

2013 – 2014

STUDENT
MEDICAL

Insurance Plan

JACKSONVILLE
UNIVERSITY



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 has unlimited 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.

Student Medical Insurance Plan

Florida Blue is pleased to offer this summary brochure of the Blanket Accident and Sickness Medical Expense benefits available for Jacksonville University students. This brochure is not an insurance contract and nothing in this brochure shall override the actual benefits or eligibility criteria under the Jacksonville University 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 Traditional Undergraduate students enrolled for a minimum of twelve (12) credit hours will automatically be enrolled in the Jacksonville University Student Medical Insurance Plan and the premium for coverage is added to the tuition billing upon registration. This plan is also automatically added for Orthodontics students, excluding those participating in the Clinical Research in Orthodontic Fellowship Program. Coverage can be waived if evidence of other comparable coverage is presented prior to the waiver deadline.

Each student who is eligible will be charged for student health insurance. If you currently have comparable coverage under another insurance plan, and choose not to take the student health insurance, you must take action and waive out of the insurance.

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

1. Is one of the following types of students:
 - a. a full-time (minimum 12 credit hours), Traditional Undergraduate student;
 - b. Orthodontics students, excluding those participating in the Clinical Research in Orthodontic Fellowship Program.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.

1. All Jacksonville University Traditional Undergraduate students will automatically be enrolled in the Jacksonville University Student Medical Insurance Plan upon registration. Coverage can be waived if evidence of other comparable coverage is presented prior to the waiver deadline of **August 30, 2013**. See the Waiver Procedure section for more information.
2. Students may enroll after the deadline only if there has been a significant life change (i.e. loss of prior coverage) and should contact

the Jacksonville University Student Health Insurance Administrator at (904) 256-7080 or health@ju.edu. A written request must be submitted to the Controller's Office with documentation as to why they no longer are insured.

Enrollment Periods

The enrollment periods for applying for coverage are as follows:

Open Enrollment Period

Is the period of time during which each eligible student is given an opportunity to select coverage. The period is established by the school and us, and will end 30 days after the beginning of the period for which you are enrolling.

Waiver Procedure

All Jacksonville University full-time Traditional Undergraduate students who have other comparable insurance coverage must file a waiver by the deadline below in order to waive participation in the Student Medical Insurance Plan. The waiver form can be downloaded and printed from the JU website at www.ju.edu or at Collegiate Risk Management's website at www.collegiaterisk.com. All waivers and proof of current comparable coverage should be submitted to the Controller's Office.

If the waiver information has not been received by the indicated deadline, the student will remain enrolled in the University's Student Medical Insurance Plan and the charge for the Student Medical Insurance Plan cannot be removed.

Waiver Deadline

The deadline to waive the student health insurance is **August 30, 2013**. This matches the Fall 2013 payment deadline. The Spring/Summer student health insurance waiver deadline also coincides with the respective payment deadline of **January 17, 2014**. Please check www.ju.edu for details or contact the Controller's Office at (904) 256-7080, or via email at controlr@ju.edu.

Termination of a Covered Student's Coverage

If you withdraw from Jacksonville University 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 Jacksonville University after the first 31 calendar days of the semester, your coverage will remain in effect until the end of the term for which you have paid premium. No refunds will be granted after the first 31 calendar days of the semester.

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

A Covered Person entering the armed forces of any country will not be covered under the Policy 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 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 University 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 1-804-673-1777.

**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 1-804-673-1777.

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
Domestic 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 1-804-673-1777.

Schedule of Benefits

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

Refer to the benefit booklet; its terms prevail.

Benefit for Covered Services
Maximum Out-of-Pocket Expense (excludes Rx & non-covered services)
Maximum Benefit Paid
Benefit Period Deductible (DED)
Repatriation/Medical Evacuation
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
\$5,000	\$10,000
Annual Benefit Maximum unlimited Applies per benefit period.	
\$250 per benefit period	\$350 per benefit period
\$10,000 / \$10,000	
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 + 60% of allowed amount*
DED + 80% of allowed amount	DED + 60% of allowed amount*
DED + 80% of allowed amount	DED + 60% of allowed amount*
DED + 80% of allowed amount	DED + 60% of allowed amount*
DED + 80% of allowed amount	DED + 60% of allowed amount*
Multiple surgical procedures will be based on 50% of the allowed amount.	
DED + 80% of allowed amount	DED + 60% of allowed amount*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures allowed amount	
DED + 80% of allowed amount	DED + 60% of allowed amount*
Private Duty Nurses - Not covered	
DED + 80% of allowed amount	DED + 60% of allowed amount*
DED + 80% of allowed amount	DED + 60% of allowed amount*
DED + 80% of allowed amount	DED + 60% of allowed amount*
MH: 30 days inpatient per benefit period; No dollar maximum	
DED + 80% of allowed amount	DED + 60% of allowed amount*

Benefit for Covered Services
OUTPATIENT
Surgeon's Fees
Day Surgery Miscellaneous
Assistant Surgeon
Anesthetist
Medical Emergency Expenses (ER)
Urgent Care Centers
X-Rays
Independent Clinical Lab (Quest Diagnostics)
Injections <i>Immunizations subject to Adult Wellness benefit</i>
Radiation Therapy/Chemotherapy
Test & Procedures
Physician's Visits
Physiotherapy <i>(Combined Therapies and Spinal Manipulations)</i>
Prescription Drugs

In-Network	Out-of-Network
DED + 80% of allowed amount	DED + 60% of allowed amount*
Outpatient Hospital Facility: DED + 80% of allowed amount; **ASC facility: \$100 copay	DED + 60% of allowed amount*
DED + 80% of allowed amount	DED + 60% of allowed amount*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures's allowed amount	
DED + 80% of allowed amount	DED + 60% of allowed amount*
DED+ \$150 Copay + 80% of allowed amount	DED+ \$150 Copay; 80% of allowed amount*
ER copay waived if admitted	
\$50 Copay	DED + 60% of allowed amount*
Office location: Included in applicable copay. Other locations: DED + 80% of allowed amount	DED + 60% of allowed amount*
\$0 copay	DED + 60% of allowed amount*
Office location: Included in applicable copay. Other locations: DED + 80% of allowed amount	DED + 60% of allowed amount*
DED + 80% of allowed amount	DED + 60% of allowed amount*
Office location: Included in applicable copay. Other locations: DED + 80% of allowed amount	DED + 60% of allowed amount*
Physician Office Visit \$25 Specialist Office Visit \$40	DED + 60% of allowed amount*
Office location: Applicable copay. Other locations: DED + 80% of allowed amount	DED + 60% of allowed amount*
Outpatient Therapies and Spinal Manipulations: 15 visits per benefit period; limited to 4 modalities per day; 26 manipulations per benefit period	
Generic \$15 copay Preferred \$45 copay Non-Preferred \$75	Member pays full cost, submits claim; reimbursed 50% allowed amount

Benefit for Covered Services
Psychotherapy
Substance Abuse
Other
Ambulance Services
Durable Medical Equipment
Consultant Physician Fees
Dental Treatment
Maternity/Complications of Pregnancy/Elective Abortion
Other Special Coverages
Immunizations and Vaccinations
One physical exam per benefit period
One gyn exam per benefit period

In-Network reimbursement based on participating allowed amount

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

**Ambulatory Surgical Center

In-Network	Out-of-Network
Office location: Applicable copay. Other locations: DED + 80% of allowed amount	DED + 60% of allowed amount*
MH: 20 outpatient visits per benefit period; No dollar maximum	
Office location: Applicable copay. Other locations: DED + 80% of allowed amount	DED + 60% of allowed amount*
DED + 80% of allowed amount	DED + 80% of allowed amount*
\$5,500 Ground/Air/Water per day	
DED + 80% of allowed amount	DED + 60% of allowed amount*
Office location: Applicable copay. Other locations: DED + 80% of allowed amount	DED + 60% 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 + 60% of allowed amount*
Covered at 100% of allowed amount	60% of allowed amount* (DED waived)

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.

Premium Rates

Semester	Dates	Students
Annual	08/01/2013 – 07/31/2014	\$1,317
Spring/ Summer	01/14/2014 – 07/31/2014	\$724
Summer	05/13/2014 – 07/31/2014	\$293

Where to Find Help

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

Jacksonville University Student Health Insurance Administrator

904-256-7080 or health@ju.edu

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 #64797

Florida Blue 

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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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