STUDENT HEALTH INSURANCE PROGRAM

Designed for the Students of Florida Institute of Technology

2014-2015

Underwritten by:
National Guardian Life Insurance Company
Policy Number: 2014I5A50

Effective: August 10, 2014 to August 9, 2015
Group Number: S211614

STUDENT BLANKET HEALTH INSURANCE

Florida Institute of Technology requires all full-time degree-seeking domestic and all international students to have medical insurance to cover the costs of treatment for Injury and Sickness. Florida Tech offers a medical insurance policy, underwritten by National Guardian Life Insurance Company. The plan utilizes the Cigna Network of providers. OMNI Healthcare Inc. staffs the Holzer Health Center, which is for students participating in the school-endorsed health insurance program.

NOTE: OMNI Healthcare Inc. is a multispecialty group based in Melbourne, Florida. OMNI Healthcare Inc. is an independent contractor and is solely responsible for the diagnostic services, treatment and care it provides. National Guardian Life Insurance Company and Florida Institute of Technology cannot be held responsible for these services. Always confirm whether or not your provider participates in the Cigna Network.

Please read the brochure carefully for information on coverage, limitations, etc. Questions should be directed to the local agent, Willis North America, at 813-490-8324, or to the Administrative Agency, Consolidated Health Plans, Inc. If you need assistance resolving a complaint, please contact us at: 800-633-7867.

COVERAGE

1. Accident and Sickness coverage begins on August 10, 2014, or the date of enrollment in the plan, whichever is later and ends August 9, 2015.

2. Benefits are payable during the Policy Year, subject to any Extension of Benefits.

Should a student graduate or leave College for any reason, except to enter military service, the coverage will continue in effect to the end of the Policy Term for which premium has been paid. If the student enters military service, coverage will terminate immediately and a prorated premium refund will be made on request.

STUDENT PREMIUMS

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<thead>
<tr>
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<tbody>
<tr>
<td>Student</td>
<td>$1,333</td>
<td>$785</td>
<td>$350</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,966</td>
<td>$1,156</td>
<td>$513</td>
</tr>
<tr>
<td>Each Child</td>
<td>$1,708</td>
<td>$1,004</td>
<td>$447</td>
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</tbody>
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*The above rates include an administrative fee retained by the servicing agent and the school.

The Policy contains a deductible provision.
CERTIFICATE OF
STUDENT HEALTH INSURANCE POLICY
issued by
NATIONAL GUARDIAN LIFE INSURANCE
COMPANY, PO BOX 1191, Madison, WI
53701-1191.

(Herein referred to as ‘We’, ‘Us’ or ‘Our’)

We hereby certify that the eligible student of the Policyholder is insured for losses resulting from accident or sickness, to the extent stated herein, under the provisions of policy form NBH-280 (2014) FL (“the Policy”).

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Section 1 — Definitions
The terms listed below, if used in this Certificate, have the meanings stated.

Accident means a sudden, unforeseeable external event that causes Injury to an Insured Person. The Accident must occur while an Insured Person’s coverage is in effect.
Ambulance Service means transportation to a Hospital by an Ambulance Service.
Ambulatory Surgical Center, or mobile surgical facility, means a facility whose primary purpose is to provide elective surgical care, in which the Insured Person is admitted to and discharged from such facility within the same working day and is not permitted to stay overnight, and which is not part of a Hospital. A facility existing for the primary purpose of performing terminations of pregnancy, an office maintained by a Physician for the practice of medicine, or an office maintained for the practice of dentistry will not be considered an Ambulatory Surgical Center under this Policy. A structure or vehicle in which a Physician maintains an office and practices surgery, which can appear to the public to be a mobile office because the structure or vehicle operates at more than one address, will be considered an Ambulatory Surgical Center or mobile surgical facility.
Anesthetist means a Physician or nurse who administers anesthesia during a surgical procedure. He or she may not be an employee of the Hospital where the surgical procedure is performed.
Brand Name Drugs means drugs for which the drug manufacturer's trademark registration is still valid and where the trademarked or proprietary name of the drug still appears on the packaged label.
Breast Reconstructive Surgery means surgery to reestablish symmetry between the two breasts.
Child Health Supervision Services means Physician-delivered or Physician-supervised services that include periodic visits, including a history, physical examination, developmental assessment and anticipatory guide, and appropriate immunizations and lab tests as consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics.
Coinsurance means the ratio by which We and the Insured Person share in the payment of Usual and Reasonable expenses for treatment. The Coinsurance percentage that We will pay is stated in the Schedule of Benefits.
Complications of Pregnancy means conditions that require Hospital confinements before the pregnancy ends and whose diagnoses are distinct from but caused or affected by pregnancy. These conditions are acute nephritis or nephrosis, cardiac decompensation, missed abortion, or similar conditions as severe as these. Complications of Pregnancy also include non-elective cesarean section, termination of an ectopic pregnancy, and spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.) Complications of Pregnancy do not include false labor, occasional spotting or Physician prescribed rest during the period of pregnancy, morning Sickness, preeclampsia, and similar conditions not medically distinct from a difficult pregnancy.
Copayment means the amount of Usual and Reasonable expenses for treatment that We do not pay. The Insured Person is responsible for paying this portion of the expenses incurred. Any Copayment amounts are shown in the Schedule of Benefits.
Country of Assignment means the country in which an Eligible International Student, scholar or visiting faculty member is: 1) Temporarily residing; and 2) Actively engaged in education or educational research related activities sponsored by the National Association for Foreign Student Affairs or its Member Organizations.
Covered Injury means a bodily injury that is: 1) Sustained by an Insured Person while he/she is insured under the policy or the School’s prior policies; and 2) Caused by an accident directly and independently of all other causes.
Coverage under the School’s policies must have remained continuously in force: 1) From the date of Injury; and 2) Until the date services or supplies are received; for them to be considered as a Covered Medical Expense under the policy.
Covered Medical Expense means those charges for any treatment, service or supplies that are: 1) Not in excess of the Usual and Reasonable charges therefore; 2) Not in excess of the charges that would have been made in the absence of this insurance; and 3) Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.
Covered Sickness means Sickness, disease or trauma related disorder due to Injury which: 1) causes a loss while the Policy is in force; and 2) which results in Covered Medical Expenses.
Deductible means the dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable under the Policy. The amount of the Deductible and the frequency (annual or per occurrence) will be shown in the Schedule of Benefits.
Dependent means: 1) Your lawful spouse [or lawful Domestic Partner]; 2) Your dependent biological or adopted child or stepchild under age 26; and 3) Your unmarried biological or adopted child or stepchild who has reached age 26 and who is: (a) primarily dependent upon You for support and maintenance; and
(b) incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap. Proof of the child's incapacity or dependency must be furnished to Us for an already enrolled child who reaches the age limitation, or when You enroll a new disabled child under the plan. 

**Elective Surgery or Elective Treatment** means surgery or medical treatment that is: 1) not necessitated by a pathological or traumatic change in the function or structure of any part of the body; and 2) which occurs after the Insured Person's effective date of coverage.

**Elective Treatment** includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, infertility, learning disabilities, routine physical examinations, fertility tests and pre-marital examinations, preventive medicines or vaccines except when required for the treatment of Covered Injury or Covered Sickness to the extent coverage is not required by state or federal law. **Elective Surgery** includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, submucous resection and/or other surgical correction for a deviated nasal septum, other than for necessary treatment of acute sinusitis to the extent coverage is not required by state or federal law. Elective surgery does not include cosmetic surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

**Eligible Student** means a student who meets all enrollment requirements of the School named as the Policyholder in the Insurance Information Schedule.

**Emergency Medical Condition** means a medical condition which: 1) manifests itself by acute symptoms of sufficient severity (including severe pain); and 2) causes a prudent layperson, who possesses an average knowledge of health and medicine, to reasonably expect that the absence of immediate medical attention might result in: (a) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (b) Serious impairment to bodily functions; or (c) Serious dysfunction of any bodily organ or part.

**Emergency Services** means, with respect to an Emergency Medical Condition: transportation services, including but not limited to, ambulance services, and covered inpatient and outpatient Hospital services furnished by a Hospital or Physician qualified to furnish those services that are needed to evaluate or stabilize an Emergency Medical Condition.

**Enrollment Date** means the date of enrollment of the individual in the Policy or, if earlier, the first day of the waiting period of such enrollment.

**Essential Health Benefits** mean benefits that are defined as such by the Secretary of Labor and are to be provided in a manner that is equal to the scope of benefits provided under a typical employer plan. This applies to the following general categories and the items and services covered within the categories:

1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;

9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

**Formulary** means a list of medications designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost-effective medications. The Formulary includes Generic, Brand, and Preferred Brand Drugs.

**Generic Drugs** means a drug that is identical or bioequivalent to a Brand Named drug in dosage form, safety, strength, route of administration, quality, performance characteristics, intended use and is not protected by a patent.

**Home Country** Your country of citizenship. If You have dual citizenship, Your Home Country is the country of the passport You used to enter the United States. Your Home Country is considered the Home Country for any dependent of Yours while insured under the policy.

**Hospice Care** means a coordinated program of home and inpatient care provided directly or under the direction of a properly licensed Hospice. Such services will include palliative and supportive physical, psychological, psychosocial and other health services to individuals with a terminal illness utilizing a medical directed interdisciplinary team.

**Hospital** means an institution that: 1) Operates as a Hospital pursuant to law; 2) Operates primarily for the receipt, care and treatment of sick or injured persons as patients; 3) Provides 24-hour nursing service by Registered Nurses on duty or call; 4) Has a staff of one or more Physicians available at all times; and 5) Provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis.

Hospital does not include the following: 1) Convalescent homes or convalescent, rest or nursing facilities; 2) Facilities primarily affording custodial, educational, or rehabilitory care (unless such rehabilitation is specifically for treatment of physical disability); or 3) Facilities for the aged, drug addicts or alcoholics.

**Hospital Confined or Hospital Confinement** means a stay of eighteen (18) or more consecutive hours as a resident bed patient in a Hospital.

**Immediate Family Member** means the Insured Person and his or her spouse or the parent, child, brother or sister of the Insured Person or his or her spouse.

**Insured Person** means You or Your dependent while insured under the policy.

**Insured Student** means a student of the Policyholder who is eligible and insured for coverage under this Policy.

**International Student** means an international student: 1) With a current passport and a student Visa; 2) Who is temporarily residing outside of his or her Home Country; and 3) Is actively engaged, on a full time basis, as a student or in educational research activities through the Policyholder. In so far as the policy is concerned, permanent residents or those who have applied for Permanent Residency Status are not considered to be an International Student.

**Loss** means medical expense caused by an Injury or Sickness which is covered by the policy.

**Mastectomy** means the removal of all or part of the breast for Medically Necessary reasons as determined by a licensed Physician.
Medically Necessary means medical treatment that is appropriate and rendered in accordance with generally accepted standards of medical practice. The Insured Person’s health care provider determines if the medical treatment provided is medically necessary.

Nervous, Mental or Emotional Disorder means any neurosis, psychoneurosis, psychopathy, psychosis or mental or emotional disease or disorder of any kind.

Out-of-pocket Expense Limit means the amount of Usual and Reasonable expenses that an Insured Person is responsible for paying.

Palliative care means treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of the patient as he or she experiences the stress of the dying process, rather than at treatment aimed at investigation and intervention for the purpose of cure or prolongation of life.

Physician means a: 1) Doctor of Medicine (M.D.); or 2) Doctor of Osteopathy (D.O.); or 3) Doctor of Dentistry (D.M.D. or D.D.S.); or 4) Doctor of Chiropractic (D.C.); or 5) Doctor of Optometry (O.D.); or 6) Doctor of Podiatry (D.P.M.); who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered. A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a Health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

Physician will also mean any licensed practitioner of the healing arts who We are required by law to recognize as a “Physician.” This includes an acupuncturist, a certified nurse practitioner, a certified nurse-midwife, a Physician’s assistant, social workers and psychiatric nurses to the same extent that their services would be covered if performed by a Physician. The term Physician does not mean any person who is an Immediate Family Member.

Preferred Brand Drug means a formulary drug that is within a select subset of therapeutic classes, which make up the formulary drug list.

School or College means the college or university attended by You.

Skilled Nursing Facility means a licensed institution devoted to providing medical, nursing, or custodial care for an Insured Person over a prolonged period, such as during the course of a chronic disease or the rehabilitation phase after an acute sickness or injury.

Sound, Natural Teeth means natural teeth. The major portion of a tooth must be present, regardless of fillings, and not carious, abscessed or defective. Sound, Natural Teeth will not include capped teeth.

Stabilize means, with respect to an Emergency Medical Condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

Student Health Center or Student Infirmary means an on campus facility that provides: 1) Medical care and treatment to Sick or Injury students; and 2) Nursing services.

A Student Health Center or Student Infirmary does not include: 1) Medical, diagnostic and treatment facilities with major surgical facilities on its premises or available on a pre-arranged basis; or 2) Inpatient care.

Total Disability or Totally Disabled, as it applies to the Extension of Benefits provision, means: 1) With respect to an Insured Person, who otherwise would be employed: (a) His or her complete inability to perform all the substantial and material duties of his or her regular occupation; with (b) care and treatment by a Physician for the Covered Injury or Covered Sickness caused the inability; 2) With respect to an Insured Person who is not otherwise employed: (a) His or her inability to engage in the normal activities of a person of like age and sex; with (b) Care and treatment by a Physician for the Covered Injury or Covered Sickness causing the inability; or (c) His or her Hospital confinement or home confinement at the direction of his or her Physician due to a Covered Injury or a Covered Sickness, except for visits to receive medical treatment.

Treatment means the medical care of a Covered Injury or Covered Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation, and/or the taking of drugs or medicines or the prescriptions thereof.

Usual and Reasonable (U & R) means the normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for: 1) Like service by a provider with similar training or experience; or 2) Supply that is identical or substantially equivalent.

Visa means the document issued by the United States Government that permits an individual to participate in the educational activities of a college, university or other institution of higher learning either as a student or in another academic capacity. An International Student must have and maintain a valid visa, either an F-1 (Academic), J-1 (Exchange) or M-1(Vocational) in order to continue as a student in the United States.

We, Us, or Our means National Guardian Life Insurance Company or its authorized agent.

You, Your means a student of the Policyholder who is eligible and insured for coverage under the policy.

Section 2 – Eligibility, Enrollment and Termination
The Insurance Information Schedule in the policy will indicate who is eligible for coverage, on what basis and enrollment requirements.

Domestic Students
Student health insurance is MANDATORY for all full-time degree-seeking undergraduate (12 credits or more) students and degree-seeking graduate students (9 credits or more). Students are automatically enrolled in the college’s insurance plan unless they WAIVE coverage by the waiver deadline. To waive off of the Florida Institute of Technology Student Health Insurance Plan, go to www.chpstudent.com, select Florida Institute of Technology from the drop down box, click on the Waiver tab and proceed as directed. The deadline to waive for the annual plan is August 29, 2014 and for the spring term is January 16, 2015. Failure to complete the waiver will result in automatic enrollment and responsibility for the plan cost.

All other degree-seeking students taking a minimum of 6 credit hours are eligible. Online students or students attending classes through the Extended Studies Division of University College do not meet the eligibility requirements.

International Students
All international students are automatically charged on their student account for Florida Tech’s student health insurance, unless they are
officially sponsored by their home government or agency that guarantees health insurance fees as part of the student’s contract with Florida Tech. Exceptions may be granted only if you have an insurance plan meeting very strict requirements. For consideration, you may request a waiver of participation from the Office of Business and Retail Operations prior to the deadline. No submissions will be considered after this date. The Office of Business and Retail Operations is located at Florida Tech Commons.

Dependents
Full-time degree-seeking domestic and all international students participating in this program may insure their Dependents for an additional charge. Eligible Dependents are the spouse who lives with the Insured and any children and stepchildren up to the calendar year of his/her 26th birthday.

Termination Dates: An Insured Person’s insurance will terminate on the earliest of: 1) The date this Policy terminates for all insured persons; or 2) The end of the period of coverage for which premium has been paid; or 3) The date an Insured Person ceases to be eligible for the insurance; or 4) The date an Insured Person enters military service; or 5) For International Students, the date Insured Person departs the Country of Assignment for his/her Home Country (except for scheduled school breaks); 6) For International Students, the date the student ceases to meet Visa requirements; 7) On any premium due date the Policyholder fails to pay the required premium for an Insured Person except as the result of an inadvertent error

Extension of Benefits: Coverage under the Policy ceases on the Termination Date. However, coverage for an Insured Person will be extended if an Insured Person is Hospital confined or Totally Disabled due to a Covered Injury or Covered Sickness. The coverage for the condition causing the Hospital confinement or Total Disability will be extended for up to 90 days from the Termination Date.

Section 3—BENEFITS
Benefits are payable under the policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Insured Person. The Covered Medical Expenses for an issued Policy will be only those listed in the Schedule of Benefits. No benefits are payable for expenses incurred after the date the insurance terminates for the Insured Person, except as may be provided under Extension of Benefits. Subject to payment of any required Deductible, when you suffer a Loss from Covered Accident or Covered Sickness, we will pay benefits as follows:

Preventive Services: The following services shall be covered without regard to any Deductible, or Coinsurance requirement that would otherwise apply: 1) Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force; 2) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Insured Person involved; 3) With respect to Insured Persons who are infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; 4) With respect to Insured Persons who are women, such additional preventive care and screenings not described in paragraph 1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Treatment of Covered Injury or Covered Sickness: We will pay benefits for the Usual and Reasonable Charges for Covered Medical Expenses that are incurred by the Insured Person due to a Covered Injury or Covered Sickness. Benefits payable are subject to: 1) The Maximum Benefit for all services; 2) Any specified benefit maximum amounts; 3) Any Deductible amounts; 4) Any Coinsurance amount; 5) Any Copayments; 6) The Maximum Out-of-Pocket Expense Limit.; 7) the Exclusions and Limitations provision.

Essential Health Benefits
Essential Health Benefits are not subject to annual or lifetime dollar limits. If additional specific care, treatment or services are added to the list of Essential Health Benefits by a governing authority, the policy benefits will be amended to comply with such changes.

Benefit Period: The first treatment of a Covered Injury or Covered Sickness must begin within the time stated in the Benefit Period shown in the Schedule of Benefits. A Benefit Period begins when the Insured Person experiences a Loss due to Covered Injury or Covered Sickness. The Benefit Period terminates at the end of the period defined in the Schedule of Benefits. Any extension of a Benefit Period, if provided elsewhere in this Policy, is limited to medical treatment of the Covered Injury or Covered Sickness that is ongoing on the termination date of the Insured Person’s coverage. The Insured Person’s termination date of coverage as it would apply to any other Covered Injury or Covered Sickness will not be affected by such extension.

Out-of-Pocket Expense Limit: The Out-of-Pocket Expense Limit is shown in the Schedule of Benefits. It provides a cap on the amount of Covered Medical Expenses an Insured Person has to pay. Copayments and amounts above any Maximum Benefit do not apply toward the Out-of-Pocket Expense Limit. However, the Insured Person’s Coinsurance amounts will apply toward the Out-of-Pocket Expense Limit.
PREFERRED PROVIDER ORGANIZATION:
To locate a Network Provider in Your area, consult Your Provider Directory, call toll-free at (800) 633-7867, or visit www.cigna.com.

<table>
<thead>
<tr>
<th>SCHEDULE OF BENEFITS</th>
<th>Policy Year</th>
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<tbody>
<tr>
<td>Benefit Period</td>
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</table>
| Preventive Services  | Non-Network: The Coinsurance Amount shown below  
                       Network: 100% of U&R with no coinsurance, copayment or deductible  |
| Deductible (per person) | Non-Network: $250  
                       Network: $75  |
| Out-of-Pocket Expense Limit | Non-Network: N/A  
                       Network: $6,350 Individual/$12,700 Family  |
| Coinsurance          | Non-Network: 60% of U&R of Covered Medical Expenses  
                       Network: 80% of PPO Allowance of Covered Medical Expenses  |

INPATIENT BENEFITS

<table>
<thead>
<tr>
<th>BENEFITS FOR COVERED INJURY/SICKNESS</th>
<th>BENEFIT AMOUNT PAYABLE</th>
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<tbody>
<tr>
<td>Hospital Room &amp; Board Expenses</td>
<td>The Coinsurance Amount shown above</td>
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<tr>
<td>Hospital Intensive Care Unit Expense, in lieu of normal Hospital Room &amp; Board Expenses</td>
<td>The Coinsurance Amount shown above</td>
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<tr>
<td>Hospital Miscellaneous Expenses, for services &amp; supplies such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts &amp; temporary surgical appliances, oxygen, blood &amp; plasma, misc. supplies</td>
<td>The Coinsurance Amount shown above</td>
</tr>
<tr>
<td>Preadmission Testing</td>
<td>The Coinsurance Amount shown above</td>
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<tr>
<td>Physician’s Visits while Confined</td>
<td>The Coinsurance Amount shown above</td>
</tr>
</tbody>
</table>
| Inpatient Surgery:                   | The Coinsurance Amount shown above  
                       - Surgeon Services  
                       - Anesthetist  
                       - Assistant Surgeon  |
| Registered Nurse Services for private duty nursing while confined | The Coinsurance Amount shown above |
| Physical Therapy (inpatient)         | The Coinsurance Amount shown above  |
| Nervous, Mental or Emotional Disorders Treatment | The Coinsurance Amount shown above |
| Skilled Nursing Facility Expense Benefit | The Coinsurance Amount shown above for up to 60 days per Policy Year |

OUTPATIENT BENEFITS

<table>
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<tr>
<th>BENEFITS FOR COVERED INJURY/SICKNESS</th>
<th>BENEFIT AMOUNT PAYABLE</th>
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</table>
| Outpatient Surgery:                  | The Coinsurance Amount shown above  
                       - Surgeon Services  
                       - Anesthetist  
                       - Assistant Surgeon  |
| Outpatient Surgery Miscellaneous (excluding non-scheduled surgery), includes expenses for cost of operating room, therapeutic services, oxygen, oxygen tent, and blood & plasma, misc. supplies | The Coinsurance Amount shown above |
| Rehabilitation Therapy (outpatient), including physical, occupational, and manipulative therapy | The Coinsurance Amount shown above |
| Chiropractic Care                    | The Coinsurance Amount shown above; subject to a maximum number of visits of 26 visits per Policy Year |
| Emergency Services Expenses          | The Network Coinsurance Amount shown above; subject to a $25 copay |
| In Office Physician’s Fees, including licensed registered nurses and licensed physician’s assistants. | Non-Network: The Coinsurance Amount shown above  
                       Network: The Coinsurance Amount shown above per visit; subject to a $25 copay  |
| Diagnostic X-ray Services            | The Coinsurance Amount shown above |
| Laboratory Procedures, (Outpatient)  | The Coinsurance Amount shown above |
| Prescription Drugs                   | Subject to Generic copay of $15; subject to Preferred Brand copay of $35; subject to Brand copay of $50 |
| Nervous, Mental or Emotional Disorders Treatment | Non-Network: The Coinsurance Amount shown above  
                       Network: The Coinsurance Amount shown above per visit; subject to a $25 copay  |
We will pay for major diagnostic services.

**Service Benefit**

- Ambulance Service
- Child Health Supervision Services
- Dental Condition Benefit
- Diabetes Treatment Benefit

**Benefit for Covered Injury/Sickness**

1. Ambulance Service
   - The Coinsurance Amount shown above

2. Braces and Appliances
   - The Coinsurance Amount shown above

3. Durable Medical Equipment
   - The Coinsurance Amount shown above

4. Maternity Benefit
   - The Coinsurance Amount shown above

5. Routine Newborn Care
   - The Coinsurance Amount shown above

6. Accidental Injury Dental Treatment for Insured Persons over age 18
   - The Coinsurance Amount shown above; subject to $250 maximum per Policy Year

7. Sickness Dental Expense for Insured Persons over age 18
   - The Coinsurance Amount shown above

8. Sports Accident Expense, incurred as the result of the play or practice of Intercollegiate sports
   - The Coinsurance Amount shown above; up to $1,000 per accident

9. Abortion Expense
   - The Coinsurance Amount shown above; up to $300 per Policy Year

10. Medical Treatment Received in Home Country (International Students and/or their Dependents Only)
    - The Non-Network Coinsurance Amount shown above

11. Medical Evacuation Expense (International Students and/or their Dependents and Domestic Student participating in a study abroad program)
    - 100% U&R

12. Repatriation Expense (For International Students and/or their Dependents and Domestic Student who die while participating in a study abroad program)
    - 100% U&R

13. Inpatient Benefits

- **Hospital Room and Board Expense**, including general nursing care.
- **Intensive Care Unit**, including 24-hour nursing care. **This benefit is NOT payable in addition to room and board charges incurred on the same date.**
- **Hospital Miscellaneous Expenses**, while Hospital Confined or as a precondition for being Hospital Confined. Benefits will be paid for services and supplies such as: 1. the cost for use of an operating room; 2. Prescribed medicines; 3. Laboratory tests; 4. Therapeutic services; 5. X-ray examinations; 6. Casts and temporary surgical appliances; 7. Oxygen, oxygen tent; 8. Blood and blood plasma; and 9. Miscellaneous supplies.
- **Preadmission Testing** - We will pay the charges for routine tests performed as a preliminary to the Insured Person’s being admitted to a Hospital. These tests must be performed within three working days prior to admission. This benefit is limited to routine tests such as complete blood count, urinalysis, and chest x-rays. Unless otherwise payable under the policy, We will pay for major diagnostic procedures under the Hospital Miscellaneous Expense Benefit. This includes tests such as CAT scans, cardiac catheterization, MRI’s, NMR’s, and blood chemistries.
- **Physician’s Visits while Confined** – We will pay the expenses incurred for Physician’s visits not to exceed one visit per day. Physician’s visits will be paid for either inpatient or outpatient visits.
when incurred on the same day, but not both. Surgeon’s fees are not payable under this benefit.

Inpatient Surgery including Surgeon, Anesthetist, and Assistance Surgeon Services – We will pay benefits for inpatient surgery (including pre- and post-operative visits) as specified in the Schedule of Benefits. Covered surgical expenses will be paid under either the inpatient surgery benefit or the Outpatient Surgery Benefit. They will not be paid under both. If two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, We will pay a benefit equal to the benefit payable for the procedure with highest benefit value. This benefit is not payable in addition to Physician’s visits.

Registered Nurse’s Services, or if unavailable, licensed practical nurse services, when private duty nursing care is prescribed by the attending Physician. General nursing care provided by the Hospital is not covered under this benefit.

Physical Therapy while Confined - We will pay the expenses incurred for physical therapy when prescribed by the attending Physician or physiotherapist.

Nervous, Mental or Emotional Disorders Treatment Expense - We will pay the expenses incurred for the treatment of Nervous, Mental or Emotional Disorders while Confined as shown in the Schedule of Benefits.

Skilled Nursing Facility Expense Benefit - the expenses incurred for the services, supplies and treatments rendered to an Insured Person by a Skilled Nursing Facility. The Insured Person must enter a Skilled Nursing Facility: 1. Within seven (7) days after his/her discharge from a Hospital confinement; 2. Such confinement must be of at least three (3) consecutive days that began while coverage was in force under this Policy; and 3. Was for the same or related Sickness or Accident. Services, supplies and treatments by a Skilled Nursing Facility include: 1. Charges for room, board and general nursing services; 2. Charges for physical, occupational or speech therapy; 3. Charges for drugs, biologicals, supplies, appliances and equipment for use in such facility, which are ordinarily furnished by the Skilled Nursing Facility for the care and treatment of a confined person; and 4. Charges for medical services of interns, in training, under a teaching program of a Hospital with which the facility has an agreement for such services.

Outpatient Benefits

Outpatient Surgery including Surgeon, Anesthetist, and Assistance Surgeon Services - We will pay benefits for outpatient surgery (including fees for pre- and post-operative visits) as specified in the Schedule of Benefits. Covered surgical expenses will be paid under either the outpatient surgery benefit or the inpatient Surgery Benefit. They will not be paid under both. If two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, We will pay a benefit equal to the benefit payable for the procedure with highest benefit value.

Outpatient Surgery Miscellaneous - (excluding non-scheduled surgery) surgery performed in a hospital emergency room, trauma center, physician’s office, outpatient surgical center or clinic. Benefits will be paid for services and supplies, including: Operating room; Therapeutic services; Oxygen, oxygen tent; Blood and blood plasma; and Miscellaneous supplies.

Rehabilitation Therapy - When prescribed by the attending Physician, or physiotherapist covers physical and occupational and manipulative therapy for treatment of a Covered Injury or Covered Sickness. Limited to one visit per day.

Chiropractic Care - For treatment of a Covered Injury or Covered Sickness and performed by a Physician.

Emergency Services Expenses - Only in connection with care for an Emergency Medical Condition as defined and incurred in a Hospital emergency room, surgical center or clinic. Payment of this benefit will not be denied based on the final diagnosis following stabilization.

In Office Physician’s Visits – We will pay the expenses incurred for Physician’s office visits. We will not pay for more than one visit per day. Physician’s Visit benefits will be paid for either outpatient or inpatient visits on the same day, but not both. Surgeon fees are NOT payable under this benefit.

Diagnostic X-ray Services – We will provide coverage for diagnostic X-ray services as shown in the Schedule of Benefits when prescribed by a physician or radiologist.

Laboratory Procedures (Outpatient) – We will provide coverage for laboratory procedures as shown in the Schedule of Benefits when prescribed by a Physician.

Prescription Drugs - 1. We will pay the expenses incurred for medication for which a Physician’s written prescription is required up to the amount shown in the Schedule of Benefits. This benefit is limited to medication necessary for the treatment of the Covered Injury or Covered Sickness for which a claim is made. 2. Off-Label Drug Treatments - When prescription drugs are provided as a benefit of the issued Policy, they will include a drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration (FDA), provided that all of the following conditions have been met: a. The drug is approved by the FDA; b. The drug is prescribed for the treatment of a life-threatening condition; c. The drug has been recognized for treatment of that condition by one of the following: The American Medical Association Drug Evaluations; The American Hospital Formulary Service Drug Information; The United State Pharmacopoeia Dispensing Information, volume 1, “Drug Information for Health Care Professionals”; or Two articles from major peer reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is a clear and convincing contradictory evidence presented in a major peer reviewed medical journal. When this portion of the prescription benefit is used, it will be the responsibility of the prescriber to submit to Us documentation supporting compliance with the requirements in items a., b., and c. of this benefit. As it pertains to this benefit, life threatening means either or both of the following: 1. Disease or conditions where the likelihood of death is high unless the course of the disease is interrupted; or 2. Disease or conditions with a potentially fatal outcome and where the end point of clinical intervention is survival.

Nervous, Mental or Emotional Disorders Treatment - We will pay the Usual and Reasonable expenses incurred for the Outpatient treatment of Nervous, Mental or Emotional Disorders as shown in the Schedule of Benefits. Such treatments must be performed by a licensed Physician or psychologist. Treatment may be performed in an office, Hospital or in a community mental health facility that is approved by the Joint Commission on Accreditation of Health Care
Organizations, the Council on Accreditation for Children and Family Services or certified by the State Department of Mental Health. The treatments and services under the clinical supervision of a licensed Physician or psychologist must meet both of the following requirements: 1. The services must be performed in accordance with a treatment plan that describes the expected duration, frequency and type of services performed; and 2. The plan of treatments must be reviewed and approved by a licensed Physician or psychologist every three months.

**Outpatient Miscellaneous Expenses (Excluding surgery)** - We will pay the charges actually incurred for miscellaneous outpatient expenses (excluding surgery) incurred for the treatment and care of a Covered Injury or Covered Sickness. Expenses must be incurred on the advice of a Physician. Miscellaneous outpatient expenses include other reasonable expenses for services and supplies that have been prescribed by the attending Physician.

**Home Health Care Expense** - We will pay the charges incurred for Home Health Care for an Insured Person when, otherwise, Hospitalization or confinement in a skilled nursing facility would have been necessary.

**Hospice Care Coverage** - When, as the result of a Covered Injury or Covered Sickness, an Insured Person requires Hospice Care, we will pay the expenses incurred for such care. The Insured Person must have been diagnosed with a terminal illness by a licensed Physician. Their medical prognosis must be death within six months. The Insured Person must have elected to receive palliative rather than curative care. Any required documentation will be no greater than that required for the same services under Medicare.

**Other Benefits**

**Ambulance Service** – We will pay the expenses incurred for transportation to or from a Hospital by ground and air ambulance.

**Braces and Appliances** - When prescribed by the attending Physician as being necessary for the treatment of a Covered Injury or Covered Sickness. Dental braces, except when necessitated by an Injury, are not covered. We will also not pay for braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.

**Durable Medical Equipment** - We will pay the expense incurred for the rental or purchase of durable medical equipment, including, but not limited to, Hospital beds, wheel chairs, and walkers. We will pay the lesser of either the rental or purchase charges, but not both. Such equipment must be prescribed by a Physician and a copy of the written prescription must accompany the claim. Durable medical equipment must: 1. Be primarily and customarily used to serve a medical, rehabilitative purpose; 2. Be able to withstand repeated use; and 3. Generally not be useful to a person in the absence of Injury or Sickness.

**Maternity Benefit** - We will pay the expenses incurred for maternity charges as follows: 1. **Hospital stays** for mother and newly born child will be provided for up to 48 hours for normal vaginal delivery and 96 hours (not including the day of surgery) for a caesarean section delivery unless the caesarean section delivery is the result of Complications of Pregnancy. If the delivery is the result of Complications of Pregnancy, the Hospital stay will be covered the same as for any other Covered Sickness. Services covered as inpatient care will include medical, educational, and any other services that are consistent with the inpatient care recommended in the protocols and guidelines developed by national organizations that represent pediatric, obstetric and nursing professionals. We will also cover services provided by birth centers licensed by the state of Florida. 2. **Inpatient Physician charges or surgeon charges** will be covered the same as for any other Covered Sickness for both mother and newborn child. 3. **Physician-directed Follow-up Care** including: a. Physician assessment of the mother and newborn; b. Parent education; c. Assistance and training in breast or bottle feeding; d. Assessment of the home support system; e. Performance of any prescribed clinical tests; and f. Any other services that are consistent with the follow-up care recommended in the protocols and guidelines developed by national organizations that represent pediatric obstetrical and nursing professionals. This benefit will apply to services provided in a medical setting or through home health care visits. Any home health care visit must be provided by an individual knowledgeable and experienced in maternity and newborn care. All home health care visits that are made necessary by early discharge from the Hospital must be performed within 72 hours after discharge. When a mother or a newborn receives at least the number of hours of inpatient care shown in item “a”, the home health care visit benefit will apply to follow-up care that is determined to be necessary by the health care professionals responsible for discharging the mother or newborn. **Outpatient Physician’s visits** will be covered the same as for any other Covered Sickness.

**Routine Newborn Care** - If expenses are incurred for routine newborn care during the first 31 days immediately following the birth of an Insured Person, We will pay the expenses incurred not to exceed the benefit specified in the Schedule of Benefits. Such expenses include, but are not limited to: 1. Charges made by a Hospital for routine well baby nursery care when there is a distinct charge separate from the charges for the mother; 2. Inpatient Physician visits for routine examinations and evaluations; 3. Charges made by a Physician in connection with a circumcision; 4. Routine laboratory tests; 5. Postpartum home visits prescribed for a newborn; 6. Follow-up office visits for the newborn subsequent to discharge from a Hospital.

**Accidental Injury Dental Treatment for Insured Persons over age 18** - As the result of Injury. Routine dental care and treatment are not payable under this benefit.

**Sickness Dental Expense Benefit for Insured Persons over age 18** - If, by reason of Sickness, an Insured Person requires treatment for impacted wisdom teeth or dental abscesses, We will pay the Covered Percentage of the Covered Charges incurred for the treatment.

**Sports Accident Expense Benefit** – We will pay the expenses incurred by an Insured Student as the result of covered sports accident while at play or practice of intercollegiate sports as shown in the Schedule of Benefits.

**Abortion Expense** - We will pay the charges for the expense of a voluntary, non-therapeutic, abortion. This benefit will be in lieu of all other Policy benefits and may not exceed the benefit shown in the Schedule of Benefits.
Medical Treatment Received in Home Country (International Students and/or their Dependents Only) - If the Insured Person incurs expenses as the result of treatment for a Covered Injury or Covered Sickness in his or her Home Country, we will pay the expenses incurred not to exceed the amount shown in the Schedule of Benefits.

Medical Evacuation and Repatriation - To be eligible for this benefit, a Student must: a) be an International Student enrolled in the authorized college or school during the period for which coverage is purchased, or b) be a Eligible Domestic Student participating in a study abroad program sponsored by the College or School. An eligible International Student must meet the definition of same. An International Student may also enroll his or her Dependent under this Section by payment of additional premium. As used in this Section, an Eligible Domestic Student means a permanent resident of the United States who is enrolled at the college or school and who is temporarily participating in international educational activities outside their Home Country. The maximum combined benefit for Medical Evacuation and Repatriation is shown in the Schedule of Benefits.

Medical Evacuation Expense – If: 1. an Insured Person is unable to continue his or her academic program as the result of a Covered Injury or Covered Sickness; 2. that occurs while he or she is covered under this Policy, We will pay the necessary Usual and Reasonable charges for evacuation to another medical facility or the Insured Person’s Home Country. Benefits will not exceed the specified benefit shown in the Schedule of Benefits. Payment of this benefit is subject to the following conditions: 1. The Insured Person must have been in a Hospital due to a Covered Injury or Covered Sickness for a confinement of five or more consecutive days immediately prior to medical evacuation; 2. Prior to the medical evacuation occurring, the attending Physician must have recommended and We must have approved the medical evacuation; 3. We must approve the Usual and Reasonable Expenses incurred prior to the medical evacuation occurring, if applicable; 4. No benefits are payable for Usual and Reasonable Expenses after the date the Insured Person’s insurance terminates. However, if on the date of termination, the Insured Person is in the Hospital, this benefit continues in force until the earlier of the date the confinement ends or 31 days after the date of termination; 5. Evacuation of the Insured Person to his or her Home Country terminates any further insurance under the Policy for the Insured Person; and 6. Transportation must be by the most direct and economical route.

Repatriation Expense- If the Insured Person dies while he or she is covered under this Policy, We will pay a benefit. The benefit will be the necessary Usual and Reasonable charges for preparation, including cremation, and transportation of the remains to the Insured Person’s place of residence in his or her Home Country. Benefits will not exceed the specified benefit shown in the Schedule of Benefits.

Mandated Benefits for Florida

Mandate Disclaimer: If any Preventive Services Benefit is subject to the mandated benefits required by state law, they will be administered under the federal or state guideline, whichever is more favorable to the student.

Diabetes Treatment Benefit – We will pay the Usual and Reasonable expenses incurred for all Medically Necessary equipment, supplies, and diabetes outpatient self-management training and educational services used to treat diabetes when the treating Physician certifies that such services are necessary. Outpatient self-management training and educational services must be provided under the direct supervision of a certified diabetes educator or board-certified endocrinologist. Diabetes nutrition counseling must be provided by a licensed dietician.

Dental Condition Benefit – We will pay the Usual and Reasonable expenses incurred for Medically Necessary general anesthesia and hospitalization services to an Insured Person who: 1. is under 8 years of age and is determined by a licensed dentist and the child’s Physician to require necessary dental treatment in a Hospital or Ambulatory Surgical Facility due to a significantly complex dental condition or a developmental disability in which management of the patient in the dental office has proved to be ineffective; or 2. has one or more medical conditions that would create significant or undue medical risk for the individual in the course of delivery of any necessary dental treatment or surgery if not rendered in a Hospital or Ambulatory Surgical Facility. This benefit does not cover the diagnosis or treatment of dental disease.

Child Health Supervision Services – We will pay the Usual and Reasonable expenses incurred for Child Health Supervision Services from the moment of birth to age 16 years. This benefit may be limited to one visit payable to one provider for all the services provided at each visit included in this benefit. Benefits payable under the Preventive Services Benefit will be paid under that Benefit and not this benefit.

Ambulatory Surgical Center Service – We will pay the Usual and Reasonable expenses incurred for any service rendered by an Ambulatory Surgical Center when such service would have been covered as an Inpatient service.

Cleft Lip & Palate Benefit - We will pay the Usual and Reasonable expenses incurred for treatment of cleft lip and cleft palate for a covered Dependent child under the age of 18 years. This benefit includes coverage for medical, dental, speech therapy, audiology, and nutrition services that are prescribed by the treating Physician or surgeon who certifies that such services are Medically Necessary and consequent to treatment of cleft lip or cleft palate.

Jaw and Facial Surgery Benefit – We will pay the Usual and Reasonable expenses incurred for any diagnostic or surgical procedure involving bones or joints of the jaw and facial region if, under accepted medical standards, such procedure or surgery is Medically Necessary to treat conditions caused by congenital or developmental deformity, disease, or injury. This section does not provide coverage for the care or treatment of the teeth or gums, for intraoral prosthetic devices, or for surgical procedures for cosmetic purposes.

Mastectomy, Reconstructive Surgery, and Prosthetic Benefit – We will provide coverage for mastectomies as well as prosthetic
devices and **Breast Reconstructive Surgery** incident to the mastectomy. **Breast Reconstructive Surgery** must be performed in a manner chosen by the treating Physician, consistent with prevailing medical standards, and in consultation with the patient.

**Pediatric Dental Care** - We will pay the Usual and Reasonable expenses incurred for the following dental care services for Insured Persons up to age 19.

a. Emergency dental care, which includes emergency treatment required to alleviate pain and suffering caused by dental disease or trauma.

b. Preventive dental care, that includes procedures which help to prevent oral disease from occurring, including:

   (1) **Prophylaxis** (scaling and polishing the teeth at six (6) month intervals);
   (2) Topical fluoride application at six (6) month intervals where the local water supply is not fluoridated;
   (3) Sealants on unrestored permanent molar teeth; and
   (4) Unilateral or bilateral space maintainers for placement in a restored deciduous and/or mixed dentition to maintain space for normally developing permanent teeth.

c. **Routine Dental Care**: We Cover routine dental care provided in the office of a dentist, including:

   (1) Dental examinations, visits and consultations once within a six (6) month consecutive period (when primary teeth erupt);
   (2) X-ray, full mouth x-rays at thirty-six (36) month intervals, bitewing x-rays at six (6) to twelve (12) month intervals, or panoramic x-rays at thirty-six (36) month intervals, and other x-rays if Medically Necessary (once primary teeth erupt);
   (3) Procedures for simple extractions and other routine dental surgery not requiring Hospitalization, including preoperative care and postoperative care;
   (4) In-office conscious sedation;
   (5) Amalgam, composite restorations and stainless steel crowns; and
   (6) Other restorative materials appropriate for children.

d. Endodontic services, including procedures for treatment of diseased pulp chambers and pulp canals, where Hospitalization is not required.

e. Prosthodontic services as follows:

   (1) Removable complete or partial dentures, including six (6) months follow-up care; and
   (2) Additional services include insertion of identification slips, repairs, relines and rebases and treatment of cleft palate.

Fixed bridges are not Covered unless they are required:

a. For replacement of a single upper anterior (central/lateral incisor or cuspid) in a patient with an otherwise full complement of natural, functional and/or restored teeth

b. For cleft palate stabilization; or

c. Due to the presence of any neurologic or physiologic condition that would preclude the placement of a removable prosthesis, as demonstrated by medical documentation.

- Orthodontics used to help restore oral structures to health and function and to treat serious medical conditions such as: cleft palate and cleft lip; maxillary/mandibular micrognathia (underdeveloped upper or lower jaw); extreme mandibular prognathism; severe asymmetry (craniofacial anomalies); ankylosis of the temporomandibular joint; and other significant skeletal dysplasias.

Procedures include but are not limited to:

   (1) Rapid Palatal Expansion (RPE);
   (2) Placement of component parts (e.g. brackets, bands);
   (3) Interceptive orthodontic treatment;
   (4) Comprehensive orthodontic treatment (during which orthodontic appliances are placed for active treatment and periodically adjusted);
   (5) Removable appliance therapy; and
   (6) Orthodontic retention (removal of appliances, construction and placement of retainers).

**Pediatric Vision Care** - We will pay the Usual and Reasonable expenses incurred for emergency, preventive and routine vision care for Insured Persons up to age 19.

a. Vision examinations for the purpose of determining the need for corrective lenses, and if needed, to provide a prescription for corrective lenses. We Cover one vision examination in any twelve (12) month period, unless more frequent examinations are Medically Necessary as evidenced by appropriate documentation. The vision examination may include, but is not limited to:

   (1) Case history;
   (2) External examination of the eye or internal examination of the eye;
   (3) Ophthalmoscopic exam;
   (4) Determination of refractive status;
   (5) Binocular distance;
   (6) Tonometry tests for glaucoma;
   (7) Gross visual fields and color vision testing; and
   (8) Summary findings and recommendation for corrective lenses.

b. Prescription lenses or contact lenses once in any twelve (12) month period, unless it is Medically Necessary for an Insured Person to have new lenses or contact lenses more frequently, as evidenced by appropriate documentation. Prescription lenses may be constructed of either glass or plastic. We also Cover standard frames adequate to hold lenses once in any twelve (12) month period, unless it is Medically Necessary for an Insured Person to have new frames more frequently, as evidenced by appropriate documentation.

**Section 4 – Exclusions and Limitations**

**Exclusion Disclaimer**: Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of the Act.

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.

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, breast, 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 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 on 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:
   a. The date insurance terminates as to the Insured Person;
   b. The Maximum Benefit for each Covered Injury or Covered Sickness has been attained; and
   c. The end of the Benefit Period specified in the Benefit Schedule.

20. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.

21. expenses for weight increase or reduction except Medically Necessary bariatric surgery, and hair growth or removal unless otherwise specifically covered under the policy.

22. 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.

23. 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).

24. expenses incurred for plastic or suicide 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.

25. 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.

26. 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.

27. custodial care service and supplies.

28. expenses that are not recommended and approved by a Physician.

Section 5 – CLAIM PROCEDURE

In the event of Accident or Sickness the student should:

1. If at the College, report to Holzer Health Center (HHC) so that proper treatment can be prescribed or approved.

2. If away from the school, consult a doctor and follow his or her advice. Notify Florida Institute of Technology within 90 days after the date of the Covered Injury or commencement of the Covered Sickness or as soon thereafter as is reasonably possible.
3. Itemized medical bills should be mailed promptly to Cigna at the address listed.

   **SUBMIT ALL CLAIMS TO:**
   Cigna
   1000 Great West Drive
   Kennett, MO 63857-3749
   Electronic Payor ID: 62308

4. If requested by Consolidated Health Plans, secure a claim form from Consolidated Health Plans’ website at www.chpstudent.com.

5. Complete and submit the form as directed.

6. Submit the claim form to: Consolidated Health Plans.

7. Direct all questions regarding benefits available under the Plan, claim procedures, status of a submitted claim or payment of a claim to Consolidated Health Plans.

   **CLAIMS ADMINISTRATOR:**
   Consolidated Health Plans
   2077 Roosevelt Ave
   Springfield, MA 01104
   Local: (413) 733-4540 or Out of area: (800) 633-7867
   www.chpstudent.com
   Group Number: S211614

**Section 6 – Coordination of Benefits**

If the Insured Person is insured under more than one group health plan, the benefits of the plan that covers the Insured Student will be used before those of a plan that provides coverage as a dependent Insured Person. When both parents have group health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the Covered Person under any auto insurance, Workers’ Compensation, Medicare, or other coverage. The Plan pays in accordance with the rules set forth in the Policy on file with the Policyholder.

**Section 7 - Appeals Procedure**

You have the right to appeal any decision or action taken by Us to deny, reduce, or terminate the provision of or payment for health care services requested or received under this Certificate of Insurance. You have the right to have Our decision reviewed by an independent review organization. We must provide you with certain written information, including the specific reason for Our decision and a description of Your appeals rights and procedures every time We make an determination to deny, reduce, or terminate the provision of or payment for health care services requested or received under the Certificate of Insurance.

**IMPORTANT**

THIS CERTIFICATE IS INTENDED ONLY FOR QUICK REFERENCE AND DOES NOT LIMIT OR AMPLIFY THE COVERAGE AS DESCRIBED IN THE MASTER POLICY WHICH CONTAINS COMPLETE TERMS AND PROVISIONS. THE MASTER POLICY IS ON FILE AT THE COLLEGE.

**Service Representative:**
Consolidated Health Plans
2077 Roosevelt Avenue
Springfield, MA 01104
800-633-7867
www.chpstudent.com
Your out-of-pocket costs may be lower when you utilize the Cigna PPO Network of Participating Providers. For a listing of Cigna PPO Network Participating Providers, go to www.cigna.com or contact Consolidated Health Plans at (413) 773-4540, toll-free at (800) 633-7867, or www.chpstudent.com for assistance.

The following services are not part of the Plan Underwritten by National Guardian Life Insurance Company. These value added options are provided by Consolidated Health Plans in partnership with Davis Vision and FrontierMEDEX.

VISION DISCOUNT PROGRAM
For Vision Discount Benefits please go to: www.consolidatedhealthplan.com/products/davisvision

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE
FrontierMEDEX ACCESS services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. FrontierMEDEX is your key to travel security.

For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.

If you have a medical, security, or travel problem, simply call FrontierMEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330.

If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center. FrontierMEDEX will then take the appropriate action to assist You and monitor Your care until the situation is resolved.