

2013 – 2014

STUDENT MEDICAL Insurance Plan



Collegiate Risk Management

(800) 922-3420

www.collegiaterisk.com

Florida Blue 

The Florida Blue logo consists of two symbols: a cross with a circle in the center, and a shield containing a caduceus (a staff with two snakes entwined around it).

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 Webber International University students. This brochure is not an insurance contract and nothing in this brochure shall override the actual benefits or eligibility criteria under the Webber International 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

The Federal Visa regulations require international F-1 and J-1 students to maintain adequate health insurance throughout their stay in the United States. All international students attending Webber International University are required to be covered by the university's Student Medical Insurance Plan and will be automatically enrolled in the Plan.

All Domestic Athletes are required to be covered by the Webber International University Student Medical Insurance Plan, and all registered Full-time Traditional students taking 12 or more credit hours are also automatically enrolled in the Plan.

Eligible students will be enrolled in the Webber International University Student Medical Insurance Plan either as the Primary Payer, or Secondary Payer if they have comparable coverage under another plan.

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

1. Is one of the following types of students:

- a. a Full-time Traditional undergraduate student who is regularly scheduled for a minimum of 12 credit hours; or
 - b. a graduate student
2. Must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet, and television (TV) 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 the Webber International University Student Medical Insurance Plan.

General Rules for Enrollment

Eligible students will be enrolled 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 will have no obligation whatsoever to any individual who is not properly enrolled.

1. All Webber International University students will automatically be enrolled in the Webber International University Student Medical Insurance Plan upon registration.
2. International students will be enrolled in the university's student medical insurance plan as the Primary Payer.
3. For Domestic students who have insurance coverage through another plan that meets or exceeds the university's student medical insurance plan benefits, their plan would be considered the Primary Payer and the university's student medical insurance plan would be considered the Excess Payer (Secondary). As the Excess Payer (Secondary), Florida Blue's liability for benefits payable of any expenses incurred and resulting from an otherwise Covered Service under the Benefit Booklet shall be limited to that

part of the expense, if any, which is in excess of all benefits payable to the insured from any other coverage they may have when those benefits are payable for the same Covered Service expense.

4. If a Domestic student's other coverage is not comparable to the university's student medical insurance plan, the student will automatically be enrolled in the Webber International University Student Medical Insurance Plan as the Primary Payer.
5. All factual representations 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.
6. 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.

Open Enrollment Period

Is the period of time given for students to be enrolled for coverage in the Webber International University Student Medical Insurance Plan. The period is established by the school and us, and will end 30 days following the beginning of the period for which the student is enrolled.

Termination of a Covered Student's Coverage

If you withdraw from Webber International University within the first 31 calendar days of the semester, you will receive a full refund of the insurance premium unless you file a medical claim. If you withdraw from Webber International 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 Plan as of the date of such entry. A pro-rata refund of premium will be made for such person 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 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 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 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 & 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.

Verify if a Provider is In-Network

To verify if a provider is in-network, 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.

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 must be authorized when traveling by calling collect to 804-673-1177.

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 when traveling by calling collect to 804-673-1177.

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 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 by calling collect to 804-673-1177.

Schedule of Benefits

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

Refer to the Master Policy, its terms prevail.

Benefit for Covered Services
Maximum Benefit Paid
Benefit Period Individual Deductible (DED) (Applies per person, per benefit period)
Per Admission Deductible (PAD)
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 (standard pre-admit testing)

In-Network	Out-of-Network
\$500,000 Benefit Period Maximum (Applies per person, per benefit period)	
\$150	\$300
\$200 per person, per Inpatient Admission	
\$10,000 / \$10,000	
INPATIENT	
Network participating providers are responsible for providing admission notification for any inpatient admission to acute care facilities.	If member elects to go to a non-participating provider, the member or hospital is responsible for providing admission notification.
100% of allowed amount after DED + PAD	50% of allowed amount after DED + PAD*
100% of allowed amount after DED + PAD	50% of allowed amount after DED + PAD*
100% of allowed amount after DED + PAD	50% of allowed amount after DED + PAD*
100% of allowed amount after DED	50% of allowed amount after DED*
No maximum	
100% of allowed amount after DED	50% of allowed amount after DED*
Multiple surgical procedures will be based on 50% of the allowed amount.	
100% 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	
100% of allowed amount after DED	50% of allowed amount after DED*
Private Duty Nurses - Not covered	
100% of allowed amount after DED	50% of allowed amount after DED*
100% of allowed amount after DED	50% of allowed amount after DED*

Benefit for Covered Services
Psychotherapy
Substance Abuse
OUTPATIENT
Surgeon's Fees
Day Surgery Miscellaneous
Assistant Surgeon
Anesthetist
Emergency Room
Urgent Care Center
X-Rays
Independent Clinical Lab (Quest Diagnostics)
Injections
Radiation Therapy/Chemotherapy
Test & Procedures
Physician's Visits

In-Network	Out-of-Network
100% of allowed amount after DED + PAD	50% of allowed amount after DED + PAD*
MH: 30 days inpatient per benefit period; No dollar max	
100% of allowed amount after DED + PAD	50% of allowed amount after DED + PAD*
100% of allowed amount after DED	50% of allowed amount after DED*
Outpatient Hospital Facility: 100% of allowed amount after DED; **ASC facility: \$100 Copay	50% of allowed amount after DED*
100% of allowed amount after DED	50% of allowed amount after DED*
Surgical Assistant allowed amount is limited to 20% of the surgical procedure's allowed amount	
100% of allowed amount after DED	50% of allowed amount after DED*
\$500 Copay + 100% of allowed amount after \$150 DED	\$500 Copay + 100% of allowed amount after \$150 DED
ER Copay waived if admitted	
\$50 Copay + 100% of allowed amount after DED	\$50 Copay + 50% of allowed amount after DED*
Office location: Included in applicable Copay. Other locations 100% of allowed amount after DED	50% of allowed amount after DED*
\$0 member responsibility	50% of allowed amount after DED*
Office location: Included in applicable Copay. Other locations 100% of allowed amount after DED	50% of allowed amount after DED*
100% of allowed amount after DED	50% of allowed amount after DED*
Office location: Included in applicable Copay. Other locations 100% of allowed amount after DED	50% of allowed amount after DED*
Office: Fam physician \$25 Copay, Spec \$40 Copay Other locations 100% of allowed amount after DED	50% of allowed amount after DED*

Benefit for Covered Services
Physiotherapy <i>(Combined Therapies and Spinal Manipulations)</i>
Prescription Drugs
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

Please refer to the benefit booklet for a list of exclusions. 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

For a copy of your Summary of Benefits and Coverage (SBC) please visit www.floridablue.com/sbc. A paper copy is also available, free

In-Network	Out-of-Network
Office location: Applicable Copay. Other locations 100% of allowed amount after DED	50% of allowed amount after DED*
Outpatient Therapies and Spinal Manipulations: 15 visits per benefit period; limited to 4 modalities per day; 26 manipulations per benefit period	
\$15 generic Copay \$60 brand Copay \$100 non-preferred	Member pays full cost, submits claim; reimbursed 50% allowed amount
Office location: Applicable Copay. Other locations 100% of allowed amount after DED	50% of allowed amount after DED*
MH: 20 outpatient visits per benefit period; no dollar max	
Office location: Applicable Copay. Other locations 100% of allowed amount after DED	50% of allowed amount after DED*
100% of allowed amount after DED	
100% of allowed amount after DED	
\$5,500 Ground/Air/Water per day	
100% of allowed amount after DED	50% of allowed amount after DED*
Office location: Applicable Copay. Other locations 100% 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.	
100% of allowed amount after DED	50% of allowed amount after DED*
100% of allowed amount	
100% of allowed amount	50% of allowed amount

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 benefit booklet.

of charge, by calling 800-664-5295. TTY/TDD dial 1-800-955-8771.

Where to Find Help

Enrollment and Pre-Enrollment

Benefit Questions

Collegiate Risk Management

110 Athens Street

Tarpon Springs, FL 34689

1-800-922-3420

www.collegiaterisk.com

Florida Blue

BlueOptions (NetworkBlue) Provider

Directory

www.floridablue.com

Webber International University

Tim Desmarteau; Head Athletic Trainer

Assistant Athletic Director

863-638-2989

email: desmarteautj@webber.edu

Florida Blue Group #64798

Florida Blue 

In the pursuit of health®

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