

2008-2009

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

Designed Especially for the Graduate Assistants of:
Florida International University



UNICARE®

A Healthy Dose of Innovation®

Medical Plan

Policy Description The provider network is PHSFL. Students have online access to track claims, search for a doctor, view plan information, download forms. Please visit www.hillchesson.com.

FIU Student Health Center (SHC)	No deductible, then 100% (prescription drugs, 20% coinsurance)	
Injury or Sickness	UniCare Network (PHSFL)	Non-Network
Lifetime Maximum Benefits	\$250,000	
Policy Year Deductible	\$100	\$100
Coinsurance	80%	70%
Out-of-Pocket Maximum (Prescription expenses do not apply to this maximum)	\$2000	\$4000
Physician Office Visits	\$20 copayment	70% after deductible
Outpatient Hospital Services, Including Outpatient Surgery	80% after deductible	70% after deductible
Diagnostic X-ray and Laboratory Services	80% after deductible	70% after deductible
Mental Disorders – Inpatient (up to 30 days per year)	80% after deductible	70% after deductible
Emergency Room Expenses	\$50 copayment, then 80%	
Prescription Drugs	20% copayment	
Accidental Death and Dismemberment	Maximum Benefit Principal Sum up to \$2,000	
Repatriation of Remains	Maximum Benefit up to \$10,000	
Medical Evacuation	Maximum Lifetime Benefit for all Evacuations up to \$25,000	

Policy Exclusions

The Insurer does not pay benefits for loss due to a Pre-Existing Condition during the six (6) months of coverage. Pre-Existing Conditions will be covered after the Covered Person's coverage has been in force for six (6) months. This limitation does not apply to the Medical Evacuation Benefit, the Repatriation of Remains Benefit and to the Bedside Visit Benefit. Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Preventative medicines, routine physical examinations or any other examination where there are no objective indications of impairment in normal health
2. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury
3. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eyeglasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury
4. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident
5. For diagnostic investigation or medical treatment for infertility, fertility or birth control
6. Expenses incurred in excess of Reasonable Expenses
7. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician
8. Participating in an illegal occupation or committing or attempting to commit a felony
9. For treatment, services, supplies or Confinement in a Hospital owned or operated by a national government or its agencies (This does not apply to charges the law requires the Covered Person to pay)
10. While traveling against the advice of a Physician, while on a waiting list for a specific treatment or when traveling for the purpose of obtaining medical treatment
11. Expenses incurred within the Covered Person's Home Country, except when incurred on school-authorized breaks
12. Treatment to the teeth, gums, including surgical extraction's of teeth dental malocclusion, or other dental treatment
13. Expenses incurred in connection with weak, strained or flat feet; corns; or calluses
14. Diagnosis and treatment of acne and sebaceous cyst
15. Outpatient treatment for specified therapies, including, but not limited to acupuncture
16. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
17. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; or civil commotion.
18. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight
19. Elective termination of pregnancy
20. Loss arising from participation in professional sports, scuba diving, hang gliding, parachuting or bungee jumping
21. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred
22. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country
23. Expenses incurred for treatment of sports-related accidents resulting from interscholastic, intercollegiate, club or professional sports

Offered and Administered Exclusively by:
UniCare Life & Health Insurance Company
233 S. Wacker Drive, Suite 3900
Chicago, IL 60606

For Claims & Benefit Questions call (800) 696-9776
For Enrollment & Eligibility Questions call (800) 579-8022

NAIC # 842-80314 UniCare is licensed in all states, the District of Columbia and Puerto Rico. This blanket accident and sickness policy is underwritten by the UniCare Life & Health Insurance Company © Registered Mark of WellPoint, Inc.

Eligibility

All FIU Graduate Assistants who have a signed employment agreement on file with the University Graduate School are eligible for this health insurance plan. The University Graduate School subsidizes this insurance for Graduate Assistants. Dependents of Graduate Assistants are able to enroll at a non-subsidized rate.

To be a covered person under the Policy, you must be enrolled by the FIU Graduate School and paid your required contribution as a Graduate Assistant at FIU. You must actively attend classes for at least the first 31 days of the period for which coverage is purchased except in the case of medical withdrawal. The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is to terminate coverage. The University Graduate School premium subsidy is available only during the term of the appointment as a Graduate Assistant and only to Graduate Assistants given 0.5 or greater FTE appointments for a minimum of one full semester or summer term.

Eligible Graduate Assistants may also purchase dependent coverage. Eligible dependents are the spouse (residing with the Insured Graduate Assistant) and unmarried children under twenty-five years of age who are not self-supporting and reside with the insured Student. "Newborn" children are covered from birth, until 31 days old. Coverage may be continued for that child when the Company is notified in writing within 31 days from the date of birth and by payment of any additional premium. Dependent eligibility expires concurrently with that of the insured Graduate Assistant. Eligible dependents who enroll and Graduate Assistant must have the same benefits as the full-time student. Eligible Dependents are not eligible to receive services at the FIU Student Health Center.

To Enroll

As a Graduate Assistant, you will be enrolled by the Graduate School. If you wish to enroll your dependent, please visit www.hillchesson.com and complete the Graduate Assistant Dependent Enrollment Form.

Effective Dates

Coverage for an individual (except for whom the Continuous Coverage provision described herein applies), who makes a premium payment in accordance with the Enrollment provisions stated herein, shall become effective on the latter of 1) 12:01 a.m., Standard Time on August 20, 2008; or 2) the date the Insured Person departs his or her home Country to travel to the Country of Assignment, provided that the scheduled arrival in the Country of Assignment is no more than 48 hours later than the departure from the Home Country; or 3) the date following the date of

appointment as a Graduate Assistant if later than the date in 1) above.

Coverage for Dependents will become effective on the latter of: 1) the Policy effective date; 2) the day after the postmark or when the Enrollment Form and premium payment are received by the Company, authorized agent or College when premium payment is made within 31 days after the dependent's arrival in the country, or of the student's enrollment in the plan.

Coverage will always become effective at 12:01 a.m. Standard Time on the date determined within this provision. The effective date of coverage for dependents will not precede that of the insured Student.

Continuous Coverage

Coverage for an insured individual will be considered as continuous during consecutive periods of insurance (Fall and Spring, Spring and Summer, etc.) including coverage provided by the prior carrier when premium payment is received by the Policyholder, Company Agent or Administrator within 15 days of the beginning date of the period of coverage purchased regardless of any breaks in calendar days between consecutive periods of insurance (Fall, Spring, Summer, etc.).

This Continuous Coverage provision will not establish a new benefit period, nor affect any lifetime or specifically stipulated benefits shown herein for an incurred loss existing during any preceding coverage period.

Termination Date

Coverage under the policy with respect to the Insured shall terminate on the earliest of: 1) the last day of the period for which premium has been paid; or 2) 12:01 a.m., Standard Time on August 20, 2009; or 3) the last day of the period for which premium has been paid when coverage extends beyond August 20, 2009; or 4) the date the Insured Person ceases to be eligible for the insurance; or 5) the date the Insured Person depart the Country of Assignment for his or her Home Country, except for school-authorized breaks.

If the Graduate Assistant appointment is terminated prior to one of the dates noted in the preceding paragraph, the individual has the right to continue Policy coverage provided payment is made within 15 days to the Company to cover the pro-rated portion of the University Graduate School subsidy withdrawn with the termination of the Graduate Assistant appointment.

Refund of premium will be made in the event the insured enters military service and only when authorized by the University Graduate School. Otherwise, coverage will continue for the period for which premium has been paid.

This brochure describes the benefits under the plan of insurance. This is not a contract of insurance. Coverage is governed by a policy of blanket accident and sickness insurance used by UniCare Life & Health Insurance Company. Complete information on the insurance is contained in Policy No. 131068 and a certificate will be available to you as evidence of coverage under the policy. You may view a certificate at www.hillchesson.com.