

# 2009–2010

## DOMESTIC STUDENT HEALTH

### Insurance Plan



# UNF

UNIVERSITY *of*  
NORTH FLORIDA™



*Collegiate Risk Management*

(800) 922-3420

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



**BlueCross BlueShield  
of Florida**

An Independent Licensee of the  
Blue Cross and Blue Shield Association



## **Domestic Student Health Insurance Plan**

Dear University of North Florida Domestic students:

Blue Cross and Blue Shield of Florida (BCBSF) is pleased to offer this summary brochure of the Blanket Accident and Sickness Medical Expense benefits available for University of North Florida Domestic 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 University of North Florida Student Health Insurance Plan. You may contact BCBSF's Customer Service Department at 800-664-5295 or Collegiate Risk Management at [www.collegiaterrisk.com](http://www.collegiaterrisk.com) for a copy of the benefit booklet. References to "we", "us" and "our" throughout refer to BCBSF.

### **Eligibility for Coverage**

All registered Domestic students enrolled in University of North Florida taking six (6) credit hours are eligible to enroll in the Student Health Insurance Plan on a voluntary basis. Each student who is eligible to participate in the Student Health 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 during open enrollment, which is the first 60 days of each semester.

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. an undergraduate student who is regularly scheduled for six (6) credit hours;
  - b. a graduate student student regularly scheduled for three (3) credit hours;
  - c. practical training students are also eligible regardless of credit hours; or
  - d. visiting scholars are also eligible regardless of credit hours;and
2. Must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study 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)

Please see the benefit booklet for dependent eligibility criteria.

## General Rules for Enrollment

Eligible students and their eligible dependents may enroll for coverage in the Student Health Insurance Plan 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 eligible students who wish to enroll in the Student Health Insurance Plan may

do so by enrolling online at the Collegiate Risk Management website at [www.collegiaterisk.com](http://www.collegiaterisk.com), or by submitting a Student Health and Accident Blanket Insurance Application ("Enrollment Form") to Collegiate Risk Management with the appropriate premium within 60 days following the beginning of the period for which you are enrolling.

2. Students may enroll after the open enrollment 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 the Student Health Insurance Plan may do so by completing the online application at the Collegiate Risk Management website at [www.collegiaterisk.com](http://www.collegiaterisk.com), or by remitting an enrollment application with the appropriate premium within 60 days following the beginning of the period for which the student is enrolling. **Please note: 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. Dependents are not eligible to use the Student Health Services Center on campus.**
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.

## Electing Coverage

When making application for coverage, you must elect one of the types of coverage available under the University of North Florida program. The student must enroll for the dependents to be covered:

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

**Student/Spouse Coverage** - covers the eligible student and the student's spouse under a legally valid, existing marriage.

**Student/Child(ren) Coverage** - covers the eligible student and the student's eligible child or children only.

**Student/Family Coverage** - covers the eligible student and the student's eligible dependents.

## 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 is the first 60 days of each semester. 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.

## Termination of Coverage

Please refer to the benefit booklet for when coverage ends.

## Physicians, Hospitals, and Other Providers

### Introduction

It is important for you to understand how the provider you select and the setting in which you receive health care services affects how much you are responsible for paying under this plan. The benefit booklet, along with the schedule of benefits and our provider directory, describes the health care provider options available to you and our payment rules for services you receive.

As used throughout this section, "out-of-pocket expenses" or "out-of-pocket" refers to the amounts you are required to pay, including any applicable copayments, the benefit period deductible and/or coinsurance amounts for covered services.

You are entitled to preferred provider type benefits when you receive covered services from in-network providers. You are entitled to traditional program type benefits at the point of service when you receive covered services from traditional program providers.

## Provider Participation Status

In order to help control health care costs, we have entered into contracts with certain providers to participate in NetworkBlue, one of our preferred provider networks. We have also entered into contracts with certain providers to participate in our traditional program. The allowances we establish are called allowed amounts. The amount you are responsible for paying out-of-pocket for a particular covered service is based on our allowed amount for that covered service. Your schedule of benefits designates the panel of NetworkBlue providers who are participating for your specific plan of coverage. This is important because these providers are considered your in-network providers for purposes of this coverage.

For additional information regarding NetworkBlue and traditional program providers, refer to the benefit booklet.

## **University of North Florida Student Health Services Center**

As a courtesy to eligible students enrolled in the UNF Student Health Insurance Plan, the deductible will be waived when treatment is rendered at the Student Health Services Center. Services that are considered to be Covered Services under the plan will be paid at 100% at the health center, including one routine GYN exam with any routine lab test per policy year (pap smear, papnet, GC/Chlamydia and pregnancy test). Prescription drugs received at the health center are subject to a \$20 copay/generic and \$40 copay/brand. Also, prescription contraceptives are covered on and off campus and are subject to the prescription copays. Travel and HPV vaccinations are included in the services offered at the student health center with a \$30 copay. Access to the Student Health Services Center is limited to fee-paying students or qualified “off-semester” students. Spouses and dependents who are not students are ineligible to use the school’s health center and will not receive reduced deductibles. Hours are Monday – Friday 8:00 am to 5:00 pm. Students who need to seek treatment after hours are referred to local In-Network after-hour care offices. Students are reminded to use the emergency room for emergency situations only.

### **To verify if a Provider is In-Network for your plan you can**

Access the BlueOptions (NetworkBlue) provider directory on our website at [www.bcbsfl.com](http://www.bcbsfl.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](http://www.bcbs.com)

### **Medical Transportation Benefits provided through the BlueCard Worldwide® program.**

#### **Repatriation Benefit \$25,000 Maximum Benefit**

If the covered person dies while insured under the benefit booklet, benefits will be paid up to \$25,000 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 \$25,000 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 Health Insurance Plan for Repatriation. All medical transportation services must be authorized in advanced by calling 1-800-810-2583. When calling from abroad please call collect 1-804-673-1177.

## **Medical Evacuation Benefit \$25,000 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 \$25,000. The attending physician must certify in writing that the evacuation is medically necessary. The initial air or ground ambulance to a medical facility is not included in this benefit. All medical evacuation services must be authorized in advanced by calling 1-800-810-2583. When calling from abroad please call collect 1-804-673-1177.

## **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 purchase this coverage, please visit [www.collegiaterisk.com](http://www.collegiaterisk.com) and visit their products section for the online enrollment link and immediate access to the benefits, the rates, enrollment procedures and your identification card. 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.

<b>Benefit for Covered Services</b>
<b>Benefit Period is from 08/24/2009 – 08/23/2010</b>
Maximum Benefit Paid
Deductible (DED)
Repatriation/Medical Evacuation
<b>INPATIENT</b>
Pre Admission Certification
Room & Board
Hospital Expense
Intensive Care
Routine Newborn (Nursery charges)
Physiotherapy
Surgeon's Fees
Assistant Surgeon
Anesthetist
Registered Nurse's Services/Private Duty Nursing
Physician's Visits
Pre-Admission Testing (standard pre-admit testing)
Psychotherapy
Substance Abuse

<b>In-Network</b> (unless otherwise noted, all services rendered at the SHS will be reimbursed at 100%)	<b>Out-of-Network</b>
\$200,000 (Applies per person per benefit period)	
\$100 per person per benefit period	
\$25,000 / \$25,000	
<p>Network participating providers are responsible for providing admission notification for any inpatient admission to acute care facilities.</p> <p>If member elects to go to a non-participating provider, the member or hospital is responsible for providing admission notification.</p>	
DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
No day maximum	
DED + 80% of allowed amount	DED + 70% of allowed amount*
No maximum	
DED + 80% of allowed amount	DED + 70% of allowed amount*
Multiple surgical procedures will be based on 70% of the allowed amount.	
DED + 80% of allowed amount	DED + 70% of allowed amount*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures allowed amount	
DED + 80% of allowed amount	DED + 70% of allowed amount*
Private Duty Nurses - Not covered	
\$25 Primary Copay + DED + 80% of allowed amount \$40 Specialist Copay + DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
MH: 30 days inpatient per benefit period; No dollar max	
DED + 80% of allowed amount	DED + 70% of allowed amount*
Not included with Mental Health \$2,000 Lifetime Maximum (inpatient / outpatient services)	

<b>Benefit for Covered Services</b>
<b>OUTPATIENT</b>
Surgeon's Fees
Day Surgery Miscellaneous <i>(ASC=Ambulatory Surgical Center)</i>
Assistant Surgeon
Anesthetist
Emergency Room
Urgent Care Centers
X-Rays
Independent Clinical Lab
Injections
Radiation Therapy/Chemotherapy
Test & Procedures
Physician's Visits
Physiotherapy <i>(Combined Therapies and Spinal Manipulations)</i>
Prescription Drugs
Psychotherapy
Substance Abuse

<b>In-Network</b>	<b>Out-of-Network</b>
DED + 80% of allowed amount	DED + 70% of allowed amount*
Outpatient Hospital Facility: DED + 80% of allowed amount; ASC facility: \$100 copay	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures's allowed amount	
DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + \$100 Copay + 80% of allowed amount	DED + \$100 Copay + 70% of allowed amount*
ER copay waived if admitted	
DED + \$50 Copay + 80% of allowed amount	DED + \$50 Copay; 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
\$0 Copay (100%)	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
\$25 Primary Care Copay + DED + 80% of allowed amount \$40 Specialist Copay + DED + 80% of allowed amount	DED + 70% of allowed amount*
DED + 80% of allowed amount	DED + 70% of allowed amount*
Outpatient Therapies and Spinal Manipulations: \$500 maximum per benefit period; limited to 4 modalities per day; 26 manipulations per benefit period	
100% after \$20/\$40 copay	Member pays full cost, submits claim; reimbursed 80% allowed amount
Up to Benefit Maximum Per Benefit Period (\$200,000)	
DED + 80% of allowed amount	DED + 70% of allowed amount*
MH: 40 outpatient visits per benefit period; No dollar maximum	
DED + 80% of allowed amount	DED + 70% of allowed amount*
Not included with Mental Health \$2,000 Lifetime Maximum (inpatient / outpatient services)	

<b>Benefit for Covered Services</b>
<b>Other</b>
Ambulance Services
Durable Medical Equipment
Consultant Physician Fees
Dental Treatment
Maternity/Complications of Pregnancy/Elective Abortion
Child Health Supervision Services/ Well Child
<b>Other Special Coverages</b>
Immunizations and Vaccinations <i>(\$30 copay for HPV/Travel Immunizations at SHS)</i>
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

## Premium Rates

Semester	Dates
Annual	08/24/2009 – 08/23/2010
Fall	08/24/2009 – 01/03/2010
Spring/Summer	01/04/2010 – 08/23/2010
Summer	05/10/2010 – 08/23/2010

<b>In-Network</b>	<b>Out-of-Network</b>
DED + 80% of allowed amount	DED + 80% of allowed amount*
Ground \$400 p/day; Air/Water: \$4,000 p/day	
DED + 80% of allowed amount	DED + 70% of allowed amount*
\$1,000 per benefit period	
DED + 80% of allowed amount	DED + 70% 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 + 70% of allowed amount*
Office: Waive DED; 80% of allowed amount	Waive DED; 70% of allowed amount*
Office location: Waive DED; 80% of allowed amount Subject to Adult Wellness benefit	Waive DED; 70% of allowed amount. Subject to Adult Wellness benefit.
Adult Wellness \$200 per benefit period combined In/Out of Network	

Pre-Existing Conditions Limitations apply: We will not pay benefits for a condition for the first 6 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.

Domestic Students	Domestic Spouse	Domestic Child(ren)
\$1,105	\$2,265	\$1,213
\$399	\$818	\$438
\$706	\$1,447	\$775
\$319	\$654	\$350

## **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)

### **Provider Directory (BlueOptions / NetworkBlue)**

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

### **University of North Florida Student Health/ Medical Compliance Office**

Telephone number: 904-620-2175

BCBSF Group # 64799



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