for all transport related services*)
- **Emergency Medical Repatriation** (*covered up to \$1,000,000 combined for all transport related services*)
- **Return of Mortal Remains** (*covered up to \$1,000,000 combined for all transport related services*)
- **Visit of Family Member or Friend** (*when you are critically ill or injured and/or likely to be hospitalized for more than 7 days; covered up to \$1,000,000 combined for all transport related services*)
- **Prescription Assistance**
- **Lost Luggage and Document Assistance**
- **Interpreters and Legal Referral Services**
- **Care for Minor Children**

If you, or your dependents, are enrolled in this plan, you are automatically covered and do not need to re-enroll to have this coverage.

For travel assistance call 1-877-421-8659 or 1-240-330-1524.

## Schedule of Benefits

This is not a contract. This is a summary of benefits only.

**Benefit Period is from 8/20/2009 – 8/19/2010**

**College of Medicine Benefit Period is 8/3/09 – 8/2/10**

### Benefit for Covered Services

Maximum Benefit Paid
Benefit Period Deductible (DED)
Out of Pocket Maximum
<b>INPATIENT</b>
Pre Admission Certification
Room & Board
Hospital Expense
Intensive Care
Routine Newborn (Nursery charges)
Physiotherapy
Surgeon's Fees
Assistant Surgeon
Anesthetist
Registered Nurse's Services/Private Duty Nursing
Physician's Visits
Pre-Admission Testing (standard pre-admit testing)
Psychotherapy
Substance Abuse (includes Rehab)

Refer to the Master Policy, its terms prevail.

In-Network	Out-of-Network
\$250,000 (Applies per person, per benefit period)	
\$100 per person per benefit period	
\$2,000 per person, per benefit period	\$4,000 per person, per benefit period
Network participating providers are responsible for providing admission notification for any inpatient admission to acute care facilities.	If member elects to go to a non-participating provider, the member or hospital is responsible for providing admission notification.
DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
No day maximum	
DED + 80% of allowed amount	DED + 70% of allowed amount*
No maximum	
DED + 80% of allowed amount	DED + 70% of allowed amount*
Multiple surgical procedures will be based on 50% of the allowed amount.	
DED + 80% of allowed amount	DED + 70% of allowed amount*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures allowed amount	
DED + 80% of allowed amount	DED + 70% of allowed amount*
Private Duty Nurses - Not covered	
DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
MH: 30 days inpatient per benefit period; No dollar max	
DED + 80% of allowed amount	DED + 70% of allowed amount*
\$5,000 Lifetime Maximum (inpatient / outpatient services)	

<b>Benefit for Covered Services</b>
<b>OUTPATIENT</b>
Surgeon's Fees
Day Surgery Miscellaneous
Assistant Surgeon
Anesthetist
Medical Emergency Expenses
Urgent Care Centers
X-Rays
Independent Clinical Lab
Injections
Radiation Therapy/ Chemotherapy
Test & Procedures
Physician's Visits

<b>In-Network</b>	<b>Out-of-Network</b>
DED + 80% of allowed amount	DED + 70% of allowed amount*
Outpatient Hospital Facility: DED + 80% of allowed amount; **ASC facility: \$100 copay	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures's allowed amount	
DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + \$50 Copay + 80% of allowed amount	DED + \$100 Copay + 70% of allowed amount*
ER copay waived if admitted	
DED + \$25 Copay + 80% of allowed amount	DED + \$25 Copay + 70% of allowed amount*
Office Location: Included in applicable copay; Other Locations: DED + 80% of allowed amount	DED + 70% of allowed amount*
\$0 member responsibility	DED + 70% of allowed amount*
Office Location: Included in applicable copay; Other Locations: DED + 80% of allowed amount	DED + 70% of allowed amount*
Office Location: Included in applicable copay; Other Locations: DED + 80% of allowed amount	DED + 70% of allowed amount*
Office Location: Included in applicable copay; Other Locations: DED + 80% of allowed amount	DED + 70% of allowed amount*
Office Location: Family Physician \$20 copay, Specialist \$20 copay	DED + 70% of allowed amount*

<b>Benefit for Covered Services</b>
Physiotherapy <i>(Combined Therapies and Spinal Manipulations)</i>
Prescription Drugs <i>(Students pay a \$15 for generic and a \$30 for brand name co-pays)</i>
Psychotherapy
Substance Abuse
<b>OTHER</b>
Ambulance Services
Durable Medical Equipment
Consultant Physician Fees

<b>In-Network</b>	<b>Out-of-Network</b>
Office Location: Included in applicable copay; Other Locations: DED + 80% of allowed amount	DED + 70% of allowed amount*
Outpatient Therapies and Spinal Manipulations: \$2,000 maximum per benefit period; limited to 4 modalities per day; 26 manipulations per benefit period	
100% after co-pay up to Max	Member pays full cost, submits claim; reimbursed 80% allowed amount
\$1,000 benefit period maximum (includes contraceptives)	
Office Location: Included in applicable copay; Other Locations: DED + 80% of allowed amount	DED + 70% of allowed amount*
MH: 30 outpatient visits per benefit period; No dollar maximum	
Office Location: Included in applicable copay; Other Locations: DED + 80% of allowed amount	DED + 70% of allowed amount*
\$5,000 Lifetime Maximum (inpatient / outpatient services)	
DED + 80% of allowed amount	DED + 80% of allowed amount*
Ground \$400 p/day; Air/Water: \$4,000 p/day	
DED + 80% of allowed amount	DED + 70% of allowed amount*
\$1,000 per benefit period	
Office Location: Included in applicable copay; Other Locations: DED + 80% of allowed amount	DED + 70% of allowed amount*

<b>Benefit for Covered Services</b>
Dental Treatment <i>(For Accidental Injury Only)</i>
Mammograms
Maternity/Complications of Pregnancy/ Elective Abortion
Child Health Supervision Services/Well Child
<b>OTHER SPECIAL COVERAGES</b>
Wellness Labs - Only covered at Quest Labs
Immunizations and Vaccinations
Routine Physical Exams
Gyn Exams

Please refer to the benefit booklet for a list of exclusions

In-Network reimbursement based on participating allowed amount

\*Out-of-Network reimbursement based on participating allowed amount, balance billing protection if provider participates in our Traditional or BlueCard program

\*\* Ambulatory Surgical Center (ASC)

## Premium Rates

Premium rates can be found on the applications for your various departments and correspond to the various dates of coverage or you may log onto [www.collegiaterisk.com](http://www.collegiaterisk.com) for enrollment forms with rates and dates of coverage.

<b>In-Network</b>	<b>Out-of-Network</b>
Dependent on location of service	Dependent on location of service
Limited to care and treatment initiated within 62 days of an accidental dental injury	
DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
Office location: Family Physician \$25 copay; Specialist \$40 copay	Waive DED; 70% of allowed amount*
<b>OTHER SPECIAL COVERAGES</b>	
100% (Only at Quest)	Not Covered
Not Covered	

Pre-Existing Conditions Limitations apply: We will not pay benefits for a condition for the first 6 months of coverage which a covered person received medical treatment, care, or advice within 6 months prior to enrolling in this plan. Prior coverage credit can be provided if the student submits proof of prior coverage as outlined in the master policy.

## **Where to Find Help**

### **Enrollment and Pre-Enrollment Benefit Questions**

Collegiate Risk Management  
110 Athens Street  
Tarpon Springs, FL 34689  
1-800-922-3420  
[www.collegiaterisk.com](http://www.collegiaterisk.com)

### **Blue Cross and Blue Shield of Florida BlueOptions (NetworkBlue) Provider Directory**

[www.bcbsfl.com](http://www.bcbsfl.com)

### **Florida International University**

University Health Services – UHSC 280  
Phone: 305-348-6839  
Fax: 305-348-6655

University Health Services, BBC  
(Biscayne Bay Campus)  
Phone: 305-919-5620  
Fax: 305-919-5312  
[www.fiu.edu/~health](http://www.fiu.edu/~health)



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