

2008—  
2009

**STUDENT  
MEDICAL**  
Insurance Plan



**Student Insurance Group**

866-931-9560

[www.studentinsurancegroup.us](http://www.studentinsurancegroup.us)



**BlueCross BlueShield  
of Florida**

An Independent Licensee of the  
Blue Cross and Blue Shield Association



## **University of South Florida Student Medical Insurance Plan**

Dear University of South Florida 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 South Florida 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 South Florida Student Medical Insurance Plan. You may contact BCBSF's Customer Service Department at 800-664-5295 or Student Insurance Group at [www.studentinsurancegroup.us](http://www.studentinsurancegroup.us) for a copy of the benefit booklet. References to "we", "us" and "our" throughout refer to BCBSF.

## Eligibility for Coverage

If you are an enrolled USF student, you are eligible for coverage worldwide if you are:

1. an undergraduate Domestic student registered for a minimum of 6 credit hours (unless eligible under Approved Exceptions\*);
2. an International student (**International Students are required to purchase the insurance unless proof of comparable coverage is provided.**);
3. an ELI student;
4. a graduate student enrolled in a degree-seeking program;
5. a Post Doctorate/Fellow;
6. or a Visiting Research Scholar.

Students must be registered and actively attend classes for at least the first 31 days after the date for which coverage is purchased.

Dependents of covered students can also purchase coverage. Eligible dependents are the Legal Spouse and/or dependent children under 25 years of age living with and principally supported by the covered student, or principally supported by the covered student and is a full-time/part-time student. Except as noted under Termination of a Covered Dependent's Coverage or as specifically provided under the Extension of Benefits, Dependent eligibility expires concurrently with that of the Covered Student.

\*Approved Exceptions: Students will need to provide supporting documentation.

- Cooperative Education
- Study Abroad/Exchange Program
- Internships
- Graduating Semester
- Students with disabilities
- Graduate Certificate Students

## 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. 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.

**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 in the Student Medical 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 Medical Insurance Plan may do so by enrolling online at the Student Insurance Group website at [www.studentinsurancegroup.us](http://www.studentinsurancegroup.us), or by submitting a Student Medical Insurance Plan Application (“Enrollment Form”) to Student Insurance Group with the appropriate premium within 30 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 Student Insurance Group at 1-866-931-9560.
3. All eligible students who wish to apply for coverage for their eligible dependents under the Student Medical Insurance Plan may do so by completing the online application at the Student Insurance Group website at [www.studentinsurancegroup.us](http://www.studentinsurancegroup.us), or by remitting an enrollment application with the appropriate premium within 30 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 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 South 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 school and BCBSF establish this period. The school and BCBSF establish this period and will end 30 days after the beginning of the period for which the student is enrolling.

## Termination of a Covered Student's Coverage

If you withdraw from USF 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 USF 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, and any of the student's covered dependents, upon written request submitted through Student Insurance Group 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 College's 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 College 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 College.

## 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 College's 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 specified by the College that the covered dependent's coverage terminates; or
6. 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 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 South Florida Student Health Services

As a courtesy to eligible students enrolled in the USF Student Medical Insurance Plan, the deductible will be waived and Covered Services under the plan will be paid at 100% when treatment is rendered at the Student Health Services (SHS) and by the USF Physicians Group. Access to SHS is limited to students (If not a registered Tampa Campus student, a Health Fee Payment will be required on your initial visit to SHS each semester). Spouses and dependents who are not students are ineligible to use SHS. Hours are Monday – Friday 8:30 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 Medical 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 1-804-673-1777.

## **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 1-804-673-1777.

## **U.S. Benefits for International Students**

State and federal law requires that all International Students be covered for medical evacuation and repatriation services when studying in the U.S. International Students have this coverage through BlueCard® Worldwide if they are enrolled in the Blue Cross and Blue Shield of Florida 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 Assist America *Global Emergency Services*.

International students must contact the Insurance Office at the Student Health Services at 813-974-5407 or [www.shs.usf.edu](http://www.shs.usf.edu) for enrollment information.

## **International Benefits for Domestic Students**

BlueCard® Worldwide has you covered when you travel or study abroad. Through the BlueCard® Worldwide Program, you have access to doctors and hospitals in more than 200 countries and territories around the world. All medical services and medical transportation must be authorized when traveling abroad by calling 1-800-810-2583. When calling from abroad please call collect 1-804-673-1777.

## **Assist America *Global Emergency Services***

Students can purchase travel assistance coverage on a voluntary basis through Assist America for \$ 30 per academic year (per person), regardless of enrollment in the school's Student Medical Insurance Plan. Dates of coverage will be concurrent with the dates for the school year. Family members may also enroll for the same rate. Whenever a member moves beyond a 100 miles (150 kilometer) radius from home or crosses the border of a different country, the Assist America shield is activated. Assist America provides and pays for all services related to obtaining quality emergency medical care while traveling, including:

- Medical Consultation, Evaluation & Referral
- Hospital Admission Guarantees
- Emergency Medical Evacuation
- Critical Care Monitoring
- Medically Supervised Repatriation
- Prescription Assistance
- Care of Minor Children
- Return of Mortal Remains
- Lost Luggage or Document Assistance
- Interpreters & Legal Referral
- Pre-Trip Information

To purchase Assist America coverage, please submit the student enrollment application and premium to Student Insurance Sales.

## Schedule of Benefits

This is not a contract. This is a summary of benefits only, including exclusions and limitations that apply.

Refer to the benefit booklet for complete details

Benefit for Covered Services	Student Health Services (SHS) & USF Physicians Group (USFPG)
Maximum Benefit Paid per Benefit Period	Combined with In/Out of Network
Deductible	Waived
Medical Evacuation Repatriation	
Coinsurance	100% Coverage (if available through SHS, USFPG)
INPATIENT	
Pre Admission Certification	100% of covered allowance
Hospital Room & Board	Not Available
Hospital Miscellaneous	Not Available
Physiotherapy	100% of covered allowance
Surgeon's Fees	100% of covered allowance
Assistant Surgeon	100% of covered allowance
Anesthetist	100% of covered allowance
Registered Nurse's Services	Not Available
Physician's Visits	100% of covered allowance
Pre-Admission Testing (standard pre-admit testing)	100% of covered allowance

In-Network	Out-of-Network
\$200,000 per person per benefit period	
\$300 per person per benefit period	\$500 per person per benefit period
Integrated with benefit period maximum	
80% of allowance **	70% of allowance*
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.
Deductible + 80% of allowance**	Deductible + 70% of allowance*
Deductible + 80% of allowance**	Deductible + 70% of allowance*
Deductible + 80% of allowance**	Deductible + 70% of allowance*
Deductible + 80% of allowance**	Deductible + 70% of allowance*
Deductible + 80% of allowance**	Deductible + 70% of allowance*
Deductible + 80% of allowance**	Deductible + 70% of allowance*
Included in Hospital Charges	
Deductible + 80% of allowance**	Deductible + 70% of allowance*
Deductible + 80% of allowance**	Deductible + 70% of allowance*

<b>Benefit for Covered Services</b>	<b>Student Health Services (SHS) &amp; USF Physicians Group (USFPG)</b>
Psychotherapy <i>30 days inpatient per benefit period</i>	100% of covered allowance
Substance Abuse	Not Available
<b>OUTPATIENT</b>	
Surgeon's Fees (Hospital setting)	100% of covered allowance
Day Surgery Miscellaneous	100% of covered allowance
Anesthetist (Hospital setting)	100% of covered allowance
Physician's Visits (Office) <i>No visit limitation</i>	100% of covered allowance
Psychotherapy (Office) Including child health supervision services <i>30 outpatient visits per benefit period</i>	100% of covered allowance
Test & Procedures (Office)	100% of covered allowance
Independent Diagnostic Testing Facility	100% of covered allowance
Independent Clinical Laboratory	100% of covered allowance
Outpatient Therapies (Physiotherapy) (Combined Therapies and Spinal Manipulations)  <i>Outpatient Therapies and Spinal Manipulations: \$1,500 maximum per benefit period; limited to 4 modalities per day; 26 spinal manipulations per benefit period</i>	100% of covered allowance
Injections (Allergy)	100% of covered allowance

<b>In-Network</b>	<b>Out-of-Network</b>
Deductible + 80% of allowance**	Deductible + 70% of allowance*
Deductible + 80% of allowance**	Deductible + 70% of allowance*
\$2,000 Benefit Period Maximum (inpatient / outpatient services)	
<b>OUTPATIENT</b>	
Deductible + 80% of allowance**	Deductible + 70% of allowance*
Deductible + 80% of allowance**	Deductible + 70% of allowance*
Deductible + 80% of allowance**	Deductible + 70% of allowance*
\$20 Copay + Deductible + 80% of allowance**	\$20 Copay + Deductible + 70% of allowance*
\$20 Copay + Deductible + 80% of allowance**	\$20 Copay + Deductible + 70% of allowance*
\$20 Copay + Deductible + 80% of allowance**	\$20 Copay + Deductible + 70% of allowance*
Deductible + 80% of allowance**	Deductible + 70% of allowance*
\$0 Copay (Services provided by Quest)	Deductible + 70% of allowance*
Deductible + 80% of allowance**	Deductible + 70% of allowance*
\$10 Copay	Deductible + 70% of allowance*

Benefit for Covered Services	Student Health Services (SHS) & USF Physicians Group (USFPG)
Prescription Drugs <i>\$1,000 benefit period maximum (contraceptives included)</i>	Not Available
Radiation Therapy/Chemotherapy	100% of covered allowance
Emergency Room	Not Available
Urgent Care & walk-in clinics	100% of covered allowance
Other	
Consultant Physician Fees (Office)	100% of covered allowance
Ambulance Services	Not Available
Durable Medical Equipment <i>(Including orthopedic Braces and Appliances)</i>	Not Available
Dental Treatment <i>(injury to sound natural teeth)</i>	Not Available
Routine Mammography	100% of covered allowance
Adult Wellness (including GYN Exam, Immunizations and Vaccinations) <i>Adult Wellness \$150 per benefit period combined In/Out of Network (mammography not included in dollar limit)</i>	\$10 Copay

In-Network	Out-of-Network
\$20 Generic \$35 Brand Name	80% of allowance* after applicable copay
Deductible + 80% of allowance**	Deductible + 70% of allowance*
\$100 Copay	\$100 Copay
\$35 Copay	\$35 Copay
Other	
Deductible + 80% of allowance**	Deductible + 70% of allowance*
Deductible + 80% of allowance**	Deductible + 80% of allowance*
Ground \$400 p/day; Air/Water: \$4,000 p/day	
Deductible + 80% of allowance**	Deductible + 70% of allowance*
\$1,000 per benefit period	
Deductible + 80% of allowance**	Deductible + 70% of allowance*
Limited to care and treatment initiated within 62 days of an accidental dental injury	
\$0 Copay	\$0 Copay
\$20 Copay + 80% of allowance** (Deductible Waived)	\$20 Copay + 70% of allowance* (Deductible Waived)

<b>Benefit for Covered Services</b>	<b>Student Health Services (SHS) &amp; USF Physicians Group (USFPG)</b>
Elective Abortion	100% of covered allowance
Maternity (paid as any other condition) and complications of pregnancy	100% of covered allowance
Routine Well-baby Care	100% of covered allowance
CT Scan/MRI - Independent Diagnostic Testing Facility (advanced imaging) (prior authorization required)	100% of covered allowance
Substance Abuse (Office) <i>\$2,000 Lifetime Maximum (inpatient / outpatient services)</i>	100% of covered allowance

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

\*\* In-Network reimbursement based on participating allowance

<b>In-Network</b>	<b>Out-of-Network</b>
Deductible + 80% of allowance**	Deductible + 70% of allowance*
Deductible + 80% of allowance**	Deductible + 70% of allowance*
\$20 Copay + Coinsurance (Deductible Waived)	\$20 Copay + 70% of allowance* (Deductible Waived)
Deductible + 80% of allowance**	Deductible + 70% of allowance*
\$20 Copay + Deductible + 80% of allowance**	\$20 Copay + Deductible + 70% of allowance*

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.

## Premium Rates

Semester	Dates
Annual	08/18/08 – 08/17/09
Fall	08/18/08 – 01/04/09
Spring/Summer	01/05/09 – 08/17/09
Summer	05/11/09 – 08/17/09

Students	Spouse	Child(ren)
\$1,364	\$3,198	\$1,935
\$519	\$1,217	\$736
\$845	\$1,981	\$1,199
\$368	\$862	\$521

*Assist America Global Emergency Services: \$30 per year*

## Where to Find Help

### Enrollment and Pre-Enrollment Benefit Questions

Student Insurance Group  
Telephone number: 1-866-931-9560  
[www.studentinsurancegroup.us](http://www.studentinsurancegroup.us)

### Provider Directory (BlueOptions / NetworkBlue)

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

### University of South Florida Student Health Services / Insurance Office

Telephone number: 813-974-5407  
[www.shs.usf.edu](http://www.shs.usf.edu)

BCBSF Group # 65145



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