

Dear Students:

We are pleased to provide you with this summary of the Student Health Insurance Plan for **Florida A&M University**. This plan is fully compliant with the Affordable Care Act.

Who Is Eligible To Enroll?

All full-time undergraduate students taking 9 or more credit hours or full-time graduate students taking 6 or more credit hours are eligible and are automatically enrolled in the FAMU Student Health Insurance Plan unless proof of comparable covered is provided by completing the online waiver.

How Do I Waive Coverage?

To complete the online waiver, go to:

- www.chpstudenthealth.com;
- Under "Find Your School" start by typing, Florida A&M University;
- Select and enter.
- Next under the Waive/Enroll section click the blue "Waive" button.
- Follow the on-screen instructions to complete your waiver.
- Once the waiver is confirmed and submitted you will receive a confirmation number.
- Your waiver request will stay in a Pending status until proof of valid coverage is verified.

Please note you must complete a waiver every academic year while you are enrolled at FAMU.

Waiver Period Deadline Dates

Annual/Fall	September 8, 2018
Spring/Summer	January 12, 2019
Summer only	June 29, 2019

Cost and Periods of Coverage

	Annual 8/15/18 to 8/14/19	Fall 8/15/18 to 12/31/18	Spring/ Summer 1/1/19 to 8/14/19	Summer (new students) 5/6/19 to 8/14/19
Student	\$1,779	\$678	\$1,101	\$493

*The above rates include an administrative fee.

Where Can I Obtain More Information About The Plan?

Enroll Dependents Waive Coverage Insurance Benefits Claim Processing ID Cards	Consolidated Health Plans (CHP) 2077 Roosevelt Ave Springfield, MA 01104 877-657-5030 www.chpstudenthealth.com
Find Network Provider	Cigna Open Access Plus (OAP) https://www.cigna.com/hcpdirectory/ or www.chpstudenthealth.com

Prescription Drug Vendor	Cigna PBM www.cigna.com
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HEALTH INSURANCE BENEFIT SUMMARY*

BENEFIT	Preferred Provider	Non-Preferred Provider
Deductible	\$100	\$200
Out-of-Pocket Maximum	\$6,850	No Maximum
Coinsurance	80% of PA	60% of U&R
Preventive Care	100% of PA	60% of U&R
Student Health Center/Infirmary	100% of U&R (deductible waived)	
Hospital Room & Board (Inpatient)**	80% of PA	60% of U&R
Surgery (Inpatient** or Outpatient)	80% of PA	60% of U&R
In Office Physician Visit	80% of PA Copay: \$25 per visit	60% of U&R Copay: \$25 per visit
Urgent Care Center or Facilities	80% of PA Copay: \$35 per visit	60% of U&R Copay: \$35 per visit
Emergency Services Expense	80% of PA Copay: \$250 per visit	80% of PA Copay: \$250 per visit
Diagnostic X-ray & Laboratory	80% of PA	60% of U&R
Outpatient Prescription Drugs	Copayments: \$15 Generic \$30 Preferred Drug \$50 Non-Preferred \$50 Specialty Drug Then 80% of PA See Prescription Card	Copayments: \$15 Generic \$30 Preferred Drug \$50 Non-Preferred \$50 Specialty Drug Then 60% of U&R Member reimbursement

PA= Preferred Allowance U&R=Usual and Reasonable

*This is only a brief description of the coverage(s) available under Certificate form FL SHIP Cert (2018). The Certificate will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

**All inpatient confinements require pre-certification. The phone number can be found on the back of the Insured's ID card. The call should be made prior to Hospital Confinement. In the case of an emergency, the call should take place as soon as reasonably possible

The following Value-Added Services are not part of the Policy and are not underwritten by Commercial Casualty Insurance Company. The services are provided by Independent vendors and are included if the student participates in the student health plan.

- Vision discount program through Davis Vision
- Medical travel assistance through Travel Guard
- 24/7 Behavioral Health Hotline/Care Connect

Underwritten By:
Commercial Casualty Insurance Company

Plan Administrator:
Consolidated Health Plans, Inc.
2077 Roosevelt Ave.
Springfield, MA 01104
www.chpstudenthealth.com
877-657-5030

Servicing Agent:
Health Benefits Concepts, Inc.
Albert C. Belanger
P.O. Box 15408
Surfside, SC 29587
800-463-2317
www.hbcstudent.com

EXCLUSIONS AND LIMITATIONS

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care Act of any state-imposed requirements will be administered to comply with the requirements of the federal or state guideline, whichever is more favorable to You.

This Certificate does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of this Certificate and as shown in the Schedule of Benefits.

1. **International Students Only** - expenses incurred within the Your Home Country or country of regular domicile, that exceeds the benefit amount shown in the Schedule of Benefits.
2. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the Student Health Center or by the person's attending physician or dentist.
3. medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits or as part of the Student Health Center benefits provided by this plan.
4. professional services rendered by an Immediate Family Member or anyone who lives with You.
5. weak, strained or flat feet, corns, calluses or ingrown toenails except for Treatment because of Injury, infection or disease.
6. diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
7. prescription contraceptive diaphragms are covered but limited to one (1) per policy year.
8. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
9. 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.
10. any expenses in excess of Usual and Reasonable charges except as provided in this policy.
11. 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.
12. 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.
13. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate, sport.
14. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
15. 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 You are required to pay.
16. services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
17. expenses payable under any prior Certificate which was in force for the person making the claim.
18. Injury sustained as the result of the Your operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
19. expenses incurred after:
 - o The date Your insurance terminates, except as specified in the extension of benefits provisions, and
 - o The end of the Policy Year specified in the Benefit Schedule.
20. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
21. charges incurred for acupuncture, heat Treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
22. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. this does not apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Care Services benefit, or otherwise specifically covered under the Certificate.
23. charges for hair growth or removal unless otherwise specifically covered under the Certificate.
24. expenses for radial keratotomy, eye glasses or contact lenses except as required for repair caused by a Covered Injury office visit exam for the fitting of prescription contact lenses eyeglasses or duplicate spare eyeglasses or lenses or frames eyeglass frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes or unless otherwise covered under the Pediatric Vision Care Benefit.
25. charges for hearing exams, hearing screening, hearing aids and the fitting or repair or replacement of hearing aids except as specifically provided in the Certificate.
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.
 - o 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.
 - o For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance or alter their personal concept of body image.
28. Treatment to the teeth, including orthodontic braces and orthodontic appliances, including surgical extractions of teeth. 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. Your:

- committing or attempting to commit a felony,
 - being engaged in an illegal occupation, or
 - participation in a riot.
30. braces and appliances, except as specifically provided in the Schedule of Benefits.
 31. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
 32. Custodial Care service and supplies.
 33. charges for hot or cold packs.
 34. hernia, of any kind.
 35. Services of a private duty Nurse.
 36. expenses that are not recommended and approved by a Physician.
 37. sexual reassignment surgery, except as provided when Medically Necessary or when Treatment is covered under the policy. This exclusion does not include related mental health counseling or hormone therapy.
 38. routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, donor services if the recipient is not covered under this plan, or services for or related to the transplantation of animal or artificial organs or tissues
 39. cosmetic procedures related to Gender Dysphoria including but not limited to rhinoplasty, face lift, facial bone reduction, lip enhancement or reduction, blepharoplasty, breast augmentation, body contouring, reduction thyroid chondroplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants.
 40. Sleep Disorders screening including testing.
 41. Under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
 - which does not, by federal or state law, require a prescription order, i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided in the Prescription Drug Benefit section of this plan;
 - drugs with over-the-counter equivalents;
 - allergy sera and extracts administered via injection;
 - for the purpose of weight control;
 - fertility drugs;
 - vitamins, minerals, food supplements.;
 - sexual enhancements drugs;
 - dietary supplements;
 - cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or Treatment of acne except as specifically provided in this Certificate;
 - blood glucose meters, asthma holding chambers and peak flow meters are eligible health services, but are limited to one (1) prescription order per Policy Year;
 - refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
 - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
 - purchased after coverage under the Certificate terminates;
 - consumed or administered at the place where it is dispensed;
 - if the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
 - bulk chemicals;
 - non-insulin syringes, surgical supplies durable medical equipment/medical devices with the exception of diabetic blood monitors and kits;
 - stimulants;
 - repackaged products;
 - blood components;
 - single agent opioids;
 - immunology products.
 42. non-chemical addictions.
 43. non-physical, occupational, speech therapies (art, dance, etc.).
 44. modifications made to dwellings.
 45. general fitness, exercise programs.
 46. obesity Surgery.
 47. hypnosis.
 48. rolfing.
 49. biofeedback.
 50. hyperhidrosis.