

2013 – 2014

# STUDENT MEDICAL Insurance Plan



*Collegiate Risk Management*

(800) 922-3420

[www.collegiaterisk.com](http://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.**



## **Student Medical Insurance Plan**

Florida Blue is pleased to offer this summary brochure of the Blanket Accident and Sickness Medical Expense benefits available for Nova Southeastern 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 Nova Southeastern 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](http://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 Nova Southeastern University Health Professions Division (HPD), (except part-time OT/PT students), Farquhar Day, and all on-campus residential students (including graduate students) are required to maintain adequate health insurance. In addition, Federal Visa regulations require international J-1 students and their J-2 dependents to maintain adequate health insurance throughout their stay in the United States.

If the above paragraph applies to you, the school will automatically enroll you in the Nova Southeastern Student Medical Insurance Plan and charge your student account. If you are insured under another insurance plan, you will be required to complete an online waiver form by the given deadline (see waiver procedure).

Each student who is eligible to participate in the Student Medical Insurance Plan, and who meets and continues to meet our eligibility requirements described in the benefit booklet, shall be entitled to apply for coverage with us under this Plan.

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. A University Health Professions, Farquhar Day, or any on-campus residential student who is regularly scheduled for 3 credit hours.
2. Must be enrolled in classes for at least the first 31 days after the date for which coverage is purchased.

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

## Eligibility Requirements for Dependent(s)

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

1. The covered student's spouse under a legally valid, existing marriage;
2. The covered student's natural, newborn, adopted, Foster, or step child(ren), (or a child for whom the covered student has been court-appointed as legal guardian or legal custodian) until the end of the calendar year in which the child reaches age 25 (or in the case of a Foster Child, is no longer eligible under the Foster Child Program), and dependent upon the covered student for financial support; and
  - a. living in the household of the covered student or is a full-time or part-time student; or

- b. the child does not live in the household of the covered student and is not enrolled as a full or part-time student because the child has not met the age requirement to begin elementary school education; or

3. The newborn child of a covered dependent child. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child. **To enroll a newborn, contact Collegiate Risk Management at 1-800-922-3420 upon the birth of the newborn child.**

**Note:** It is your sole responsibility as the covered student to establish that a child meets the applicable requirements for eligibility. Eligibility will terminate on the date in which the child no longer meets the eligibility criteria required to be an eligible dependent.

## General Rules for Enrollment

Eligible students and eligible dependents may enroll for coverage according to the provisions specified in the benefit booklet. Any eligible student or eligible dependent who is not properly enrolled with us will not be covered under this Plan. We will have no obligation whatsoever to any individual who is not properly enrolled.

1. All Nova Southeastern University Health Professions Division, Farquhar Day, and all on-campus residential students (including graduate students) **will automatically be enrolled in the Nova Southeastern Student Medical Insurance Plan upon registration.** Coverage can be waived if evidence of other comparable coverage is presented prior to the waiver deadline. See the Waiver Procedure section below and in the benefit booklet for more information.
2. Students who have previously waived participation in the Plan may enroll after the deadline only if there has been a significant life change (i.e. loss of prior coverage) and should contact Collegiate Risk Management at 1-800-922-3420.

3. All eligible students who wish to apply for coverage for their eligible dependents under Nova's Student Medical Insurance Plan may do so by completing the Dependent Health and Accident Blanket Insurance Application ("Enrollment Form") and remitting the appropriate premium to Collegiate Risk Management within 30 days following the beginning of the period for which you are enrolling. The application and online enrollment option may be accessed at the CRM website. **Please note: It is the student's sole responsibility for submitting timely renewal payments for their dependents' coverage. Also, dependent coverage is available only if the student is insured under the plan and the dependent's coverage period must be the same as the student's. To enroll a newborn, contact Collegiate Risk Management at 1-800-922-3420 upon the birth of the newborn child.**
4. All factual representations on the Enrollment Forms must be accurate and complete. Any false, incomplete, or misleading information provided during the enrollment process, or at any other time, may result, in addition to any other legal right(s) we may have, in disqualification for, termination, or rescission of coverage.
5. We will not provide coverage and benefits to any individual who would not have been entitled to enroll with us, had accurate and complete information been provided on a timely basis. In such cases, we may require you or an individual legally responsible for you, to reimburse us for any payments we made on your behalf.

## Enrollment Periods

The enrollment periods that apply for coverage are as follows:

### Open Enrollment Period

Is the period of time during which each eligible student is given an opportunity to select coverage.

The period is established by the school and us, and will end 30 days after the beginning of the period for which you are enrolling. If the Enrollment Form is submitted after the applicable deadline, it will not be accepted in the absence of a significant life change, and the student (or dependent) will have to wait until the next open enrollment period to apply.

### Waiver Procedure

All required Nova Southeastern Health Professions Division, Farquhar Day, and all on-campus residential students who have other comparable coverage may waive participation in the Student Medical Insurance Plan. Waivers can be submitted at [www.nova.edu/insurancewaiver](http://www.nova.edu/insurancewaiver).

**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.**

#### **PA, PT, AA, IDG, Sonography (1st yr) and OT Students**

Effective Date: June 1, 2013

**Deadline to Waive: No later than May 15, 2013**

#### **PG Dental and Masters of Vascular Sonography (2nd yr)**

Effective Date: July 1, 2013

**Deadline to Waive: No later than June 15, 2013**

#### **All Other Hardwaiver Students**

Effective Date: August 1, 2013

**Deadline to Waive: No later than July 15, 2013**

#### **Vascular Sonography (2nd yr) and Audiology**

Effective Date: September 1, 2013

**Deadline to Waive: No later than Aug. 15, 2013**

### Winter Semester

Effective Date: January 1, 2014

**Deadline to Waive: No later than December 15, 2013**

## **Termination of a Covered Student's Coverage**

If you withdraw from Nova Southeastern 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 Nova Southeastern 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.

No refunds will be granted after the first 31 calendar days of the semester for students on leave of absence for medical or academic reasons, graduating students, and students choosing to enroll in a separate, comparable, or better plan during the policy period.

A covered person entering the armed forces of any country will not be covered under the Plan as of the date of such entry. A pro-rata refund of premium will be made for such person, and any of the student's covered dependents, upon written request submitted through Collegiate Risk Management and received by us within 90 days of withdrawal from the school.

A covered student's coverage will automatically terminate at 12:01 a.m.:

1. on the date the School Master Policy terminates;
2. on the last day of the period for which the school has enrolled you and paid premium;
3. If you graduated or you are no longer in a mandatory insurance status as noted under the "Eligibility for Coverage" requirement guidelines;
4. on the date the covered student's coverage is terminated for cause (see the Termination of Coverage for Cause subsection of the benefit booklet);
5. on the date specified by the school that the covered student's coverage terminates; or

6. 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 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 the Nova Southeastern University Student Health Center or 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.

## Nova Southeastern University Student Health Center

Covered services rendered at the Nova Southeastern University Medical Health Care Centers by NetworkBlue providers will be paid at 100% of allowed amounts, with waiver of the Contract Benefit Period deductible.

Services provided at the NSU Health Care Centers are subject to all benefit booklet limitations and exclusions as they relate to health care services (including pharmacy). **Lab tests, x-rays, and certain subspecialty care may be performed by non-NSU Health Care Center providers, and will be subject to the benefit period deductible, coinsurance and copayments.**

### Nova Southeastern University Student Health Center

Address: 3200 S. University Drive  
Davie, FL 33328

Phone #: (954) 262-1262

Hours of Operation:

For hours of operation please refer to the website [www.nova.edu/smc](http://www.nova.edu/smc)

### Sanford L. Ziff Health Care Center

Address: 3200 S. University Drive  
Davie, FL 33328

Phone #: (954) 262-4100

Hours of Operation:

Monday – Friday: 9:00 am – 12:00 p.m.

and 1:30 p.m. – 5:00 p.m.

Saturday: 9:00 a.m. – 1:00 p.m.

### Nova Southeastern University Health Center at North Miami Beach

Address: 1750 NE 167th St  
North Miami Beach, FL 33162

Phone #: (305) 949-4000

Hours of Operation:

Monday – Friday: 9:00 a.m. – 12:00 p.m.

and 1:30 p.m. – 5:00 p.m.

Saturday: 9:00 a.m. – 1:00 p.m.

## **Jacksonville**

Garcia, Fildel, MD  
2014 University Blvd W  
Jacksonville, FL 32217  
Phone #: (904) 733-9211

### Hours of Operation:

Monday - Friday: 9:00 a.m. – 4:30 p.m.

## **Fort Myers**

Drs. Melwyn and Raynita D'Souza  
14090 Metropolis Ave, Suite 102  
Fort Myers, FL 33912  
Phone #: (239) 225-6304  
Fax #: (239) 693-6202

## **Orlando**

Dr. Ronald Burns  
10055 University Blvd  
Orlando, FL 32817  
Phone #: (407) 679-4800

Dr. Rafael Pinero  
1720 S Orange Avenue, #500  
Orlando, FL 32806  
Phone #: (407) 426-9693

## **West Palm Beach**

Dr. David Stern  
4601 Congress Ave.  
West Palm Beach, FL 33407  
Phone #: (561) 840-4600

## **Tampa**

Family Medical Care of Riverview, P.A.  
7229 U.S. Highway 301 South  
Riverview, Florida 33578  
(813) 677-8418 ext. \*306

These facilities provide primary care, women's health services, routine services, as well as a variety of other health care services.

## **Psychologists (Student Health Center benefits apply)**

### **Hertz, Bruce F., PhD**

108 w Citrus St  
Altamonte Springs, FL 32714  
Phone #: (407) 682-6330

### **Volland, Michelle M., PhD**

9951 Atlantic Blvd  
Ste 100b Regency E Office Pk  
Jacksonville, FL 32225  
Phone #: (904) 727-7778

### **Associates in Family Psychology**

13430 Parker Commons Blvd Ste 101  
Fort Myers, FL 33912  
Phone #: (239) 561-9955

### **Henderson Student Counseling Center**

3538 South University Dr  
Davie, FL 33314  
Phone #: (954) 424-6911

## **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](http://www.floridablue.com)
- Call the pre-enrollment help line at 1-800-967-8938

## **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 1-800-810-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 \$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 transportation 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. If the International Student has another health plan that does not include medical evacuation and repatriation services, the student has the option to purchase this coverage on a stand-alone basis through Seven Corners, Inc.

## **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 1-804-673-1177.

## **Stand Alone Medical Repatriation and Medical Evacuation Enrollment**

Additional "stand alone" Repatriation and Medical Evacuation benefits are available through Seven Corners, Inc. To obtain a quote and purchase this coverage, please visit [www.collegiaterisk.com](http://www.collegiaterisk.com) and click on the Specialty Programs tab for the online enrollment link. Dependent coverage is also available for purchase. All enrollment and benefit questions should be addressed to Collegiate Risk Management at 1-800-922-3420.



## Schedule of Benefits

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

Refer to the Master Policy, it's terms prevail.

Benefit for Covered Services	Student Health Center
<b>Benefit Period is based on college schedules —</b>	
Maximum Benefit Paid	Benefit Period Max \$500,000 Applies per person per benefit period
Out of Pocket Maximum (excludes pharmacy)	\$5,000 per benefit period
Individual Deductible (DED)	Waived
Repatriation/Medical Evacuation (to home country)	N/A
<b>INPATIENT</b>	
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

In-Network	Out-of-Network
<b>see page 22 for dates</b>	
Benefit Period Max \$500,000 Applies per person per benefit period	
\$5,000 per benefit period	Unlimited
\$300 per person per benefit period	\$600 per person per benefit period
\$10,000 / \$10,000	
<b>Network participating providers are responsible for providing admission notification for any inpatient admission to acute care facilities.</b>	
80% of allowed amount after DED	If member elects to go to a non-participating provider, the member or hospital is responsible for providing admission notification. 50% of allowed amount after DED*
80% of allowed amount after DED	50% of allowed amount after DED*
80% of allowed amount after DED	50% of allowed amount after DED*
80% of allowed amount after DED	50% of allowed amount after DED*
No day maximum	
80% of allowed amount after DED	50% of allowed amount after DED*
No maximum	
80% of allowed amount after DED	50% of allowed amount after DED*
Multiple surgical procedures will be based on 50% of the allowed amount.	
80% of allowed amount after DED	50% of allowed amount after DED*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures allowed amount	
80% of allowed amount after DED	50% of allowed amount after DED*

<b>Benefit for Covered Services</b>	<b>Student Health Center</b>
Registered Nurse's Services/ Private Duty Nursing	N/A
Physician's Visits	N/A
Pre-Admission Testing ( <i>standard pre-admit testing</i> )	N/A
Psychotherapy	N/A
Substance Abuse	N/A
<b>OUTPATIENT</b>	
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	N/A
X-Rays & Laboratory	100% of allowed amount
Independent Clinical Lab	N/A
Injections <i>Immunizations (subject to Adult Wellness benefit) and allergy will be covered at all locations.</i>	100% of allowed amount

<b>In-Network</b>	<b>Out-of-Network</b>
Private Duty Nurses - Not covered	
80% of allowed amount after DED	50% of allowed amount after DED*
No visit restriction	
80% of allowed amount after DED	50% of allowed amount after DED*
No limit to days prior to admit	
80% of allowed amount after DED	50% of allowed amount after DED*
80% of allowed amount after DED	50% of allowed amount after DED*
<b>OUTPATIENT</b>	
80% of allowed amount after DED	50% of allowed amount after DED*
Outpatient Hospital Facility: 80% of allowed amount after DED; ASC facility: \$100 copay	50% of allowed amount after DED*
80% of allowed amount after DED	50% 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	50% of allowed amount after DED*
\$250 Copay + 80% of allowed amount after DED	\$250 Copay + 50% of allowed amount after DED*
ER copay waived if admitted	
\$75 Copay + 80% of allowed amount after DED	\$75 Copay + 50% of allowed amount after DED*
Office location: Included in office visit Other locations: 80% of allowed amount after DED	50% of allowed amount after DED*
\$0 copay	50% of allowed amount after DED*
Office location: Included in office visit Other locations: 80% of allowed amount after DED	50% of allowed amount after DED*

Benefit for Covered Services	Student Health Center
Radiation Therapy/Chemotherapy	N/A
Test & Procedures	100% of allowed amount
Physician's Visits	100% of allowed amount
Outpatient Therapies Combined (Physiotherapy) Speech, Occupational, Cardiac, Pulmonary, Physical, Spinal Manipulations & Massage Therapies <i>Outpatient Therapies and Spinal Manipulations: 15 visits per benefit period; limited to 4 modalities per day; 26 max spinal manipulations (osteopathic manipulations excluded from dollar maximum)</i>	100% of allowed amount
Prescription Drugs (includes contraceptives) <i>(Medication for treatment of needle stick excluded from maximum)</i>	100% after \$20/\$50 copay
Psychotherapy	100% of allowed amount
Substance Abuse	100% of allowed amount

In-Network	Out-of-Network
Office location: Copay + 80% of allowed amount after applicable DED Other locations: 80% of allowed amount after DED	50% of allowed amount after DED*
Office location: Copay + 80% of allowed amount after applicable DED Other locations: 80% of allowed amount after DED	50% of allowed amount after DED*
Office: \$30 copay + 80% of allowed amount after Family Physician DED \$50 copay + 80% of allowed amount after Spec DED	50% of allowed amount after DED*
Office location: Copay + 80% of allowed amount after applicable DED Other locations: 80% of allowed amount after DED	50% of allowed amount after DED*
100% after \$20/\$50 copay	Member pays full cost, submits claim; reimbursed 50% of the allowed amount
Office location: Copay + 80% of allowed amount after DED Other locations: 80% of allowed amount after DED	50% of allowed amount after DED*
Office location: Copay + 80% of allowed amount after DED Other locations: 80% of allowed amount after DED	50% of allowed amount after DED*

Benefit for Covered Services	Student Health Center
<b>Other</b>	
Ambulance Services	N/A
Durable Medical Equipment	N/A
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	100% of allowed amount
One physical exam per benefit period (reference Preventative Care guide for covered services)	
One gyn exam per benefit period	
Hospice	N/A
Skilled Nursing Facility	N/A

\*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

In-Network	Out-of-Network
80% of allowed amount after DED	80% of allowed amount after DED*
Ground/Air/Water combined: \$5,500 p/day	
80% of allowed amount after DED	50% of allowed amount after DED*
Office location: Copay + 80% of allowed amount after DED Other locations: 80% of allowed amount after DED	50% 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 to a sound natural tooth.	
80% of allowed amount after DED	50% of allowed amount after DED*
Paid at 100% of allowed amount	Waive DED; 50% of allowed amount*
<b>Other Special Coverages</b>	
100% of allowed amount	Waive DED; 50% of allowed amount*
\$5,200 Lifetime Maximum	
60 days per benefit period	

treatment, care, or advice within 6 months prior to enrolling in this plan. The pre-existing limitations waiting period can be waived or reduced if the student submits a Certificate of Creditable Coverage from the previous insurance carrier, as outlined in the master policy.

## Premium Rates

### PA, PT, AA, IDG, Sonography (1st yr) and OT (Final year OT covered until 12/31/13)

	Fall 6/1/13 – 12/31/13	Winter 1/1/14 – 5/31/14
Student	\$1,160	\$828
Spouse	\$2,899	\$2,071
Per Child	\$1,925	\$1,375

### Final Year PA and AA

	Fall 6/1/13 – 12/31/13	Winter 1/1/14 – 8/31/14
Student	\$1,160	\$1,325
Spouse	\$2,899	\$3,313
Per Child	\$1,925	\$2,200

### Post Graduate Dental Students

	Fall 7/1/13 – 12/31/13	Winter 1/1/14 – 6/30/14
Student	\$994	\$994
Spouse	\$2,485	\$2,485
Per Child	\$1,650	\$1,650

### Masters of Vascular Sonography (2nd yr)

	Fall 7/1/13 – 12/31/13	Winter 1/1/14 – 6/30/14
Student	\$994	\$994
Spouse	\$2,485	\$2,485
Per Child	\$1,650	\$1,650

### Osteopathic Medicine

	Fall 8/1/13 – 12/31/13	Winter 1/1/14 – 7/31/14
Student	\$828	\$1,160
Spouse	\$2,071	\$2,899
Per Child	\$1,375	\$1,925

### All Other Hardwaiver Students

	Fall 8/1/13 – 12/31/13	Winter 1/1/14 – 7/31/14
Student	\$828	\$1,160
Spouse	\$2,071	\$2,899
Per Child	\$1,375	\$1,925

### Vascular Sonography (2nd yr) and Audiology

	Fall 9/1/13 – 12/31/13	Winter 1/1/14 – 8/31/14
Student	\$663	\$1,325
Spouse	\$1,657	\$3,313
Per Child	\$1,100	\$2,200

- Charges may be posted to coincide with financial aid disbursements. Contact the NSU insurance manager at 954-262-4060 with any questions.
- A 30-day open enrollment period will be administered from the coverage effective date.
- Students not enrolled in classes the first 30 days of the semester are not eligible for coverage.
- Dependent coverage dates must match those of the eligible student.

## **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](http://www.collegiaterisk.com)

### **Florida Blue Provider Directory**

[www.floridablue.com](http://www.floridablue.com)

### **Nova Southeastern University Student Health Plan Manager**

Telephone number: 954-262-4060  
Website: [www.nova.edu/studentinsurance](http://www.nova.edu/studentinsurance)  
Email: [studenthealth@nova.edu](mailto:studenthealth@nova.edu)

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For a copy of your Summary of Benefits and Coverage (SBC) please visit [www.floridablue.com/sbc](http://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.

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