

2013 – 2014

STUDENT MEDICAL

INTERNATIONAL

Insurance Plan



Collegiate Risk Management

(800) 922-3420 • (850) 644-4250
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 Florida State University International students to the 2013-2014 policy year!

All international students studying at Florida State University on a J-1 or F-1 visa are required to maintain adequate health insurance coverage for themselves and their dependents regardless of the number of credit hours for which they are enrolling. All other students please refer to the Domestic Brochure. FSU is pleased to continue to offer, in partnership with Collegiate Risk Management and Florida Blue, health insurance that provides protection against illness and accidents as well as extensive wellness coverage at an affordable cost. The plan is comprehensive, covering hospitalization and a variety of health care services including care at the FSU Health and Wellness Center. The plan complies with federally mandated health care reform coverage limits of prescription coverage to the plan limit (\$500,000 for this year) and enhanced wellness care for women.

If you are already insured under another plan that provides coverage that is comparable to the FSU student health plan, coverage under the University's plan may be waived. Students covered by a medical plan that does not include evacuation and repatriation coverage may purchase that coverage separately on the student insurance web site: www.studentinsurance.fsu.edu at the Evacuation and Repatriation tab on the home page. To see whether your outside coverage will meet the FSU health insurance requirements, review the Private Insurance Requirements tab on the student insurance web site home page. Any outside insurance plan must provide coverage for AT LEAST the same dates that the student health plan covers for each term, including holiday breaks.

Insurance purchase or waiver questions may be directed to the FSU insurance broker, Collegiate Risk Management (CRM) at **850-644-4250** or **800-922-3420** or at crm@collegiaterisk.com or to the Health Compliance Office at **850-644-3608** or at healthcompliance@admin.fsu.edu. Questions about benefits and utilization may be directed to Florida Blue customer service at **800-967-8938**. Make sure to tell them that you are a student at Florida State University when you call.

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 Florida State University. More information is available at the student insurance website: www.studentinsurance.fsu.edu and at the health center website: www.healthcenter.fsu.edu.

We wish you a healthy, successful year ahead.

Lesley Sacher

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FSU Student – International Medical Insurance Plan

The Florida State University International Student Health Insurance Plan has been developed especially for the International Florida State University student studying on a J-1 or F-1 visa. The Plan provides comprehensive coverage 24 hours a day for illnesses and injuries that occur on and off campus or when traveling around the world and meets the federal and state requirements for health insurance for international students. The Plan includes special cost-saving features to keep the coverage as affordable as possible. This Student Health Plan does not cover participation in intercollegiate athletics. It does cover participation in intramural athletics and sports clubs. **If you have questions about enrollment, please call Collegiate Risk Management (CRM) at 850-644-4250 or 800-922-3420.**

This summary brochure of the Blanket Accident and Sickness Medical Expense benefits available for Florida State University students and their eligible dependents has been prepared by Florida Blue. 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. The benefit booklet is available on-line at collegiaterisk.com, www.healthcenter.fsu.edu or www.studentinsurance.fsu.edu. A printed copy may be requested from Collegiate Risk Management.

For additional information on purchasing additional Repatriation and Medical Evacuation Insurance which meets government and Board of Trustees guidelines, go the www.studentinsurance.fsu.edu and follow the link listed in the menu on the home page.

The Health and Wellness Center

The Health and Wellness Center of University Health Services (UHS), 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 the Wellness Center 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. The Wellness Center provides a variety of outpatient services, including general medical care, nutrition services, STI (sexually transmitted infections) and HIV testing, women's care, radiology, allergy and travel clinics, physical therapy and psychiatry. Additionally, the Wellness Center houses an on-site laboratory. Prescriptions may be filled at any pharmacy, however using in-network pharmacies will make your prescription benefit go further.

Services rendered at the Wellness Center are payable at 100% with waiver of the annual Deductible. Students are encouraged to use the Wellness Center. It will save you money. If you wish to go to an outside provider, however, no referral is necessary.

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 and Master Plan are available online for students to review the plan details and regulations at www.studentinsurance.fsu.edu.

The Health and Wellness Center is open 8 am – 6 pm Monday through Thursday, 8 am – 4 pm Friday and Saturday, during the fall and spring semesters. There are no Sunday hours. To make an appointment, call the Central Appointment Unit at [850-644-4567](tel: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 within the established time limits for the clinics. Check with the clinic for specific cancellation requirements. **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 Triage Clinic on the first floor.**

Florida State University - University Health Services

For students enrolled in the FSU International 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 University Health Services. Students, post doctoral fellows, visiting scholars, their spouses and dependent children **over** the age of 13 may receive services at University Health Services. Students who need to seek treatment **after hours** are referred to local In-Network after-hours care offices. **[Click here to view our After Hours Brochure](#)**, which has directions to local hospitals and contact information for Urgent Care and Walk-in clinics. Students may access any of these Urgent Care Locations for a co-pay of \$50 during any of their business hours.

Students are reminded to use the emergency room for life-threatening emergency situations only. The emergency room is the most expensive venue for health care. Understand that the co-pay for using the emergency room is significantly larger than routine office visit co-pays. That co-pay will be waived **only** if you are admitted to the hospital.

Requirements to be Covered

Students studying on a J-1 or F-1 visa regardless of the number of credit hours for which they are registering, 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 and once each year while enrolled at Florida State University. Comparable coverage must have at least the same coverage dates as the student insurance plans. If proof of comparable coverage is not provided to the University by the deadlines listed on the student insurance web site, the student's ability to register 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 only, students on J-1 and F-1 visa must purchase the international plan.** All other students select the domestic plan. FSU graduates entering graduate school at FSU are considered new students.

Student Eligibility Requirements for Coverage

To be eligible for this health insurance, students must physically and actively attend classes on campus during the first 31 calendar days of the term for which coverage was purchased. What this means is that if you purchase the annual or fall only coverage, then your eligibility requirement will be met on the 32nd day of the fall term. Those who purchase the fall only coverage must meet the eligibility requirement again for the spring/summer coverage by physically, actively attending classes on campus during the first 31 calendar days of the spring term. Post doctoral fellows and visiting scholars need to submit the application, with their letter of invitation/appointment from FSU attached, to Collegiate Risk Management. If the eligibility requirement is not met, Florida Blue's only obligation is to refund the premium, less any claims paid.

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.

General Rules for Enrollment

Eligible students, post doctoral fellows, visiting scholars and dependents may enroll in coverage in the International 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.

To Enroll In The Plan:

Go to www.studentinsurance.fsu.edu. Click on the flashing red and black link above the backpack. Log in. Select *Purchase FSU Insurance*. Follow the prompts. **Open enrollment dates for the plan are posted on the student insurance web site.**

When your contract/policy number has been received from Florida Blue, a new button "Print Insurance Card", appears beneath the "Purchase FSU Insurance" button for you to print a temporary insurance card.

To make certain your permanent insurance card will reach you, keep your US Postal Service approved local mailing address up to date in your myStudentCentral account. Make certain to include any apartment number.

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

Dependent Eligibility Requirements for Coverage

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.

An eligible dependent who may be covered under this Plan is:

- (a) the covered student's spouse, under a legally valid, existing marriage, and/or
- (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 is 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.

Enroll Dependents

Dependents coverage must be selected at the time the student plan is selected and must mirror the coverage purchased for the student. Prorated coverage to add dependents outside of open enrollment must be done through the Health Compliance Office. When dependent coverage is purchased for the first time, dependent information (name, gender, date of birth, and relationship to the insured) must be provided. When you purchase continuing coverage during open enrollment, you will be given the option to have your dependent information carried forward in the system as well as the option to add/delete dependent coverage. Review dependent coverage every time you renew your plan.

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:**

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

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

3. Each Child Coverage (Additional Charge) - covers a single eligible child only **OR ALL Children (Additional Charge)** - covers two or more eligible children only.

The total premium amount will be the SUM of the premium selections made, 1 + 2 + 3 = PREMIUM.

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

Enrollment Deadlines are posted on the student insurance web site.

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

Purchasing the Insurance After Open Enrollment Closes

Contact the Health Compliance Office, **850-644-3608**. Students may enroll after the open enrollment deadline only if there has been a significant life change.

Qualifying Events: A qualifying event will allow the student or dependant(s) to be added to the Plan as of the date of the event. The premium will be pro-rated for the balance of the term when the student and/or dependent is added. A qualifying event would be loss of health coverage under another health plan, marriage, divorce, the birth or adoption of a child. 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 University Health Services 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 to meet the eligibility requirement for coverage. If the eligibility requirement is not met, Florida Blue's only obligation is to refund the premium, less any claims paid.

Newborn Infant Coverage and Adopted Child Coverage (upon completion of adoption proceedings).

Newborn children are covered for Injury and Sickness, including necessary care or treatment of medically diagnosed congenital defects, birth abnormalities or prematurity. Coverage also includes newborn wellness screenings and transportation costs of the newborn to and from the nearest available facility appropriately staffed and equipped to treat the newborn's condition if the transportation is certified by the attending physician as necessary to protect the health and safety of the newborn child. The coverage of transportation costs may not exceed the Reasonable Charge, up to \$1,000. Newborn wellness screenings conducted during the first four days of life are also covered.

Timely notification of the birth or an adoption of the child must be received by Florida Blue or Collegiate Risk Management within the first 31 days after the date of birth or upon completion of adoption proceedings. Timely notification to Florida Blue should be made by calling the manager of the Health Compliance Office at **850-644-3608**. If timely notice is given, no additional premium will be charged for coverage of the newborn or newly adopted child for the 31 days after birth or completion of adoption proceedings. If notice is made between 32 and 59 days of the birth/adoption, the prorated premium will be calculated from the date of birth/adoption. **If notice is not given within 60 days of the birth/adoption of the child, coverage may be denied for the child due to the failure of the insured to make timely notification to Florida Blue for the birth/adoption of the child. Coverage may be purchased for the child during the next open enrollment period.**

Child wellness visits are exempt from the deductible. Doctor visits for illness or injury are subject to the plan deductible. All services in location of office are subject to copayment only.

International Post Doctorate Fellows/ Visiting Scholars on J-1 or F-1 Visas

The application is available at www.studentinsurance.fsu.edu or www.collegiaterisk.com

Attach a copy of your appointment letter and a Third Party/Agency Billing Agreement, if applicable. The Third Party/Agency Billing agreement is available on the CRM website. Submit the application and other required documents to CRM as directed on the application instructions.

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 legal right(s) we may have, in disqualification for, termination, or rescission of coverage.

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 selected coverage.

No refunds will be granted after the first 31 calendar days of the semester. This 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. Understand that coverage begins on August 15, January 1 or May 10. The semester may begin on a different date. The 31 days is calculated from the first day of the semester.

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 for post doctoral fellows or visiting scholars or the

Health Compliance Office for students and received by Florida Blue 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.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 coinsurance percentage listed in the schedule of benefits. All services in location of office subject to copayment only.

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 \$50,000
Maximum Benefit**

If the covered person dies, benefits will be paid up to \$50,000 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 \$50,000 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 **1-800-810-2583**. When calling from abroad please call collect to **1-804-673-1177**.

**Medical Evacuation Benefit \$50,000
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 \$50,000. 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 **1-800-810-2583**. When calling from abroad please call collect to **1-804-673-1177**.

**International Benefits for
International 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 to **1-804-673-1177**.

**Needlestick Coverage for Medical
Students and Pre-Health**

Needlestick Coverage is available for all FSU students who are at risk for body fluid and blood borne pathogen exposure. Needlestick coverage is an included benefit for all students covered by any of the BCBSF Student Health Plans. Treatment is covered at 100% regardless of location (UHS waives any applicable copay).

**International Plan Premium Rates and
purchase dates for 2013-2014 are posted
at the student insurance web site,
www.studentinsurance.fsu.edu**

Where to Find Help

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

Collegiate Risk Management

Telephone: **800-922-3420**
www.collegiaterisk.com

Florida Blue Customer Service

www.floridablue.com (MyBlueService)

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.floridablue.com

Schedule of Benefits for International Plan

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

Description of Covered Services for the Benefit Period of August 2013 through August of 2014	University Health Services
Maximum Benefit Paid	International \$500,000 Applies per person per benefit period
Coinsurance percentage payable by BCBSF	Waived
Individual Deductible (DED)	Waived
Out of Pocket Maximum	N/A
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
Rehabilitation Services	N/A
Surgeon's Fees	N/A
Assistant Surgeon	N/A

Refer to the Master Policy, its terms prevail.

In-Network	Out-of-Network
International \$500,000 Applies per person per benefit period (Includes Rx)	
80% of allowed amount	International Students 70% of allowed amount
\$600 per person	\$1,200 per person
\$10,000 per benefit period (family/individual)	
\$50,000 / \$50,000	
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.
80% of allowed amount after DED	70% of allowed amount after DED*
80% of allowed amount after DED	70% of allowed amount after DED*
80% of allowed amount after DED	70% of allowed amount after DED*
80% of allowed amount after DED	70% of allowed amount after DED*
No day maximum	
80% of allowed amount after DED	70% of allowed amount after DED*
80% of allowed amount after DED	70% of allowed amount after DED*
Multiple surgical procedures will be based on 50% of the allowed amount.	
80% of allowed amount after DED	70% of allowed amount after DED*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures allowed amount	

Description of Covered Services for the Benefit Period of August 2013 through August of 2014	University Health Services
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
Mental/Behavioral Health	N/A
Substance Disorder	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

In-Network	Out-of-Network
80% of allowed amount after DED	70% of allowed amount after DED*
Private Duty Nurses - Not covered	
80% of allowed amount after DED	70% of allowed amount after DED*
No visit restriction	
80% of allowed amount after DED	70% of allowed amount after DED*
No limit to days prior to admit	
80% of allowed amount after DED	70% of allowed amount after DED*
80% of allowed amount after DED	70% of allowed amount after DED*
80% of allowed amount after DED	70% of allowed amount after DED*
Outpatient Hospital Facility: 80% of allowed amount after DED; ASC facility: \$100 copay	70% of allowed amount after DED*
80% of allowed amount after DED	70% of allowed amount after DED*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures's allowed amount	
80% of allowed amount after DED	70% of allowed amount after DED*
DED + \$350 Copay + 80% of allowed amount	\$350 Copay + 80% of allowed amount after DED*
ER copay waived if determined to be true emergency	
\$50 Copay	\$50 Copay + 70% of allowed amount after DED*

Description of Covered Services for the Benefit Period of August 2013 through August of 2014	University Health Services
X-Rays & Advanced Diagnostic Imaging (e.g. MRI/CT)	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
Radiation Therapy/Chemotherapy	N/A
Tests & Procedures Non-radiology and Advanced Imaging	100% of allowed amount
Physician's Services	\$20 Copay then 100% of allowed amount
Outpatient Therapies Combined (Physiotherapy) Speech, Occupational, Cardiac, Pulmonary, Physical, Spinal Manipulations & Massage Therapies <i>15 combined visit maximum per Benefit Period combined for Outpatient Therapies &. Spinal Manipulations limited to 4 modalities per day</i>	100% of allowed amount

In-Network	Out-of-Network
Office Location Fam Phy \$20 Copay Spec \$40 Copay Other Locations other than hospital: 80% of allowed amount (DED waived) - ER 80% of allowed after DED (waived ER) - Hospital Outpatient 80% of allowed amount after DED	70% of allowed amount after DED*
\$0 copay 100% of allowed amount	70% of allowed amount after DED*
Office location: Included in office visit Other locations: 80% of allowed amount after DED	70% of allowed amount after DED*
Office location: Fam Phy \$20 Copay Spec \$40 Copay Other locations: Copay + 80% of allowed amount after DED	70% of allowed amount after DED*
Office location: Fam Phy \$20 Copay Spec \$40 Copay Other locations: Copay + 80% of allowed amount after DED	70% of allowed amount after DED*
Office location: Fam Phy \$20 copay Spec \$40 copay	Office locations: Fam Phy \$20 copay + 70% of allowed amount after DED* Spec \$40 copay + 70% of allowed amount after DED*
Office location: Fam Phy \$20 Copay Spec \$40 Copay Other locations: Copay + 80% of allowed amount after DED	Office locations: Fam Phy \$20 copay + 70% of allowed amount after DED* Spec \$40 copay + 70% of allowed amount after DED*

Description of Covered Services for the Benefit Period of August 2013 through August of 2014	University Health Services
Prescription Drugs — Students on campus must use the UHS for treatment of needle stick <i>(Medication for treatment of needle stick included)</i> <i>Prescription coverage is to the policy limit of \$500,000.</i>	Not available
Mental/Behavioral Health (includes nutrition counseling)	100% of allowed amount
Substance Disorder	100% of allowed amount
Other	
Ambulance Services	N/A
Durable Medical Equipment	100% of allowed amount
Consultant Physician Fees	N/A
Dental Treatment	N/A

In-Network	Out-of-Network
100% after \$20/\$50 copay	Member pays full cost, submits claim; reimbursed 50% of the allowed amount
Office location: Fam Phy \$20 Copay Spec \$40 Copay Other locations: Copay + 80% of allowed amount after DED	Office locations: Fam Phy \$20 copay + 70% of allowed amount after DED* Spec \$40 copay + 70% of allowed amount after DED*
Office location: Fam Phy \$20 Copay Spec \$40 Copay Other locations: Copay + 80% of allowed amount after DED	Office locations: Fam Phy \$20 copay + 70% of allowed amount after DED* Spec \$40 copay + 70% of allowed amount after DED*
Other	
80% of allowed amount after DED	80% of allowed amount after DED*
\$5,500 combined Ground/Air/Water per day	
80% of allowed amount after DED	70% of allowed amount after DED*
Office location: 80% of allowed amount after DED Other locations: 80% of allowed amount after DED	Office locations: \$20 copay + 70% of allowed amount after DED* Other Locations: \$40 copay + 70% of allowed amount after DED*
Dependent on location of service	Dependent on location of service
Limited to care and treatment initiated within 62 days of an accidental dental injury	

Description of Covered Services for the Benefit Period of August 2013 through August of 2014	University Health Services
Maternity/Complications of Pregnancy/ Elective Abortion	N/A
Other Special Coverages	
Immunizations and Vaccinations - Adult/Child wellness exam including immunizations and vaccinations (See Preventive Care Guide)	100% of allowed amount
One physical exam per benefit period	
Women's Wellness Services	
Hospice	N/A
Skilled Nursing Facility	N/A

In-Network	Out-of-Network
80% of allowed amount after DED	70% of allowed amount after DED*
100% of allowed amount	70% of allowed amount* (DED waived)
\$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 do not apply.

Prescription coverage is to the policy limit of \$500,000.

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.

Thagard Student Health Center

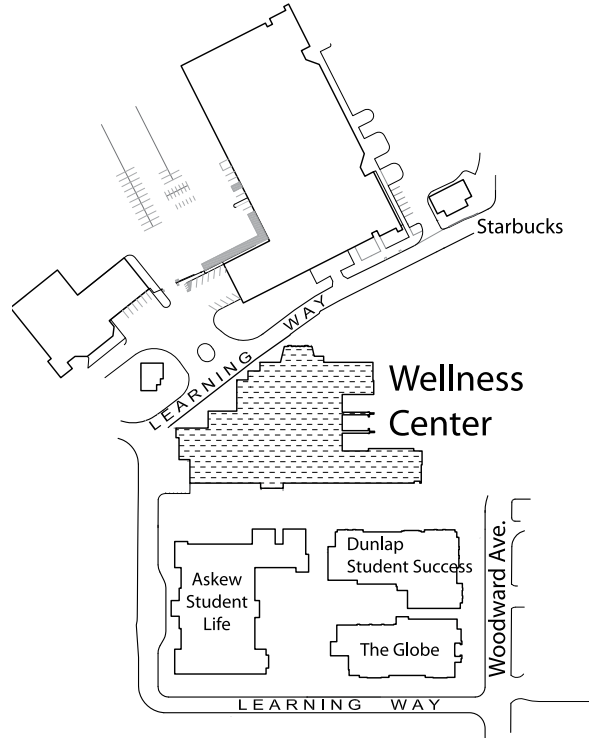
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UNIVERSITY HEALTH SERVICES

*We are excited to welcome you to the
NEWLY CONSTRUCTED
Florida State University
Health & Wellness Center!*

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960 Learning Way,
between Starbucks Coffee and
The Career Center



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HEALTH & WELLNESS CENTER
UNIVERSITY HEALTH SERVICES

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