

2013 – 2014

STUDENT MEDICAL Insurance Plan



Collegiate Risk Management

(800) 922-3420

www.collegiaterisk.com

Florida Blue 

In the pursuit of health®

Health Care Reform Required Notice:

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



WOLFORD COLLEGE

Student Medical Insurance Plan

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

Eligibility for Coverage

All students are required to be covered by the Wolford College Student Medical Insurance Plan and will be billed for the annual insurance fee. To be eligible, they must actively attend classes for at least the first 31 days of the semester. 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)

Students enrolled in the Wolford College Student Medical Insurance Plan may also insure their dependents. An individual who meets the eligibility criteria listed below and as specified in the benefit booklet is considered 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 26 (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; 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.

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 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 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 Wolford College students will automatically be enrolled in the Wolford College Student Medical Insurance Plan.** Students will be enrolled in the Plan either as the Primary Payer, or Secondary Payer if they have comparable coverage under another plan. The insurance fee will be charged to their student account upon registration.
2. For students who have insurance coverage through another plan that meets or exceeds the Wolford College Student Medical Insurance Plan benefits, their plan would be considered the Primary Payer and the Wolford College 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.

3. If a student's other coverage is not comparable to the Wolford College Student Medical Insurance Plan, the student will automatically be enrolled in the Wolford College Student Medical Insurance Plan as the Primary Payer.
4. All eligible students who wish to apply for coverage for their eligible dependents under the Wolford College 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 the student is enrolled. The application may be obtained at the Collegiate Risk Management website, www.collegiaterisk.com. **Please note: The period for which a dependent is enrolled must be the same as the insured student, and their coverage will expire concurrently with that of the student. It is the student's sole responsibility for timely enrollments and premium payments for their dependents. To enroll a newborn, contact Collegiate Risk Management at 1-800-922-3420 upon the birth of the newborn child.**
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 Wolford College 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 Wolford College 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 Wolford College after the first 31 calendar days of the semester, your coverage will remain in effect until the end of the term for which you have paid premium. **No refunds will be granted after the first 31 calendar days of the semester.**

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

A covered person entering the armed forces of any country will not be covered under the Plan as of the date of such entry. A pro-rata refund of premium will be made for such person upon written request 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 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; or
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 & 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 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.

For additional information regarding BlueOptions 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 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.

International Benefits for Students

BlueCard® Worldwide has you covered when you travel or study abroad. Through the BlueCard® Worldwide Program, you have access to doctors and hospitals in more than 200 countries and territories around the world. All medical services and medical transportation must be authorized when traveling abroad by calling 1-800-810-2583. When calling from abroad, please call collect 1-804-673-1177.

Schedule of Benefits

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

| Benefit for Covered Services |
|--|
| Maximum Benefit Paid |
| Benefit Period Individual Deductible (DED) (Applies per person, per benefit period) |
| 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>) |

Refer to the Master Policy, its terms prevail.

| In-Network | Out-of-Network |
|--|---|
| \$500,000 Benefit Period Maximum (Applies per person, per benefit period) | |
| \$300 | \$500 |
| \$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. |
| \$750 per Admission Copay + 80% of allowed amount after DED | \$750 per Admission Copay + 50% of allowed amount after DED* |
| \$750 per Admission Copay + 80% of allowed amount after DED | \$750 per Admission Copay + 50% of allowed amount after DED* |
| \$750 per Admission Copay + 80% of allowed amount after DED | \$750 per Admission Copay + 50% of allowed amount after DED* |
| \$750 per Admission Copay + 80% of allowed amount after DED | \$750 per Admission Copay + 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* |
| Private Duty Nurses - Not covered | |
| 80% of allowed amount after DED | 50% of allowed amount after DED* |
| 80% of allowed amount after DED | 50% of allowed amount after DED* |

| Benefit for Covered Services |
|--|
| Psychotherapy <i>(Notification of inpatient admission is required through New Directions Behavioral Health)</i> |
| Substance Abuse <i>(Notification of inpatient admission is required through New Directions Behavioral Health)</i> |
| 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 |
|---|--|
| \$750 Copay + 80% of allowed amount after DED | \$750 Copay + 50% of allowed amount after DED* |
| MH: 30 days inpatient per benefit period; No dollar max | |
| \$750 Copay + 80% of allowed amount after DED | \$750 Copay + 50% of allowed amount after DED* |
| MH: 30 days inpatient per benefit period; No dollar max | |
| 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* |
| 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* |
| \$150 Copay + 80% of allowed amount after DED | \$150 Copay + 80% of allowed amount after DED* |
| ER Copay waived if admitted | |
| \$50 Copay + 80% of allowed amount after DED | \$50 Copay + 50% of allowed amount after DED* |
| 80% of allowed amount after DED | 80% of allowed amount after DED* |
| Advanced Imaging (MRI/CT Scan) \$100 copay for Advanced Imaging with required authorization | |
| \$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* |
| 80% 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* |
| \$30 Copay + 80% of allowed amount after DED | \$30 Copay + 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 |
| 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

| In-Network | Out-of-Network |
|--|---|
| Office location: \$30 Copay + coinsurance. Other locations 80% allowed amount after DED | \$30 Copay + 50% of allowed amount after DED* |
| Outpatient Therapies and Spinal Manipulations: 15 visits per per academic year; limited to 4 modalities per day; 26 manipulations per benefit period | |
| \$15 generic Copay \$45 brand Copay \$60 non-preferred | Member pays full cost, submits claim; reimbursed 50% allowed amount |
| Office location: Applicable Copay. Other locations \$30 + 80% of allowed amount after DED | \$30 + 50% of allowed amount after DED* |
| MH: 20 outpatient visits per benefit period; no dollar max | |
| Office location: Applicable Copay. Other locations \$30 + 80% of allowed amount after DED | \$30 + 50% of allowed amount after DED* |
| OTHER | OTHER |
| \$100 Copay + 80% of allowed amount after DED | \$100 Copay + 80% of allowed amount after DED* |
| \$5,500 Combined Ground/Air/Water per day | |
| 80% of allowed amount after DED | 50% of allowed amount after DED* |
| Office location: Applicable Copay. 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* |
| OTHER | OTHER |
| 100% of allowed amount | 50% of allowed amount after DED* |

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.

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.

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 Provider Directory

www.floridablue.com

Wolford College

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Florida Blue Group #B5257

Florida Blue 

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