

2013 – 2014

STUDENT MEDICAL Insurance Plan



Collegiate Risk Management

(800) 922-3420

www.collegiaterisk.com

Florida Blue 

In the pursuit of health®

Health Care Reform Required Notice:

Your student health insurance coverage, offered by Florida Blue, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012, and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage put an annual limit of: \$500,000 on covered benefits. If you have any questions or concerns about this notice, contact Florida Blue at (800) 664-5295. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.



Welcome Edward Waters College Students:

Edward Waters College requires all full-time students (enrolled for a minimum of nine credit hours) to maintain adequate health insurance coverage for the 2013-14 academic year. Staying healthy is an important part of your success at Edward Waters College. If you do not have other "comparable" medical insurance coverage, you will automatically be enrolled in the EWC 2013-14 Student Medical Insurance Plan, underwritten by Florida Blue, and the premium for coverage will be added to your tuition bill.

If you are already insured under a parent's or individual plan that is comparable to the student insurance plan benefit guidelines, you may waive coverage of the college's Student Medical Insurance Plan by submitting an insurance waiver form before the indicated waiver deadline (Athletes and Band Members: August 31, 2013; Non-Athletes: September 23, 2013).

Please take a few minutes to review your current policy. Many HMO's provide limited coverage or no coverage at all away from their service area. Also, some plans may have referral requirements for your care. In addition, most employer plans will not cover dependents beyond a certain age. If your current carrier provides limited or no coverage in this area, you are encouraged to enroll in the EWC Student Medical Insurance Plan provided by Florida Blue. The Plan includes inpatient and outpatient coverage at an affordable cost, and benefits can be coordinated with any other coverage you may have.

2013–14 Florida Blue Student Medical Insurance Plan Highlights:

- Annual Rates – New Spring Students Premium will be Prorated:
All Students: \$1,019
\$500,000 Maximum per Benefit Period
- Coverage 24 hours a day, anywhere in the world
- Access to local and national Preferred Providers through Florida Blue
- \$0 Deductible
- 80% coverage In-Network;
50% coverage Out-of-Network
- Sickness and Accident coverage on an in-patient and outpatient basis: including Physical Therapy, Mental Health, and Maternity
- Physician Visits (no limit):
 - In-Network:
\$25 Copay + 80% Coinsurance
(Specialist: \$40 Copay + Coinsurance)
 - Out-of-Network:
\$25 Copay + 50% Coinsurance
(Specialist: \$40 Copay + Coinsurance)
- Urgent Care Center and Emergency Room Coverage:
 - Urgent Care Copay:
\$50 + Coinsurance
 - ER Co-pay:
\$500 + Coinsurance
- Prescriptions: Generic only - \$10 Copay
- Repatriation and Medical Evacuation Benefits – \$10,000 each

By partnering with Collegiate Risk Management and Florida Blue, Edward Waters College is pleased to continue to offer health insurance that provides protection against illness and accident at an affordable cost. We wish you a healthy and successful year ahead.

Sincerely,

Edward Waters College

Student Medical Insurance Plan

Florida Blue is pleased to offer this summary brochure of the Blanket Accident and Sickness Medical Expense benefits available for Edward Waters College students. This brochure is not an insurance contract and nothing in this brochure shall override the actual benefits or eligibility criteria under the Edward Waters College Student Medical Insurance Plan. You may contact Florida Blue's Customer Service Department at 800-664-5295 or Collegiate Risk Management at www.collegiaterisk.com for a copy of the benefit booklet. References to "we", "us" and "our" throughout refer to Florida Blue.

Eligibility for Coverage

All full-time students enrolled for a minimum of nine (9) credit hours are automatically covered by the Edward Waters College Student Medical Insurance Plan during the Fall and Spring semesters in which they are enrolled. The premium for coverage is added to the tuition bill. Coverage in the Student Medical Insurance Plan can be waived if evidence of other comparable coverage is presented prior to the waiver deadline. See the Waiver Procedure section below.

In order to be eligible to be enrolled as a Covered Student, an individual must be an eligible student. An eligible student must meet each of the following requirements:

1. A full-time student enrolled for a minimum of nine (9) credit hours; and

2. Must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, Internet, and Correspondence 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)

Dependents are not eligible to participate in this Student Medical Insurance Plan.

General Rules for Enrollment

Eligible Students may enroll for coverage according to the provisions specified in the benefit booklet. Any eligible student who is not properly enrolled with us will not be covered under this Plan. We have no obligation whatsoever to any individual who is not properly enrolled. All Edward Waters College students taking 9 credit hours or more will automatically be enrolled in the Edward Waters College Student Medical Insurance Plan upon registration.

Open Enrollment Periods: Terms of Coverage

Coverage for Athletes and Band Members is effective August 1, 2013 to July 31, 2014. Coverage for Non-Athlete students is effective from August 22, 2013 to August 21, 2014. Coverage remains in effect during holiday and vacation periods.

Waiver Procedure

All Edward Waters Students who have other comparable coverage may waive participation in the Student Medical Insurance Plan. A 30-day grace period from each policy period coverage effective date will be administered. Waivers can be submitted at the Health Services Office.

All waivers must be filed by the deadlines below. Waivers must be submitted annually at the beginning of each academic year, and all waivers must be filed by the deadlines below.

Waiver Deadlines

Fall Semester: Completing the waiver for the Fall waives the entire academic year.

Athletes and Band Members

Effective Date: August 1, 2013

Deadline to Waive: No later than August 31, 2013

All Other EWC Students

Effective Date: August 22, 2013

Deadline to Waive: No later than September 23, 2013

All New Spring Students

Effective Date: January 6, 2014

Deadline to Waive: No later than February 7, 2014

Termination of a Covered Student's Coverage

If you withdraw from Edward Waters College within the first 31 calendar days of the semester, you will receive a full refund of the insurance premium unless you have filed a medical claim. If you withdraw from Edward Waters College 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 upon written request received by us submitted through Collegiate Risk Management 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 Edward Waters College Student Medical Insurance Plan terminates;
2. on the last day of the term 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);
4. on the date specified by the College 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 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. This section, 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 costs, we have entered into contracts with certain Providers to participate in BlueOptions, 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 BlueOptions 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.

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

Access the BlueOptions Provider directory on our website at www.floridablue.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 Copayment or 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.

Medical Transportation Benefits provided through the BlueCard® Worldwide program.

Repatriation Benefit \$10,000 Maximum Benefit

If the Covered Person dies while insured under the benefit booklet, benefits will be paid up to \$10,000 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 \$10,000 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 collect 1-804-673-1177, also available when calling from abroad.

Medical Evacuation Benefit \$10,000 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 \$10,000. 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 collect 1-804-673-1177, also available when calling from abroad.

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 through BlueCard® Worldwide Program if they are enrolled in the Florida Blue Student Medical Insurance Plan.

International Benefits 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 1-800-810-2583. When calling from abroad please call collect 1-804-673-1177.

Schedule of Benefits

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

Refer to the Master Policy, its terms prevail.

Benefit for Covered Services
Maximum Benefit Paid (Per Benefit Period)
Coinsurance percentage payable by Florida Blue
Individual Deductible (DED)
Repatriation/Medical Evacuation (to home country)
INPATIENT
Pre-Admission Certification
Room & Board
Hospital Expense
Intensive Care
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
\$500,000	
80% In Network / 50% Out of Network	
\$0 per person per Benefit Period	
\$10,000 / \$10,000	
INPATIENT	
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.
80% of allowed amount	50% of allowed amount *
80% of allowed amount	50% of allowed amount *
80% of allowed amount	50% of allowed amount *
80% of allowed amount	50% of allowed amount*
No maximum	
80% of allowed amount	50% of allowed amount*
Multiple surgical procedures will be based on 50% of the allowed amount.	
80% of allowed amount	50% of allowed amount*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures allowed amount	
80% of allowed amount	50% of allowed amount*
Private Duty Nurses - Not covered	
80% of allowed amount	50% of allowed amount*
No visit restriction	
80% of allowed amount	50% of allowed amount*
No limit to days prior to admit	
80% of allowed amount	50% of allowed amount *
MH: 30 days inpatient per Benefit Period; No dollar max	
80% of allowed amount	50% of allowed amount*

Benefit for Covered Services
OUTPATIENT
Surgeon's Fees
Day Surgery Miscellaneous
Assistant Surgeon
Anesthetist
Medical Emergency Expenses (ER)
Urgent Care Center
X-Rays
Independent Clinical Lab (Quest Diagnostics)
Injections
Radiation Therapy/Chemotherapy
Test & Procedures
Physician's Visits
Outpatient Therapies Combined (Physiotherapy) Speech, Occupational, Cardiac, Pulmonary, Physical, Spinal Manipulations & Massage Therapies
Prescription Drugs (Generic Only)

In-Network	Out-of-Network
80% of allowed amount	50% of allowed amount*
Outpatient Hospital Facility: 80% of allowed amount	50% of allowed amount*
80% of allowed amount	50% of allowed amount*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures's allowed amount	
80% of allowed amount	50% of allowed amount*
\$500 Copay + 80% of allowed amount	\$500 Copay + 80% of allowed amount
\$50 copay + 80% of allowed amount	\$50 copay + 50% of allowed amount*
80% of allowed amount	50% of allowed amount*
\$0 Member Responsibility	50% of allowed amount*
80% of allowed amount	50% of allowed amount*
80% of allowed amount	50% of allowed amount*
80% of allowed amount	50% of allowed amount*
Office: Family Physician: \$25 Copay + 80% of allowed amount Specialist: \$40 Copay + 80% of allowed amount	Office: Family Physician: \$25 Copay + 50% of allowed amount* Specialist: \$40 Copay + 50% of allowed amount*
80% of allowed amount	50% of allowed amount*
25 visits per Benefit Period	
\$10 copay	Member pays full cost, submits claim; reimbursed 50% of the allowed amount

Benefit for Covered Services
Psychotherapy
Substance Abuse
OTHER
Ambulance Services
Durable Medical Equipment
Consultant Physician Fees
Dental Treatment
Maternity
OTHER SPECIAL COVERAGES
Immunizations and Vaccinations
One physical exam per Benefit Period
One gyn exam per Benefit Period
Student Athlete Accident Coverage (Intercollegiate related injury)
Hospice
Skilled Nursing Facility

In-Network	Out-of-Network
80% of allowed amount	50% of allowed amount*
Limited to 30 outpatient visits per Benefit Period	
80% of allowed amount	50% of allowed amount*
OTHER	
80% of allowed amount	80% of allowed amount*
\$5,500 Ground/Air/Water per day	
80% of allowed amount	50% of allowed amount*
Office location: 80% of allowed amount Other locations: 80% of allowed amount	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	
80% of allowed amount	50% of allowed amount*
OTHER	
100% of the allowed amount	50% of allowed amount*
\$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: We will not pay benefits for a condition for the first 12 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

Ms. Beverly Bolton
Health Service Coordinator
Phone: 904-470-8128
Email: bbolton@ewc.edu

Enrollment and Pre-Enrollment Benefit Questions

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

Florida Blue BlueOptions Provider Directory

www.floridablue.com

On Campus Doctor's Office

The Family Medical Center at Edward Waters College

Dr. Patrick Kamish
1710 Pearce Street
Jacksonville FL 32209
Phone Number 904-470-8310

Tuesday through Thursday: 9:00 a.m. – 6:00 p.m.
Friday: 10:00 a.m. – 2:00 p.m.

For a copy of your Summary of Benefits and Coverage (SBC) please visit www.floridablue.com/sbc. A paper copy is also available, free of charge, by calling 800-664-5295. TTY/TDD dial 1-800-955-8771.

Florida Blue Group #65174

Florida Blue 

In the pursuit of health[®]

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida Inc.,
an Independent Licensee of the Blue Cross and Blue Shield Association.

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