

2009—2010

**STUDENT  
MEDICAL**

**DOMESTIC COMPREHENSIVE  
Insurance Plan**



*Collegiate Risk Management*

(800) 922-3420  
(850) 644-4250  
[www.collegiaterisk.com](http://www.collegiaterisk.com)

  **BlueCross BlueShield  
of Florida**  
An Independent Licensee of the  
Blue Cross and Blue Shield Association



## Welcome Florida State University students to the 2009-2010 policy year

Florida State University requires all full-time students new to the university to maintain adequate health insurance coverage. Returning students are encouraged to have health insurance as well. By partnering with Collegiate Risk Management and Blue Cross Blue Shield of Florida, FSU is pleased to continue to offer health insurance that provides protection against illness and accident at an affordable cost. This year, two different plan options are available, basic or comprehensive coverage. Both plans cover hospitalization and a variety of health care services including coverage for services provided at Thagard Student Health Center (lab tests, radiology services, procedures and medical supplies). The comprehensive plan provides \$2500 in prescription benefits per school year and has a lower deductible of \$250. Please choose carefully, as you will not be permitted to switch mid-year. Each plan has a separate benefit plan, as well as a cost factor.

Some students may already be insured under another plan and may waive coverage under the University's plan. Many students, however, may need to purchase coverage independently. Parental plans can limit your coverage away from your home area and away-from-home benefits may be very expensive or not available at all. Some plans may have referral requirements for your care. If your current health insurance does not provide coverage while you are attending FSU or if your coverage will end during the academic year, we suggest you consider enrolling in one of these plans.

Questions about how to purchase the university sponsored plan or waive enrollment may be directed to the Health Compliance Office at **850-644-3608** or **healthcompliance@admin.fsu.edu** or to Collegiate Risk Management, our insurance broker, at **850-644-4250** or **800-922-3420** or at [crm@collegiaterisk.com](mailto:crm@collegiaterisk.com). Questions about benefits and utilization may be directed to Blue Cross Blue Shield of Florida customer service at **800-967-8938**.

Read this brochure carefully. It has important information about who may apply and who must be covered by health insurance as a condition of enrollment at FSU. Please visit **[www.studentinsurance.fsu.edu](http://www.studentinsurance.fsu.edu)** for more information.

We wish you a healthy and successful year ahead.

Sincerely,

*Lesley Sacher*

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# Student – Comprehensive Domestic Medical Insurance Plan

The Florida State University Comprehensive Domestic Student Health Insurance Plan has been developed especially for domestic Florida State University students. The Plan provides coverage 24 hours a day for illnesses and injuries that occur on and off campus or when traveling around the world. The Plan includes special cost-saving features to keep the coverage as affordable as possible. Florida State University is pleased to offer the Plan, as described in this Brochure, to students. **If you have questions about enrollment, please call Collegiate Risk Management at 850-644-4250 or 800-922-3420.**

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 State 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 State University Student Medical Insurance Plan. You may contact BCBSF's Customer Service Department at **800-664-5295** if you have any questions after you have enrolled in the plan. References to "we", "us" and "our" throughout refer to BCBSF. For a copy of the benefit booklet please contact Collegiate Risk Management at **800-922-3420** or you may go on-line to **www.collegiateriskmanagement.com** or **www.studentinsurance.fsu.edu**.

This brochure has been created to provide a summary of benefits and key features of the benefit plan. Please familiarize yourself with the benefits as well as eligibility and enrollment processes. Throughout this brochure we have made reference to the Benefit Booklet and Master Policy. The Benefit Booklet is available online for students to review the plan details and regulations at **www.studentinsurance.fsu.edu**. The Master Policy is provided to the school administrator.

## Thagard Student Health Center

Thagard Student Health Center (TSHC), Florida State University's fully accredited primary care center, provides medical care and outreach programs through a team of dedicated professionals.

The clinicians and staff of TSHC recognize the importance of personal care and individualized attention, are on the cutting edge of technology and stay current with the ever-changing discipline of collegiate medical services. TSHC provides a variety of outpatient services, including general medical care, nutrition services, STI and HIV testing, women's care, radiology, and psychiatry. Additionally, TSHC houses an on-site laboratory, a travel clinic and a physical therapy clinic. Prescriptions can no longer be filled at the Student Health Center. Students and their dependents can use any in-network pharmacies that accept our plans.

Patients' health care needs can best be addressed when the team of health care providers at Thagard Student Health Center manages the treatment. Most services rendered at the Health Center are payable at 100% with waiver of the annual Deductible. Students are encouraged to use Thagard Student Health Center because it will save you money. If you wish to go to an outside provider, however, no referral is necessary.

Thagard Student Health Center is open Monday - Saturday 8:00 a.m. to 4:00 p.m. during the fall and spring semesters. There are no Saturday hours during the summer semester. To make an appointment call the Central Appointment Unit at **850-644-4567**. Arrive at least 10 minutes before your scheduled appointment time. No show charges are assessed for missed appointments or for appointments not cancelled at least 30 minutes before the scheduled appointment time. Walk-ins meeting the following emergency criteria will be seen immediately: bleeding excessively, persistent vomiting, difficulty breathing, possible fracture, chest pain, fever over 101 degrees or an extremely swollen sore throat. Walk-ins should check in at the Information Desk in the first floor lobby.

## **Florida State University - Thagard Student Health Center**

For students enrolled in the FSU Student Medical Insurance Plan, the deductible will be waived and Covered Services under the plan will be paid at 100% after any applicable copay when treatment is rendered at the Thagard Student Health Center (TSHC) and by the FSU Physicians Group. Be advised that the benefit for wellness services outside of the health center is capped at \$150/year. Students, post doctoral fellows, visiting scholars, their spouses and dependent children over the age of 13 may receive services at TSHC. Students who need to seek treatment after hours are referred to local In-Network after-hours care offices. Names, locations and hours of operation of after-hours care facilities are on the home page at [www.studentinsurance.fsu.edu](http://www.studentinsurance.fsu.edu). Students may access any of these Urgent Care Locations for a copay of \$50 during any of their business hours. Students are reminded to use the emergency room for emergency situations only.

### **Requirements to be Covered**

Full time students new to Florida State University (undergraduates taking at least 12 hours and graduates taking at least 9 hours, newly admitted or re-admitted on or after Fall 2007) must either enroll in the University sponsored health insurance plan or waive enrollment in the University sponsored plan by showing proof of other comparable insurance coverage before orientation. If proof of comparable coverage is not provided to the University by the deadlines, the student's registration will be blocked until proof of adequate insurance coverage is provided or the student enrolls in the university-sponsored health insurance Plan. For the purposes of health insurance, resident aliens are considered domestic students and undocumented aliens are considered international students. FSU graduates entering graduate school at FSU are considered new students to the University.

Person's currently enrolled in the health plan, but not actively enrolled in classes due to pregnancy, remain eligible for the current semester in which

delivery is expected. Enrollment in classes after delivery is required to remain eligible for coverage.

### **Student Eligibility Requirements for Coverage**

Students must physically and actively attend classes on campus during the first 31 calendar days of the term for which coverage was purchased. If this eligibility requirement is not met, BCBSF's only obligation is to refund the premium, less any claims paid.

### **Dependent Eligibility Requirements for Coverage**

An individual who meets the eligibility criteria specified in the Benefit Booklet is an eligible dependent and may apply for coverage under this Plan:

Dependent: (a) the covered student's spouse, under a legally valid, existing marriage, (b) the covered student's child(ren) under 30 years of age living with and principally supported by the covered student, or principally supported by the covered student and a full-time/part-time student.

The term "child" includes a covered student's step-child, adopted child and a child for whom a petition for adoption has been completed and who is residing with the covered student and who is chiefly dependent on the covered student for his or her full support.

The term dependent does not include a person who is: (a) an eligible student; or (b) a member of the armed forces.

#### **To Enroll Dependents:**

When purchasing the school plan, make certain to include dependent information at the dependent icon. Required dependent information: name, gender, date of birth and relationship to you.

**Visit Thagard Student Health Center at [www.studentinsurance.fsu.edu](http://www.studentinsurance.fsu.edu). Dependent enrollment must be done at the time of student enrollment.**

## Enrollment and coverage of Newborn and Adopted Children

Newborn Children, Adopted Newborn Children, Adopted/Foster Children and Eligible Dependents by Court Order will find additional information, addressed by separate sheet on the [www.studentinsurance.fsu.edu](http://www.studentinsurance.fsu.edu) site. Click on the link to Newborn/Adopted/Foster/Court Ordered Dependent Information Sheet.

## General Rules for Enrollment

### Required Insurance/Waiver

**Purchase/Waiver Deadlines:** If you do not purchase the University sponsored health insurance, you must waive enrollment in the University health insurance plan once every year. An approved waiver will clear your health insurance requirement for the ensuing three terms.

Returning Domestic Florida State University students taking at least 6 undergraduate credit hours or at least 3 graduate credits, are eligible to purchase the Student Health Insurance Plan on a voluntary basis by the enrollment deadlines listed below.

**Purchase the University sponsored health insurance or waiver coverage online. Visit the [www.studentinsurance.fsu.edu](http://www.studentinsurance.fsu.edu) website. The flashing red and black quick link on the home page will take you directly to the log in to purchase or waive your health insurance. Open enrollment for the plan closes on the waiver deadlines as listed below.**

### Waiver Deadlines

#### Annual/Fall Deadline:

August 27, 2009 - Renew the waiver every fall.

#### Spring Deadline:

January 9, 2010 - Renew the waiver every spring.

#### Summer Deadline:

May 13, 2010 - Renew the waiver every summer.

**Student Enrollment and the Waiver can  
ONLY BE COMPLETED ON-LINE**

## Purchasing the Insurance After the End of Open Enrollment

**Qualifying Events:** If a student has a qualifying event, that student may be added to the Plan, as of the date of the event and premium will be pro-rated on a monthly basis. An example of the qualifying event would be loss of health coverage under another health plan. Please note that application for coverage due to the qualifying event and proof of the qualifying event must be submitted to The Health Compliance Office at Thagard Student Health Center within 30 days of the qualifying event.

Students must actively attend classes for at least the first 31 calendar days after the date for which coverage is purchased. If the eligibility requirement is not met, BCBS of Florida's only obligation is to refund the premium, less any claims paid.

## Domestic Post Doctorate Fellows/ Visiting Scholars Only

Applications are available at the Health Center website in PDF Format or in this brochure. Print the application and complete it. Attach a copy of your appointment letter to the application and forward it, with your payment to the address on the application. Applications MUST be forwarded to the Agent, Collegiate Risk Management, PO Box 850001, Orlando, Florida 32885-0590 no later than two weeks after the appointment date.

## General Rules for Enrollment

Eligible students, post doctoral fellows, visiting scholars and dependents may enroll in coverage in the Comprehensive Student Medical Insurance Plan according to the provisions specified in the Benefit Booklet. Any eligible individual, 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. Students may enroll after the open enrollment deadline only if there has been a significant life change (i.e. loss of prior coverage) and should contact The Health Compliance Office at Thagard Student Health Center at **850-644-3608**.
2. All eligible students who wish to apply for coverage for their eligible dependents under the Comprehensive Student Medical Insurance Plan may do so by completing the on-line application at the Thagard Student Health Center website at **www.studentinsurance.fsu.edu**. Please note: Dependent coverage is available only if a student is insured under the plan, and the dependent's coverage period must be the same as the student's. Dependents under the age of 13 are not eligible to use the Student Health Services on campus.
3. We will not provide coverage and benefits to any individual who would not have been entitled to enroll with us. Benefits paid for ineligible persons may be recouped from you or an individual legally responsible for you.

## Electing Coverage

When applying for coverage under the Florida State University program, the following categories apply. Please note, the student must be enrolled for the dependents to be covered:

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

**Spouse Coverage (Additional Charge)** - covers the student's spouse under a legally valid, existing marriage.

**Each Child Coverage (Additional Charge)** - covers a single eligible child only.

**All Children (Additional Charge)** - covers multiple eligible children only.

**The total premium amount will be the SUM of the premium selections made.**

## 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 after the end of the drop/add period for which you are enrolling.

## Enrollment Deadlines

**Annual/Fall: August 27, 2009**

**Spring: January 9, 2010**

**Summer: May 13, 2010**

**Student Enrollment and the Waiver can ONLY BE COMPLETED ON-LINE**

## Termination of a Covered Student's Coverage

If you withdraw from Florida State 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 State 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 another 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 BCBSFL within 90 days of withdrawal from the school. It is the covered student's responsibility to submit timely application for cancellation of the plan and refund of the premium.

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 a premium has been paid;
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.

### 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 **800-810-BLUE (2583)** or visit the BlueCard Doctor and Hospital Finder at [www.bcbs.com](http://www.bcbs.com).

### Medical Transportation Benefits provided through the BlueCard Worldwide® program.

### Repatriation Benefit \$25,000 Maximum Benefit

If the covered person dies, benefits will be paid up to \$25,000 for preparing and transporting the remains of the deceased's body to a funeral facility in the home country of the deceased. ("Repatriation of Remains") If the covered person requires treatment as a result of a covered injury or illness and wishes to return to their home country for ongoing treatment after stabilization, benefits will be paid up to \$25,000 for transporting the person back to the home country. ("Medical Repatriation" or "Repatriation of the Person") This benefit is limited to the maximum benefit specified above. No additional benefits will be paid under the Student Medical Insurance Plan for Repatriation. All medical transportation services must be authorized in advanced by calling **800-810-2583**. When calling from abroad please call collect **804-673-1177**.

## Medical Evacuation Benefit \$25,000 Maximum Benefit

In the event a covered person requires treatment as a result of a covered injury or illness and the appropriate medical facility is not locally available for medically necessary treatment, or if the local medical facility can no longer provide the medically necessary treatment, the covered person will be evacuated to the nearest appropriate medical facility. Expenses for evacuation, accompanying physician or nurse, services or supplies which are medically necessary for evacuation, and fees necessary to arrange for the evacuation, are covered up to \$25,000. The attending physician must certify in writing that the evacuation is medically necessary. The initial air or ground ambulance to a medical facility is not included in this benefit. All medical evacuation services must be authorized in advanced by calling **800-810-2583**. When calling from abroad please call collect **804-673-1177**.

## Worldwide Coverage for Students

BlueCard® Worldwide has you covered when you travel or study abroad. Through the BlueCard® Worldwide 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 **800-810-2583**. When calling from abroad please call collect **804-673-1177**.

## Needlestick Coverage for Medical Students and Pre-Health

Needlestick Coverage - Needlestick Coverage is available for all FSU students who are at risk for body fluid and blood borne pathogen exposure. This coverage is included for all students covered by any of the BCBSF Student Health Plans.

If you are in need of stand-alone needlestick coverage please contact Collegiate Risk Management at **800-922-3420** or **[www.collegiaterisk.com](http://www.collegiaterisk.com)**.

## Rates and Plan Comparison Highlights

Aug 2009 - Aug 2010	Base vs Comprehensive Plans	
Student Only Price	\$929	\$1,250
Maximum Benefit Paid	\$100,000	\$250,000
Maximum Out of Pocket Expense	N/A	\$10,000
Deductible	\$500	\$250
Pharmacy (Rx) Cap	\$300	\$2,500
Wellness	TSHC Only	Any Provider

## Schedule of Benefits for Comprehensive Plan

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

Refer to the Master Policy, its terms prevail.

Benefit for Covered Services	Student Health Center
Maximum Benefit Paid	Domestic Comprehensive \$250,000 Applies per person per benefit period
Coinsurance	Waived
Deductible (DED)	Waived
Repatriation/Medical Evacuation (to home country)	N/A
INPATIENT	
Pre Admission Certification	N/A
Room & Board	N/A
Hospital Expense	N/A
Intensive Care	N/A
Routine Newborn (Nursery charges)	N/A
Physiotherapy	N/A
Surgeon's Fees	N/A
Assistant Surgeon	N/A
Anesthetist	N/A
Registered Nurse's Services/Private Duty Nursing	N/A
Physician's Visits	N/A
Pre-Admission Testing (standard pre-admit testing)	N/A

In-Network	Out-of-Network
Domestic Comprehensive \$250,000 Applies per person per benefit period	
80% of allowed amount	50% of allowed amount
\$250 per person	
\$25,000 / \$25,000	
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 + 50% of allowed amount*
DED + 80% of allowed amount	DED + 50% of allowed amount*
DED + 80% of allowed amount	DED + 50% of allowed amount*
DED + 80% of allowed amount	DED + 50% of allowed amount*
No day maximum	
DED + 80% of allowed amount	DED + 50% of allowed amount*
DED + 80% of allowed amount	DED + 50% of allowed amount*
Multiple surgical procedures will be based on 50% of the allowed amount.	
DED + 80% of allowed amount	DED + 50% of allowed amount*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures allowed amount	
DED + 80% of allowed amount	DED + 50% of allowed amount*
Private Duty Nurses - Not covered	
DED + 80% of allowed amount	DED + 50% of allowed amount*
No visit restriction	
DED + 80% of allowed amount	DED + 50% of allowed amount*
No limit to days prior to admit	

Benefit for Covered Services	Student Health Center
Psychotherapy	N/A
Substance Abuse	N/A
OUTPATIENT	
Surgeon's Fees	100% of allowed amount
Day Surgery Miscellaneous (ASC=Ambulatory Surgical Center)	100% of allowed amount
Assistant Surgeon	100% of allowed amount
Anesthetist	100% of allowed amount
Emergency Room	N/A
Urgent Care & Walk-In Clinics	100% of allowed amount
X-Rays	100% of allowed amount
Independent Clinical Lab	100% of allowed amount
Injections <i>Immunizations (subject to Adult Wellness benefit) and allergy will be covered at all locations.</i>	100% of allowed amount

In-Network	Out-of-Network
DED + 80% of allowed amount	DED + 50% of allowed amount*
MH: 30 days inpatient per benefit period; No dollar max	
DED + 80% of allowed amount	DED + 50% of allowed amount*
Not included with Mental Health \$2,000 Lifetime Maximum (inpatient / outpatient services)	
DED + 80% of allowed amount	DED + 50% of allowed amount*
Outpatient Hospital Facility: DED + 80% of allowed amount; ASC facility: \$100 copay	DED + 50% of allowed amount*
DED + 80% of allowed amount	DED + 50% of allowed amount*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures's allowed amount	
DED + 80% of allowed amount	DED + 50% of allowed amount*
DED + \$350 Copay + 80% of allowed amount	DED + \$350 Copay + 50% of allowed amount*
ER copay waived if admitted	
\$50 Copay	DED + \$50 Copay + 50% of allowed amount*
Office location: Included in office visit Other locations: DED + 80% of allowed amount	DED + 50% of allowed amount*
\$0 copay	DED + 50% of allowed amount*
Office location: Included in office visit Other locations: DED + 80% of allowed amount	DED + 50% of allowed amount*

Benefit for Covered Services	Student Health Center
Radiation Therapy/Chemotherapy	N/A
Test & Procedures	100% of allowed amount
Physician's Visits	\$20 Copay then 100% of allowed amount
Outpatient Therapies Combined (Physiotherapy) Speech, Occupational, Cardiac, Pulmonary, Physical, Spinal Manipulations & Massage Therapies <i>\$500 Benefit Period Max Outpatient Therapies. Spinal Manipulations limited to 4 modalities per day; 26 spinal manipulations per benefit period</i>	100% of allowed amount
Prescription Drugs — Students on campus must use the SHC for treatment of needle stick <i>\$2,500 maximum per benefit period (Medication for treatment of needle stick excluded from maximum)</i>	Not available
Psychotherapy (includes nutrition counseling) <i>MH: 30 Outpatient visits per benefit period; no dollar max</i>	100% of allowed amount
Substance Abuse <i>Not included with Mental Health \$2,000 Lifetime Maximum (inpatient /outpatient services)</i>	100% of allowed amount

In-Network	Out-of-Network
Office location: Applicable DED + copay + 80% of allowed amount Other locations: Applicable DED + copay + 80% of allowed amount	DED + 50% of allowed amount*
Office location: Applicable DED + copay + 80% of allowed amount Other locations: Applicable DED + copay + 80% of allowed amount	DED + 50% of allowed amount*
Office: DED + Fam Phy \$20 copay + 80% of allowed amount DED + Spec \$20 copay + 80% of allowed amount	Office: DED + Fam Phy \$20 copay + 50% of allowed amount* Spec \$20 copay + 50% of allowed amount*
Office location: Applicable DED + copay + 80% of allowed amount Other locations: Applicable DED + copay + 80% of allowed amount	DED + 50% of allowed amount*
100% after \$15/\$40 copay	Member pays full cost, submits claim; reimbursed 80% of the allowed amount
Office location: Applicable DED + copay + 80% of allowed amount Other locations: Applicable DED + copay + 80% of allowed amount	DED + 50% of allowed amount*
Office location: Applicable DED + copay + 80% of allowed amount Other locations: Applicable DED + copay + 80% of allowed amount	DED + 50% of allowed amount*

<b>Benefit for Covered Services</b>	<b>Student Health Center</b>
<b>Other</b>	
Ambulance Services	N/A
Durable Medical Equipment	100% of allowed amount
Consultant Physician Fees	N/A
Dental Treatment	N/A
Maternity/Complications of Pregnancy/ Elective Abortion	N/A
Child Health Supervision Services/ Well Child	N/A
<b>Other Special Coverages</b>	
Immunizations and Vaccinations - (\$40 copay for HPV available at SHC only)	100% of allowed amount
One physical exam per benefit period	
One gyn exam per benefit period	
Hospice	N/A
Skilled Nursing Facility	N/A

<b>In-Network</b>	<b>Out-of-Network</b>
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 + 50% of allowed amount*
\$1,000 per benefit period	
Office location: DED + 80% of allowed amount Other locations: DED + 80% of allowed amount	DED + 50% of allowed amount*
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 + 50% of allowed amount*
Office: Fam Phy \$20 copay + 80% of allowed amount Spec \$20 copay + 80% of allowed amount	Waive DED; 50% of allowed amount*
\$20 Copay + DED + 80% of allowed amount	\$20 Copay + DED + 50% of allowed amount*
\$150 maximum per benefit period	
\$5,200 Lifetime Maximum	
60 days per benefit period	

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

Pre-existing conditions limitations apply. BCBS will not pay benefits for a condition for the first 6 months of coverage for which a covered person received medical treatment, care or advice within 12 months prior to

enrolling in these plans. A student who has been insured under the current Aetna Student Health plan meets the requirement for proving prior coverage.

Students will find the details of all benefits and policies related to coverage of Diabetic supplies, testing and education in their benefit booklet. Please call 800-664-5295 regarding individual questions or concerns.

## Comprehensive Plan Premium Rates 2009/2010

Semester Dates	Domestic Students	Domestic Spouse
<b>Annual</b> 08/15/2009 - 8/14/2010	\$1,250	\$2,950
<b>Fall</b> 08/15/2009 - 12/31/2009	\$476	\$1,123
<b>Spring/Summer</b> 01/01/2010 - 08/14/2010	\$774	\$1,827
<b>Summer</b> 05/10/2010 - 08/14/2010	\$329	\$776

Domestic Child	Domestic Children	Purchase or Waiver Deadline
\$1,583	\$2,517	<b>August 27</b>
\$603	\$959	<b>August 27</b>
\$980	\$1,558	<b>January 9</b>
\$416	\$662	<b>May 13</b>

## Where to Find Help

**Enrollment and Pre-Enrollment  
Benefit Questions:**

### Collegiate Risk Management

Telephone: **800-922-3420** or **850-644-4250**  
[www.collegiaterisk.com](http://www.collegiaterisk.com)

### Blue Cross and Blue Shield of Florida Customer Service

[www.bcbsfl.com](http://www.bcbsfl.com) (MyBlueService) or call

Prior to receiving your BCBSF ID card please call  
**800-967-8938**

Once you have received your BCBSF ID card please  
call **800-664-5295**

Provider Directory (BlueOptions / NetworkBlue)  
[www.bcbsfl.com](http://www.bcbsfl.com)

BCBSF Group #65803



**BlueCross BlueShield  
of Florida**

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Blue Cross and Blue Shield Association

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