

## **PLAN A – SHC SUPPLEMENTAL PLAN**

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Supplemental Health Plan A - includes the cost of the College Health Fee and all services rendered at the College's designated Health Care Provider; includes a modest outpatient medical and pharmacy benefit for those students on high deductible health plans, out of state, HMO or other plans with an insufficient local area physician and hospital network.

- Services provided at the Student Health Center are covered at 100%.
- Prescription drugs up to \$350 per academic year.
- Limited outpatient coverage up to \$1,500 Per Injury or Sickness

You will not lose your Medicaid benefits having this plan. This is NOT health insurance. Supplemental outpatient only coverage.

## **FMU STUDENT HEALTH CLINIC**

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The on-site clinic is located in Building 3, and provides minimal healthcare services to full-time students after they have cleared the Business Office. Business hours are Monday to Friday from 8.00 am to 5.00pm.

The clinic staff includes a Nurse Practitioner, Registered Nurse, Medical Assistant and a Customer Service Representative. Appointments can be made at 305-626-3110. You are advised and encouraged to visit the clinic for information on the services offered before you get sick.

## **PLAN B – COMPREHENSIVE PLAN**

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This plan is intended for students who have no other health insurance coverage, meets the minimum essential coverage requirements set forth under the Affordable Care Act, and the J1 and F1 Visa requirements, as set forth by the U.S. Department of State.

- Unlimited Lifetime Benefits
- Services provided on campus at the Student Health Center are covered at 100%.
- Covers intercollegiate sport injuries up to \$25,000.
- Includes Repatriation and Medical Evacuation.

This plan may cancel your Medicaid benefits. Be sure to verify with your state plan if benefits are transferrable or if having this Plan will cancel your coverage. Students who have Medicaid in the state of Florida should waive out of this Plan B. This plan pays after any other health insurance coverage that you may have in addition to this plan. Medical bills must be sent to your other primary insurance first. Otherwise, claims will not be paid under this plan. Once the other insurance plan processed and paid your claims, then submit any unpaid bills to this plan's claim administrator to process. If you have no other insurance, then this is your primary coverage.

Student Educational Benefit Trust has arranged for you to access a network of local and state-wide providers. To confirm your physician or provider is part of the network you may call 800-308-2749 or visit the website at [www.fmustudentinsurance.com](http://www.fmustudentinsurance.com)



## **2018-19 STUDENT HEALTH PLAN**

FOR MORE INFORMATION VISIT [www.fmustudentinsurance.net](http://www.fmustudentinsurance.net)

OR SCAN THE QR CODE



**Contact Academic Insurance Solutions  
at 888-776-9920  
or send us an email at  
[info@aisstudentinsurance.com](mailto:info@aisstudentinsurance.com).**

## FULL TIME UNDERGRADUATE AND INTERNATIONAL STUDENTS

Students are automatically enrolled in a Supplemental (PLAN A) and Comprehensive (PLAN B) Health and Accident PPO Plan, effective August 1, 2018 through July 31, 2019. The cost for both plans is included in your tuition.

If you have other coverage, you may waive out of the Comprehensive Plan B only by completing the online waiver application by the given deadline.

With an approved waiver, you will not be enrolled in Plan B and a credit for the cost of Plan B will be applied to your student account each semester. An approved waiver is valid for the full academic year.

Without an approved waiver, you will be enrolled in Plan B for the full academic year.

All students, with or without an approved waiver will be enrolled in Plan A.

## STUDENT ATHLETES

Student athletes are automatically enrolled in both Plan A and B, which provides medical coverage for an intercollegiate sports injury up to \$25,000. You should not waive out of Plan B if your health plan excludes intercollegiate sports injuries, are covered under a Government Sponsored Plan or on Medicaid.

## DENTAL AND VISION COVERAGE

Sold separately on the website at [www.fmustudentinsurance.net](http://www.fmustudentinsurance.net).

## COST AND WAIVER DEADLINE

Effective Dates of Coverage Deadline to Waive Plan B	Fall Only 8/1/2018 - 12/31/2018 September 1, 2018	Spring/Summer 1/1/2019 - 7/31/2019 December 15, 2018	Summer Only 5/12/2019 - 5/31/2019 April 15, 2019
Plan A- Supplemental Cost	\$142.00	\$173.00	\$ 79.00
Plan B - Comprehensive Cost	\$279.00	\$342.00	\$155.00
<b>COST OF Plan A &amp; Plan B</b>	<b>\$421.00</b>	<b>\$515.00</b>	<b>\$234.00</b>

### WAIVER PROCESS

Waiver Requirement

Waiver Request Form

**The deadline to waive out of Plan B for fall 2018-19 is September 1, 2018.**

If approved, your waiver is good for the full academic year and you do not need to do another waiver for spring/summer.

[CLICK HERE TO WAIVE PLAN B](#)

If you lose your health insurance plan mid-year, you may elect to enroll in Plan B at any time throughout the year due to a qualifying event. For more information, contact Academic Insurance Solutions to enroll at (888) 776-9920.

Request Waiver Status

### ONCE ENROLLED

Print an ID Card

Create Your Member Account

Find an In-Network Preferred Provider

File a Claim

Contact Information

<p><b>Member</b></p> <p>FLORIDA MEMORIAL UNIVERSITY A PROMISE. A FUTURE.</p> <p>Group #: SH100 Name: _____ Member ID: _____</p> <p><b>FMU Student Plan</b></p> <p><b>Pharmacy Plan</b></p> <p>Rx Bin: 008878 Rx Group: SH130</p> <p>www.welldynrx.com Members: (888) 479-2000 Providers: (888) 886-5822</p> <p><b>RX Retail:</b> In Network: \$5 / \$15 / \$30 + 20% Out of Network: \$5 / \$15 / \$30 + 40% <b>RX Mail:</b> In Network: \$12.50 / \$37.50 / \$75 + 20% Out of Network: \$12.50 / \$37.50 / \$75 + 40%</p>	<p><b>Medical Plan</b></p> <p>TO FIND A LOCAL IN-NETWORK PROVIDER CALL: (800) 306-2749 OR VISIT</p> <p>evolutions HEALTHCARE SYSTEMS DIMENSION</p> <p>TO FIND AN IN-NETWORK PROVIDER OUTSIDE OF YOUR LOCAL AREA VISIT:</p> <p>PHCS</p> <p><b>In Network / Out of Network</b> PCP: 20% coins / 40% coins Specialist: 20% coins / 40% coins Urgent Care: 20% coins / 40% coins</p>
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<p><b>Pre-Certification</b></p> <p>Pre-Certification is required for specific outpatient services, DME, and prior to hospital admissions. Please have the provider or member contact American Health Holding at 800-641-5566</p> <p>THOSE INSURED WHO FAIL TO OBTAIN PRE-CERTIFICATION WILL HAVE THEIR BENEFITS REDUCED TO THE NON-NETWORK BENEFIT LEVEL COVERAGE.</p> <p>Telephonic or Online Doctor</p> <p><b>MDLIVE</b> 888-201-9458 MDLIVE.com</p>	<p><b>Claims Submission</b></p> <p>SUBMIT ITEMIZED CLAIMS TO: Evolutions HealthCare PO Box 5001 New Port Richey, FL 34656 Payer ID # 59313</p> <p><b>Eligibility</b></p> <p>To confirm eligibility, verify benefits, or check the status of a claim, please call CampusFirst Administrators at <b>877-233-5159</b></p>
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