

2009 - 2010 STUDENT MEDICAL Insurance Plan



FIU

FLORIDA INTERNATIONAL UNIVERSITY

Servicing Agent:

Collegiate Risk Management

110 Athens Street

Tarpon Springs, FL 34689

800-922-3420

Website: www.collegiaterisk.com

This Plan Underwritten By:

Monumental Life Insurance Company

Cedar Rapids, Iowa 52499

an AEGON company

Visit us on the web:

www.BollingerColleges.com/FIU

Policy Number: CFL217F

Policy Form: SH1000GPM.FL(Rev. 03-07)



FIU

FLORIDA INTERNATIONAL UNIVERSITY

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 covered 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

STUDENT MEDICAL INSURANCE PLAN

Monumental Life Insurance Company 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. References to “we”, “us” and “our” throughout refer to Monumental Life Insurance Company.

ELIGIBILITY FOR COVERAGE

All domestic degree-seeking students enrolled in Florida International University taking a minimum of six (6) credit hours are eligible to enroll in the Student Medical Insurance Plan on a voluntary basis. Each student who is eligible to participate in the Student Medical Insurance Plan, and who meets and continues to meet our eligibility

requirements described in the benefit booklet, shall be entitled to apply for coverage with us under this Plan during open enrollment, which is the first 30 days of each semester. In order to be eligible to enroll as a covered student, an individual must be an eligible student. An eligible student must meet each of the following requirements:

1. Is one of the following types of students:
 - a. a domestic degree-seeking student who is regularly scheduled for a minimum of six (6) credit hours;
 - b. a graduate student;
 - c. a visiting scholar (post doctorate); and
2. Must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, internet, and television (TV) courses do not fulfill the eligibility requirement that the student actively attend classes.

If the eligibility requirements are not met, our only obligation is to refund the premium, less any claims paid.

ELIGIBILITY REQUIREMENTS FOR DEPENDENT(S)

An individual who meets the eligibility criteria specified in the benefit booklet is an eligible dependent and 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 this brochure. 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 domestic students who wish to enroll in the Florida International University Student Medical Insurance Plan may do so by submitting a Student Health and Accident Blanket Insurance Enrollment Form with the appropriate premium, or by completing the online enrollment application at 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 you are enrolling. For further information, contact:

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

or contact Florida International University
Health Services at 305-348-6839.

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. 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 PERIODS

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 - The enrollment periods that apply for coverage are as follows:

Open Enrollment Period

Is the period of time during which each eligible student is given an opportunity to select coverage. The period is established by the school and us, and will end 30 days following the beginning of the period for which you are enrolling. If the Enrollment Form is submitted after the applicable deadline, it will not be accepted in the absence of a significant lifechange, and the student (or dependent) will have to wait until the next open enrollment period to apply.

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 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;
3. or misuse of the identification card.

Students participating in this plan will have access to First Health, a nationwide Preferred Provider Organization network of healthcare professionals. First Health will provide discounted fees for services rendered.

Access the First Health provider directory at www.firsthealth.com or from your student health insurance website at :

www.BollingerColleges.com/FIU or
www.Collegiaterisk.com.

REPATRIATION EXPENSE

If the Insured dies prior to his/her termination date of coverage under the Policy, benefits will be paid up to a maximum of \$10,000.00 for the preparation of the body for burial or cremation in the home country or Insured's place of residence including: a) cost of embalming; b) coffin; c) transportation of the body to the Insured's home country or state, if an out-of-state student. This benefit does not include the transportation expense of anyone accompanying the deceased.

MEDICAL EVACUATION

If the insured prior to his/her termination date of coverage under the Policy, has been Hospital confined for at least five (5) consecutive days and can no longer continue as a registered student of the Policyholder, benefits will be paid up to a maximum of \$10,000.00 for transportation to the nearest suitable hospital or the Insured's home country or state, if an out-of-state student, upon recommendation by the attending Physician and prior approval by the Company.

PRE-EXISTING CONDITION LIMITATION

No benefits will be payable for the Covered Person's Pre-existing Conditions. They are defined as an Injury sustained or a Sickness for which the Covered Person was medically treated or advised by a Physician within the six months immediately prior to his Effective Date of Coverage under this Policy.

This Pre-Existing Conditions Limitation provision does not apply to:

- (1) Genetic information in the absence of a diagnosis of the condition related to such information;
- (2) a Covered Person who, as of the last day of the 30-day period beginning with the date of birth, was covered under prior creditable coverage;
- (3) a Covered Person who has prior coverage without a lapse of 62 days or more;
- (4) a child who is adopted or placed for adoption before attaining 18 years of age; and as of the last day of the 30-day period beginning on the date of adoption or placement for adoption, is covered under creditable coverage;
- (5) pregnancy.

Covered Medical Expenses resulting from a Pre-existing Condition will not be covered unless: (1) six consecutive months have elapsed during which no medical treatment or advice is given by a Physician for such condition; or (2) the Covered Person has been insured under this Policy or the University's prior policies for the immediate prior year; or (3) the Covered Person has been receiving benefits under the University's prior policies and has been continuously insured since the date of accident, Injury, or Sickness, whichever occurs first.

Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions unless evidence of breast cancer is found during or as a result of the follow-up care.

MANDATED BENEFITS

The Plan will pay benefits for the following Mandated Benefits and any other mandate in accordance with Florida insurance laws: Mammography Benefit; Prosthetic Device and Reconstructive Breast Surgery Benefit; Post-Surgical Mastectomy Care Benefit; Osteoporosis Prevention and Treatment; Maternity, Mid-Wife Care; Post Delivery Care Diabetes Supplies, Equipment and Self-Management Training Benefit; Dental General Anesthesia Benefit and Hospital Dental Procedure Benefit ; Bone Marrow transplant; Enteral formulas coverage; Cleft lip and cleft palate of children coverage; Mental and Nervous Disorders; Substance Abuse; Children Health Supervision Services; Well baby & child screening for Autism.

SCHEDULE OF BENEFITS

Benefit for covered Services
Maximum Benefit Paid
Benefit Period Deductible (DED)
Repatriation/Medical Evacuation
INPATIENT
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 <i>(standard pre-admit testing)</i>
Psychotherapy
Substance Abuse

In-Network	Out-of-Network
Domestic Students \$25,000* (Applies per person, per benefit period)	
\$100 per person per benefit period	\$300 per person per benefit period
\$10,000 / \$10,000	
DED + 80% of Allowable Charge	
DED + 80% of Allowable Charge	DED + 50% of U&C*
DED + 80% of Allowable Charge	DED + 50% of U&C*
DED + 80% of Allowable Charge	DED + 50% of U&C*
No day maximum	
DED + 80% of Allowable Charge	DED + 50% of U&C*
No day maximum	
DED + 80% of Allowable Charge	DED + 50% of U&C*
Multiple surgical procedures will be based on 50% of the allowed amount	
DED + 80% of Allowable Charge	DED + 50% of U&C*
Surgical Assistant is limited to 20% of the surgical procedures allowed amount	
DED + 80% of Allowable Charge	DED + 50% of U&C*
Private Duty Nurses - Not covered	
DED + 80% of Allowable Charge	DED + 50% of U&C*
DED + 80% of Allowable Charge	DED + 50% of U&C*
DED + 80% of Allowable Charge	DED + 50% of U&C*
30 days inpatient ; No dollar maximum	
DED + 80% of Allowable Charge	DED + 50% of U&C*
\$5,000 Lifetime Maximum (inpatient / outpatient services)	

*(Benefits in excess of \$25,000, will be paid at 80% by Markel, Ins. Co. to a combined \$250,000 maximum for students and 50% up to a combined maximum of \$100,000 for dependents)

Benefit for covered Services
OUTPATIENT

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

Physiotherapy
(Combined Therapies and Spinal Manipulations)

Prescription Drugs
(contraceptives included)

In-Network	Out-of-Network
DED + 80% of Allowable Charge	DED + 50% of U&C*
Outpatient Hospital Facility: DED + 80% of Allowable Charge Ambulatory Surgical Center: \$100 copay	DED + 50% of U&C*
DED + 80% of Allowable Charge	DED + 50% of U&C*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures allowed amount	
DED + 80% of Allowable Charge	DED + 50% of U&C*
Deductible + \$100 Copay + 80% of Allowable Charge	Deductible + \$100 Copay + 50% of Allowable Charge
Emergency Room copay waived if admitted	
DED + \$50 Copay + 80% of Allowable Charge	DED + \$50 Copay; 50% of Allowable Charge
Office location: Included in applicable copay. Other locations: DED + 80% of Allowable Charge	DED + 50% of U&C*
\$0 member responsibility	DED + 50% of U&C*
Office location: Included in applicable copay. Other locations: DED + 80% of Allowable Charge	DED + 50% of U&C*
Office location: Included in applicable copay. Other locations: DED + 80% of Allowable Charge	DED + 50% of U&C*
Office location: Included in applicable copay. Other locations: DED + 80% of Allowable Charge	DED + 50% of U&C*
Office Location: Family Physician DED+ \$25 copay, Specialist DED + \$40 Copay	DED + 50% of U&C*
Office Location: Included in applicable copay; Other Locations: DED + 80% of Allowable Charge	DED + 50% of U&C*
Outpatient Therapies and Spinal Manipulations: \$1,000 maximum per Benefit Period; limited to 4 modalities per day; 26 manipulations per Benefit Period	
\$15 generic / \$40 name brand	Member pays full cost, submits claim; reimbursed 80% of Allowable Charge
\$1,000 Maximum per Benefit Period (includes contraceptives)	

Benefit for covered Services

Psychotherapy

Substance Abuse

Other

Ambulance Services

Durable Medical Equipment

Consultant Physician Fees

Dental Treatment

Maternity/Complications of Pregnancy/
Elective Abortion

Child Health Supervision Services/
Well Child

Other Special Coverages

Immunizations and Vaccinations

One physical exam per benefit period

One gynecological exam per benefit period

In-Network	Out-of-Network
Office Location: Included in applicable copay; Other Locations: Deductible + 80% of Allowable Charge	DED + 50% of U&C*
20 outpatient visits per calendar year; no dollar maximum	
Office Location: Included in applicable copay; Other Locations: Deductible + 80% of Allowable Charge	DED + 50% of U&C*
\$5,000 Lifetime Maximum (inpatient / outpatient services)	
DED+ 80% of Allowable Charge	DED + 50% of U&C*
Ground \$400 per day; Air/Water: \$4,000 per day	
DED+ 80% of Allowable Charge	DED + 50% of U&C*
\$1,000 per calendar year	
Office Location: Included in applicable copay; Other Locations: DED + 80% of Allowable Charge	DED + 50% of U&C*
Dependent on location of service	Dependent on location of service
Limited to care and treatment within 62 days of an accidental dental injury	
DED+ 80% of Allowable Charge	DED + 50% of U&C*
Office Location: Family Physician DED + \$25 copay, Specialist DED + \$40 Copay	Waive DED; 50% of U&C
(One flu vaccination per benefit period covered at University Health Services Only)	
(Covered at University Health Services Only)	
(Covered at University Health Services Only)	

*Out-of-Network reimbursement based on Usual & Customary Charges. (U&C)

CATASTROPHIC ACCIDENT AND SICKNESS BENEFITS

Further benefits are provided for all insureds under the Accident and Sickness plan, after \$25,000 of Covered medical expenses has been paid under the base college accident and sickness through Monumental/Bollinger portions of this Plan, payment will be made for Covered medical expenses incurred per Injury or Sickness under the Markel portion of the plan, which will pay 80% for students up to a combined maximum benefit of \$250,000 and 50% for dependents up to a combined maximum of \$100,000.

The University Accident and Sickness Plan underwritten by Monumental Life Insurance company has a maximum benefit of \$25,000. After the Covered Student has reached the maximum benefit, no further benefits will be provided by Monumental Life Insurance Company. Further benefits are provided under the Policy underwritten by Markel Insurance Company. The Markel underwritten Accident and Sickness Coverage is not an extension of the University Accident and Sickness Plan underwritten by Monumental. It contains its own exclusions, provisions, and conditions. Claims under the Markel Accident and Sickness Coverage are administered by MCA Administrators, Inc. at 1-800-427-9310.

To obtain complete information about this coverage, including the terms, conditions and exclusions, please contact the Servicing Agent – Collegiate Risk Management at 1-800-922-3420.

NOTE:The Catastrophic Accident and Sickness Benefits are not connected with, or provided by Monumental Life Insurance Company, or Bollinger, Inc.

EXCLUSIONS

- (1) Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
- (2) Services that are provided normally without charge by the University's health center, infirmary or Hospital; services for free provided by the University, or services rendered by any person employed by the University, including school team Physician and trainer, or any other services performed at no cost;
- (3) Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
- (4) Routine Physician examinations, preventive testing or treatment, screening exams or testing in the absence of Sickness or Injury, pre-marital examinations, pre-employment examinations, health examinations or pre-school physical examinations, and association laboratory work, not including child and newborn care specifically provided under this Policy, mammograms and routine Papanicolaou cytology test; or
- (5) Cosmetic surgery, except for the correction of birth defects, correction of deformities resulting from cancer surgery, or surgery that is required as a result of an Injury which necessitates medical treatment within 24 hours of the accident. Correction of deviated nasal septum shall be considered as Cosmetic surgery for the purpose of this Policy;
- (6) Injury resulting from racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), or any other hazardous sport or hobby;
- (7) Declared or undeclared war, riot, civil disorder or civil commotion;
- (8) Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane;
- (9) Injury sustained or Sickness contracted while in the service of the armed forces of any country. When an Insured enters the armed forces, we will refund any unearned pro-rata premium with respect to such person;

- (10) Injury or Sickness for which benefits are paid under any Worker's Compensation or Occupational Disease Law;
- (11) Treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
- (12) Injury resulting from the playing, practice, participating, or conditioning in any inter-collegiate or interscholastic, sport contest or competition sponsored by the University, any professional or semi-professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant.
- (13) Treatment for acne; breast implants, except for prosthetic devices incident to a mastectomy; breast reduction; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof; family planning; infertility (male or female), including any services or supplies rendered for the purpose or with the intent or inducing conception; learning disabilities; lesions; warts; obesity and any condition resulting therefrom (including hernia of any kind); inguinal hernia; sleep disorders; tubal ligation; and vasectomy;
- (14) Expenses for preventative medicines, serums, or vaccines or treatment where no Injury or Sickness is involved, except as required by law, or injections administered during an outpatient visit, except an injection given by a Physician in private practice who will certify that a Medical Emergency was required for the condition;
- (15) Accident sustained or Sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, or narcotics, unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician;
- (16) Treatment of temporomandibular joint dysfunction (TMJ) and associated myofacial pain (except as specifically provided under this Policy), except diagnosis or surgical procedures involving bones or joints of the jaw and facial region.

STUDENT ASSISTANCE SERVICES

(Administered by On Call International)

The following services are available for use by the students insured under this plan. For additional information, please refer to the plan web site: www.BollingerColleges.com/FIU.

Nurse Advise Line: Clinical assessment, education and general health information performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Students. Nurses shall not diagnose a Student's ailments.

Travel Assistance Services: Services provided include: Emergency Medical Transportation (Evacuation/Repatriation); Medical Monitoring; Medical, Dental, & Pharmacy Referrals; Deposit, Advance, & Payment Guarantees; Dispatch of Medicine, Physician, or Nurse; Return of Deceased Remains; Return of Minor Children Assistance; Pre-Trip Information; 24/7 Emergency Travel Arrangements; Translation Assistance; Emergency Travel Funds Assistance; Worldwide Legal Assistance; Lost/Stolen Travel Documents Assistance; Emergency Message Forwarding; and Lost Luggage Assistance.

Bedside Visit: In the event that a covered student will be hospitalized 7 days or longer, On Call International will provide a benefit of up to \$2,500 for a parent or family member to join the hospitalized student. The benefit can go towards transportation and accommodations. In all cases On Call International must make and pay for the travel and accommodations arrangements. There is no reimbursement for transportation or accommodations if made by the family or school.

Emergency Return Home: If a parent or sibling of a covered student dies or is hospitalized for a life threatening illness while the student is away at school (100 miles or more), On Call International will provide a benefit of up to \$2,500 for the student to return home. In all cases On Call International must make and pay for the travel arrangements. There is no reimbursement for transportation if made by the student, family or school.

Identity Theft Recovery Assistance: On Call International has an Identity Theft Recovery Unit who will listen, document, support, and guide participants who experience identity theft.

**U.S. & Canada Toll Free: 866-525-1955 /
International Collect: 603-328-1955**

Note: The On Call related services listed above are not insurance and are not connected with or provided by Monumental Life Insurance Company.

WHERE TO FIND HELP

Enrollment and Pre-Enrollment Questions

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

Bollinger Inc.

P.O. Box 727
Short Hills, NJ 07078-727
(866) 267-0092 (Claims/Coverage)
(800) 526-1379 (Other Questions)
www.BollingerColleges.com/FIU

Provider Directory

**www.FirstHealth.com or go to the
provider search link on
www.BollingerColleges.com/FIU**

Florida International University

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

IN THE EVENT OF INJURY OR SICKNESS

In the event of a non-emergency Injury or Sickness, report to the Health Services for treatment or referral. Or, when not in school, to a physician or Hospital.

CLAIM PROCEDURES

1. Written proofs of loss (itemized bills) must be furnished within 90 days from the date of loss.
2. A claim form is not required.
3. Pre-authorization and pre-certification of the benefits to providers of medical service are not required nor provided by us.
4. Mail your itemized hospital or medical bills to:



P.O. Box 727
Short Hills, NJ 07078-727
(866) 267-0092 (Claims/Coverage)
(800) 526-1379 (Other Questions)

Preferred Provider Network:



Servicing Agent:

Collegiate Risk Management

110 Athens Street
Tarpon Springs, FL 34689
Phone: 1-800-922-3420 Fax: 727-939-8323
www.Collegiaterisk.com

PLEASE PRINT OUT THIS BROCHURE AND KEEP IT AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included on this brochure. If any discrepancy exists between the brochure and the Policy, the Master Policy will govern and control the payment of benefits.

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