Dear Student, Parent, or Guardian:

We are pleased to provide you with this overview of the Florida Institute of Technology Student Health Insurance Plan (SHIP). This SHIP is administered by Consolidated Health Plans, Inc. CHP has contracted with Cigna for the plan’s provider network of hospitals, physicians, and other health care providers.

Your ACA-compliant plan includes:
- Coverage while at school and at home
- Comprehensive coverage both for emergency and non-emergency situations
- Access to the Cigna network

Your plan also offers the following value-added services:
- Davis Vision Discount Program
- FrontierMedex Medical Travel Assistance

### BENEFIT SUMMARY*

<table>
<thead>
<tr>
<th>Benefit Maximum</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible, Per Covered Person</td>
<td>$75</td>
<td>$250</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,350 Individual/ $12,700 Family maximum</td>
<td>No maximum</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No Deductible, Covered at 100% of PA</td>
<td>60% of U&amp;R</td>
</tr>
<tr>
<td>Inpatient Hospital Expense</td>
<td>80% of PA</td>
<td>60% of U&amp;R</td>
</tr>
<tr>
<td>Physician’s Office Visit</td>
<td>80% of PA after a $25 copay per visit</td>
<td>60% of U&amp;R</td>
</tr>
<tr>
<td>Mental Health Office Visit</td>
<td>80% of PA after a $25 copay per visit</td>
<td>60% of U&amp;R</td>
</tr>
<tr>
<td>Emergency Room Expense</td>
<td>80% of PA after a $250 copay per visit</td>
<td>80% of U&amp;R after a $250 copay per visit</td>
</tr>
<tr>
<td>X-Ray and Laboratory Expenses</td>
<td>80% of PA</td>
<td>60% of U&amp;R</td>
</tr>
<tr>
<td>Prescription Drug Benefits – Cigna Pharmacy</td>
<td>$15 copay for generics; $40 copay for brand name; $50 copay for specialty; no copay for generic contraceptives</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

Medical Repatriation and Evacuation: Unlimited

PA= Preferred Allowance
U&R = Usual & Reasonable

*This summary is provided as a courtesy and is not meant to replace or override the terms and conditions detailed in the certificate of insurance. It is only a partial listing of benefits. Please refer to the certificate of insurance for benefits, eligibility, exclusions, limitations, and for more detailed information.

Students should consider the Holzer Health Center (HHC) their first stop. The HHC provides most routine health services at no cost and will provide referrals as needed. Students may also visit any licensed health care provider for covered services using the Cigna PPO network.

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**Florida Institute of Technology Insurance Requirements**

Florida Institute of Technology requires all full-time, degree-seeking domestic and all international students to purchase the health plan unless proof of comparable coverage is provided. Students are automatically enrolled in the college’s insurance plan unless they WAIVE coverage by the waiver deadline. Coverage for eligible dependents is available. Go to [www.chpstudent.com](http://www.chpstudent.com) for more information. The final enrollment deadline for fall is August 29, 2015, and for new spring students is January 23, 2016.

### 2015/2016 Waiver Deadlines

To enroll or waive off of the Florida Institute of Technology Student Health Insurance Plan, go to [www.chpstudent.com](http://www.chpstudent.com), select Florida Institute of Technology from the drop down box and click on the Waiver tab and proceed as directed. The deadline to waive for the annual plan is August 29, 2015 and for the spring term is January 23, 2016. Failure to complete the waiver will result in automatic enrollment and responsibility for the premium ($1,234).

#### I need to:

**Visit:**

- Waive off the insurance plan
  - [Consolidated Health Plans](http://www.chpstudent.com)
- Enroll part time students and dependents in the Student Health Insurance Plan
  - [Consolidated Health Plans](http://www.chpstudent.com)
- Find a Provider
  - [Cigna PPO](http://www.cigna.com) (800) 633-7867
- Find a Prescription Drug Provider
  - [Cigna Pharmacy Network](http://www.cigna.com) (800) 633-7867

#### Cost and Period of Coverage

<table>
<thead>
<tr>
<th></th>
<th>Annual* 8/10/15-8/9/16</th>
<th>New Spring* 1/7/16-8/9/16</th>
<th>New Summer* 5/12/16-8/9/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,234</td>
<td>$732</td>
<td>$311</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,764</td>
<td>$1,045</td>
<td>$441</td>
</tr>
<tr>
<td>Each Child</td>
<td>$1,525</td>
<td>$904</td>
<td>$383</td>
</tr>
</tbody>
</table>

*Plan costs include an administrative fee.

Underwritten by: National Guardian Life Insurance Company

National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America, aka The Guardian or Guardian Life.

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800-633-7867
2077 Roosevelt Avenue
Springfield, MA 01104
[www.chpstudent.com](http://www.chpstudent.com)

CHP
Consolidated Health Plans
A Berkshire Hathaway Company

Accessible, Responsive, Flexible.
Exclusions and Limitations: The policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the policy and as shown in the Schedule of Benefits. **NOTE:** Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of the Act.

1. **International Students Only** - expenses incurred within Your Home Country or country of regular domicile, that exceeds the benefit amount shown in the Schedule of Benefits.
2. Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to Sound, Natural Teeth or as specifically covered under the Policy.
3. Professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
4. Services or supplies not necessary for the medical care of Your Injury or Sickness.
5. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury or as specifically covered under the Policy.
6. Weak, strained or flat feet, corns, calluses or ingrown toenails.
7. Diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
8. Treatment or removal of nonmalignant moles, warts, boils, acne, actinic or seborrheic keratosis, dermatofibrosis or nevus of any description or form, hallux valgus repair, varicosity, or sleep disorders including the testing for same.
9. Expenses covered under any Workers’ Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
10. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
11. Treatment of Nervous, Mental or Emotional Disorders or treatment of alcoholism or drug addiction except as specifically provided for in the Schedule of Benefits.
12. Any expenses in excess of Usual and Reasonable charges.
13. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
14. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise in the Insurance Information Schedule.
15. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any intercollegiate sports in excess of $1,000 per Accident.
16. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sports;
17. Intentionally self-inflicted Injury, attempted suicide, or suicide, while sane or insane;
18. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
19. Expenses incurred after:
20. The date insurance terminates as to the Insured Person;
21. The Maximum Benefit for each Covered Injury or Covered Sickness has been attained; and
23. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
24. Expenses for weight increase or reduction except Medically Necessary bariatric surgery, and hair growth or removal unless otherwise specifically covered under the policy.
25. Expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury or as specifically covered under the Policy.
26. Racing or speed contests, skin diving, or sky diving, mountaineering (where ropes or guides are customarily used), ultra light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV’s (all terrain or similar type vehicles).
27. Expenses incurred for plastic or cosmetic surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from reconstructive surgery.
   a. For the purposes of this provision, reconstructive surgery means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
   b. For the purposes of this provision, cosmetic surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance.
28. Treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints and facial region. Such a procedure must be considered Medically Necessary based on the Policy definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits or to services specifically covered under the Policy.
29. An insured person’s:
   o Committing or attempting to commit a felony,
   o Being engaged in an illegal occupation, or
   o Participation in a riot.
30. Custodial care service and supplies.
31. Expenses that are not recommended and approved by a Physician.