



GM-Southwest, Inc.
Student Insurance Plans

These Policies are Issued by:
Pan-American Life Insurance Company
(hereinafter "Company")
601 Poydras Street
New Orleans, Louisiana 70130

Group Policy # 203111

Administered by:
GM-Southwest, Inc.

Customer Service Line:
1-800-356-1235

Claim and Provider Inquiries:
1-855-837-3898

For more information visit:
www.fccsstudentinsurance.com

2011-2012

Voluntary Domestic & International Student Insurance Plans Designed for the Students of Participating Florida College System Schools

THESE POLICIES CONTAIN A DEDUCTIBLE PROVISION
Limited Benefit Plans. Please Read Carefully.



Important Note

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policies. If any discrepancy exists between this Brochure and the Policies, the Master Policies will govern and control the payment of benefits.

Group #
203111-F
203111-S
203111-SU

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Privacy Policy Notice

GM-Southwest, Inc. considers non public personal member information confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health plan, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, Pharmacies, hospitals, and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law.

Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. By enrolling in these Plans, you permit us to use and disclose this information as described above on behalf of yourself and your dependents. To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Service number on your ID card or visit our website at www.gmsouthwest.com.

Eligibility

All Domestic and International Students and Scholars on an F1 or J1 Visa taking credit hours, registered for thesis or dissertation are eligible to enroll in this insurance plan on a Voluntary basis.

Students must actively attend classes for 31 days after the date for which coverage is purchased. Internet students are eligible if residing in Florida taking at least six credit hours. Home study, correspondence and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Eligibility requirements of these Policies have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible Covered students may also enroll their lawful spouse, and dependent children under age 30 if the dependent is (1) unmarried and does not have a dependent of his or her own, (2) is a Florida resident or a full-time or part-time student and (3) does not have other coverage and/or is not entitled to Medicare benefits.

Enrollment Process

Eligible students and their dependents may purchase this plan online at www.fccsstudentinsurance.com. You must meet the Eligibility requirements each time you pay a premium to continue the insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

Effective and Termination Dates

The Master Policies on file at the school become effective on August 1, 2011, 12:01 a.m. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policies terminate on July 31, 2012, 11:59 p.m. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

Premium Rates

	Silver Plan		Gold Plan		Platinum Plan	
Basic Plan Maximum (Students)	\$50,000 each Injury & Sickness		\$100,000 each Injury & Sickness		\$250,000 each Injury & Sickness	
Student and Dependent	Annual	Monthly	Annual	Monthly	Annual	Monthly
Under Age 24	\$632	\$55	\$707	\$62	\$790	\$69
Age 24-29	\$897	\$79	\$984	\$87	\$1,081	\$95
Age 30-40	\$1,443	\$127	\$1,650	\$146	\$1,886	\$166
Over 41	\$3,020	\$266	\$3,467	\$306	\$3,980	\$351
Optional Major Medical	\$359	N/A	\$359	N/A	\$359	N/A

Monthly enrollment must be purchased with a minimum of 3 months per each payment. You may not pay monthly. Any portion of a month will be considered a full month.

Refund Policy

If you withdraw from school within the first 31 days of a coverage period, you will not be covered under these Policies and the full premium will be refunded. After 31 days, you will be covered for the full period that you have paid the premium for, and no refund will be allowed. **Exception:** A Covered Person entering the armed forces of any country will not be covered under these Policies as of the date of such entry. In this case, a pro-rata refund of premium will be made for any such person and any covered dependents upon written request received by GM-Southwest, Inc. within 90 days of withdrawal from school.

Pre-Existing Condition/Continuously Insured Provisions

Pre-Existing Condition, A pre-existing condition is an injury, sickness or condition that was present before your first day of coverage under these health insurance Plans. If you received treatment or services for that injury or sickness or you took prescription drugs or medicines for that injury or sickness during the 180 days prior to your first day of coverage, that injury or sickness will be considered a pre-existing condition.

Limitation, Pre-existing conditions are not covered during the first 180 days that you are covered under these plans. However, there is an important exception to this general rule if you have been Continuously Insured.

Continuously Insured, You have been continuously insured if you (1) had "creditable health insurance coverage" (such as COBRA, HMO, another health or individual policy, Medicare or Medicaid) prior to enrolling in these plans, and (2) the creditable coverage ended within 63 days of the date you enrolled under these plans. If both of these tests are met, then the pre-existing limitation period under these plans will be reduced (and possibly eliminated altogether) by the number of days of your prior creditable coverage.

You will be asked to provide evidence of your prior creditable coverage. Once a break (of more than 63 days) in your continuous coverage occurs, the definition of Pre-Existing Conditions will apply.

- Pre-Existing Conditions will not apply to adopted children.
- Pre-Existing Conditions will not apply to routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer unless evidence of breast cancer is found during or as a result of the follow-up care.

Preferred Provider Network

The network provider for this plan is the Evolutions Healthcare System. To maximize your savings and reduce your out-of-pocket expenses, select an in-network Preferred Provider. It is to your advantage to use a Preferred Provider because savings may be achieved from the Allowable Charges these providers have agreed to accept as payment for their services. You may also obtain information regarding Preferred Providers by contacting GM-Southwest, Inc. at 1-855-837-3898, or visiting www.fccsstudentinsurance.com or at www.ehsppo.com.

Optional Major Medical

This optional benefit is subject to payment of additional premium. Optional benefits may only be purchased at the time of initial enrollment in the Basic plan and may not be added later during the current Academic Year. The Optional Major Medical Benefit begins payment after the Basic Maximum Benefit has been paid by the Company. The Company will continue to pay at the Basic coinsurance level for both In-Network and Out-of-Network of additional Covered Medical Expenses incurred up to the Major Medical Maximum. Payment will not exceed a combined Basic plus Major Medical Maximums (For each Injury or Sickness, per Academic Year).

Prescription Drug Benefit

These plans offers a prescription drug card through WellDyneRx that is tailored to the prescription drug needs of the student. WellDyneRx is a nationwide prescription drug card service. The prescription drug card allows the insured individual immediate access to prescription coverage. Each insured student receives a GM-Southwest, Inc. Identification Card with a WellDyneRx logo, allowing access to thousands of participating pharmacies throughout the United States. Your identification card will include your WellDyneRx identification number and group number. Simply present your ID card at a participating pharmacy to obtain your prescription drugs. Medications not covered by this benefit include, but are not limited to, drugs whose sole purpose is to promote or to stimulate hair growth; appetite suppressants; and smoking deterrents.

The individual is responsible for a \$15 co-pay for generic drugs, a \$30 co-pay for formulary drugs, and a \$50 co-pay for non-formulary drugs for a 31-day supply per prescriptions. Your maximum allowed benefit is \$500 Per Academic Year.

Mail-Order Drug Program Expenses

Your health plan has partnered with WellDyneRx to provide you with mail order pharmacy services. Mail order Rx drugs are available at 2.5 times the co-pay up to a 90 day supply with prior authorization. WellDyneRx mail order pharmacy provides you with a convenient, cost and time-saving option to obtain your long-term and maintenance medications. To realize your cost and maximize the benefits of mail order service, use WellDyneRx mail order pharmacy to fill your prescriptions for long-term and maintenance medications. When you take advantage of mail order pharmacy services, you are sent up to a three-month supply and at a co-pay that may save you money over your retail benefit. If you would like to learn more about WellDyneRx and mail order please call 1-888-479-2000.

Accidental Death and Dismemberment Benefits

Loss of Life, Limb or Sight

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount listed on the Schedule of Benefits for loss of Life; Both Hands, Both Feet, or Sight of Both Eyes; One Hand and One Foot; Either One Hand or One Foot and Sight of One Eye; and One Hand or One Foot or Sight of One Eye. Loss shall mean with regard to hands and feet, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

24/7 Nurseline

The 24/7 Nurseline is an added benefit for all students at no additional charge. Students can contact the Nurseline at any time. The Nurseline can provide students with information on participating providers, answer general medical questions and advise students if they should seek immediate medical attention.

The Nurseline is a national hotline and is available toll-free at 1-866-751-2723.

Pre-Certification Provision

Pre-Certification simply means calling Managed Care Concepts prior to treatment to obtain approval for a medical procedure or service. Pre-Certification may be done by the patient, your doctor or a hospital administrator. All requests for Pre-Certification must be obtained by contacting Managed Care Concepts at 1-866-750-2723.

The following inpatient or outpatient services or supplies require pre-Certification:

- All inpatient admissions, including length of stay, to a hospital, convalescent facility, skilled nursing facility, a facility established primarily for the treatment of substance abuse, or a residential treatment facility.
- All inpatient maternity care, after the initial 48/96 hours.
- All partial hospitalization in a hospital, outpatient therapies and outpatient surgery, residential treatment facility, or facility established primarily for the treatment of substance abuse.
- Pre-Certification does not guarantee the payment of benefits for your inpatient admission. Each claim is subject to medical policy review, in accordance with the exclusions and limitations contained in these Policies, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the student Accident and Sickness Plans.

Pre-Certification of Non-Emergency Inpatient Admissions, Partial Hospitalization, Outpatient Therapies and Surgery Services and Home Health Services: The patient, Physician or hospital must telephone at least three (3) business days prior to the planned admission or prior to the date the services are scheduled to begin.

Notification of Emergency Admissions: The patient, Physician or hospital must telephone within one (1) business day following inpatient (or partial hospitalization) admission.

Failure to obtain pre-certification will result in claims being paid under the out-of-network benefits.

Coordination of Benefits

If the Covered Person is insured under more than one 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. When both parents have 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 these Plans may be coordinated with other benefits available to the Covered Person under any auto insurance, Workers' Compensation, Medicare, or other coverage. These Plans pay in accordance with the rules set forth in these Policies.

Schedule of Benefits

Basic Plan Benefits	Silver Plan	
Benefit (Student) Benefit (Dependents)	\$50,000 for each Injury and Sickness \$50,000 for each Injury and Sickness	
	In-Network AC – Allowable Charges	Out of Network UC – Usual & Customary
Deductible (Per Accident or Illness)	\$450	\$500
Deductibles (Maximum per Academic Year)	2	2
Coinsurance	70% AC	50% UC
Out of Pocket Max (includes deductible and coinsurance)	\$15,000	Unlimited
Inpatient	In-Network AC – Allowable Charges	Out of Network UC – Usual & Customary
Room & Board/Intensive Care/Hospital Misc.	\$2,500 per day	\$2,500 per day
Routine Newborn	Paid as any other sickness up to 2/4 days	
Physiotherapy	70% AC	50% UC
Surgery	\$5,000	\$5,000
Physician's Visits	70% AC	50% UC
Pre-admission Testing	70% AC	50% UC
Psychotherapy	Paid as any other sickness 30 visits per Academic Year	
Outpatient	In-Network AC – Allowable Charges	Out of Network UC – Usual & Customary
Day Surgery Misc.	\$2,500 per day	\$2,500 per day
Assistant Surgeon Anesthetist	Paid under Day Surgery Misc 25% of Surgery Allowance	
Outpatient Misc. Benefits	\$1,500	\$1,500
Physician's Visits	\$20 Co-pay Only	50% UC
Urgent Care Center	\$50 Co-pay Only	50% UC
Physiotherapy	\$2,500 Maximum	\$2,500 Maximum
Medical Emergency (Deductible waived if Admitted)	Paid under Outpatient Misc Benefit	
X-Rays; Lab, Tests & Procedures CAT Scan/MRI	Paid under Outpatient Misc Benefit	
Prescription Drugs (participating WellDyne pharmacy)	\$15 / \$30 / \$50 up to \$500 Per Academic Year	
Psychotherapy/Alcoholism & Drug Abuse	Paid as any other sickness 15 visits per Academic Year	
Other	In-Network AC – Allowable Charges	Out of Network UC – Usual & Customary
Ambulance	\$250 Maximum	\$250 Maximum
Braces & Appliances/DME	\$400 Maximum	\$400 Maximum
Dental (Injury to Sound, Natural Teeth)	70% AC	50% UC
Maternity & Complications of Pregnancy	Paid as any other sickness	
Elective Abortion	Paid as any other sickness – \$350 Max	
Repatriation and Medical Evacuation	Unlimited under Mondial	
Accidental Death & Dismemberment	\$5,000 / \$4,000 / \$3,000 / \$1,500	
Intercollegiate and Club Sports	\$2,500 Per Injury	\$2,500 Per Injury
Clinical Rotation (Needle Stick and exposure to bodily fluids)	100% to \$250 per incident	50% to \$250 per incident
Routine Well Women Exam & Pap Smear	70% AC	50% UC
Acupuncture (10 Visit Maximum)	\$25 Co-pay then 70%	\$25 Co-pay then 50%
Child Health Assurance	Paid as any other sickness up to age 21	
Optional Major Medical	\$250,000 Basic + Major Medical Maximum	

Gold Plan		Platinum Plan	
\$100,000 for each Injury and Sickness \$50,000 for each Injury and Sickness		\$250,000 for each Injury and Sickness \$50,000 for each Injury and Sickness	
In-Network AC – Allowable Charges	Out of Network UC – Usual & Customary	In-Network AC – Allowable Charges	Out of Network UC – Usual & Customary
\$350	\$500	\$150	\$500
3	3	4	4
80% AC	60% UC	90% AC	70% UC
\$10,000	Unlimited	\$5,000	Unlimited
In-Network AC – Allowable Charges	Out of Network UC – Usual & Customary	In-Network AC – Allowable Charges	Out of Network UC – Usual & Customary
\$3,750 per day	\$3,750 per day	\$5,000 per day	\$5,000 per day
Paid as any other sickness up to 2/4 days		Paid as any other sickness up to 2/4 days	
80% AC	60% UC	90% AC	70% UC
\$7,500	\$7,500	\$10,000	\$10,000
80% AC	60% UC	90% AC	70% UC
80% AC	60% UC	90% AC	70% UC
Paid as any other sickness 30 visits per Academic Year		Paid as any other sickness 30 visits per Academic Year	
In-Network AC – Allowable Charges	Out of Network UC – Usual & Customary	In-Network AC – Allowable Charges	Out of Network UC – Usual & Customary
\$3,750 per day	\$3,750 per day	\$5,000 per day	\$5,000 per day
Paid under Day Surgery Misc 25% of Surgery Allowance		Paid under Day Surgery Misc 25% of Surgery Allowance	
\$2,250	\$2,250	\$3,000	\$3,000
\$20 Co-pay Only	60% UC	\$20 Co-pay Only	70% UC
\$50 Co-pay Only	60% UC	\$50 Co-pay Only	70% UC
\$3,750 Maximum	\$3,750 Maximum	90% AC	70% UC
Paid under Outpatient Misc Benefit		Paid under Outpatient Misc Benefit	
Paid under Outpatient Misc Benefit		Paid under Outpatient Misc Benefit	
\$15 / \$30 / \$50 up to \$750 Per Academic Year		\$15 / \$30 / \$50 up to \$1,000 Per Academic Year	
Paid as any other sickness 15 visits per Academic Year		Paid as any other sickness 15 visits per Academic Year	
In-Network AC – Allowable Charges	Out of Network UC – Usual & Customary	In-Network AC – Allowable Charges	Out of Network UC – Usual & Customary
\$375 Maximum	\$375 Maximum	\$500 Maximum	\$500 Maximum
\$600 Maximum	\$600 Maximum	\$800 Maximum	\$800 Maximum
80% AC	60% UC	90% AC	70% UC
Paid as any other sickness		Paid as any other sickness	
Paid as any other sickness – \$350 Max		Paid as any other sickness – \$350 Max	
Unlimited under Mondial		Unlimited under Mondial	
\$10,000 / \$7,500 / \$5,000 / \$2,500		\$15,000 / \$10,000 / \$5,000 / \$2,500	
\$7,500 Per Injury	\$7,500 Per Injury	\$10,000 Per Injury	\$10,000 Per Injury
100% to \$375 per incident	60% to \$375 per incident	100% to \$500 per incident	70% to \$500 per incident
80% AC	60% UC	90% AC	70% UC
\$25 Co-pay then 80%	\$25 Co-pay then 60%	\$25 Co-pay then 90%	\$25 Co-pay then 70%
Paid as any other sickness up to age 21		Paid as any other sickness up to age 21	
\$300,000 Basic + Major Medical Maximum		\$450,000 Basic + Major Medical Maximum	

Maternity Expense Benefit

We will pay benefits for a Covered Person's Covered Expenses for maternity care including routine tests, screening exams and Complications of Pregnancy for Hospital, surgical and medical care. We cover charges for a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and a minimum of 96 hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a health care facility unless the attending Doctor in consultation with the mother makes a decision for an earlier discharge from the Hospital. For a mother and newborn child who remain in the Hospital for a minimum length of time stated above, we will pay for one home health care visit if prescribed by the attending Doctor. For a mother and newborn child who have a shorter Hospital stay, we will pay for one home visit scheduled within 24 hours after Hospital discharge and an additional home visit if prescribed by an attending provider.

Newborn Infant Care – Newborn infant care is covered when the infant is confined in the Hospital and has received continuous Hospital care from the moment of birth. This includes: (a) nursery charges; (b) charges for routine Doctor's examinations and tests; and (c) charges for routine procedures. This benefit does not include circumcision. This benefit also includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities of newborn children covered from birth. Covered services may be provided by a certified nurse-midwife or licensed midwife under qualified medical direction if he or she is affiliated with or practicing in conjunction with a licensed facility.

Mandated Benefits

Benefits for Outpatient Services

Benefits will be provided for treatment performed outside a Hospital for any Injury or Sickness as defined in these Policies provided that such treatment would be covered on an inpatient basis and is provided by a health care provider whose services would be covered under these Policies if the treatment were performed in a Hospital. Treatment of the Injury or Sickness must be a Medical Necessity and must be provided as an alternative to inpatient treatment in a Hospital. Reimbursement is limited to amounts that are Usual and Customary for the treatment or services. Benefits shall be subject to all Deductible, co-payment, coinsurance, limitations or any other provisions of these Policies.

Benefits for Procedures Involving Bones or Joints of the Jaw and Facial Region

Benefits will be paid the same as any other Injury or Sickness for diagnostic or surgical procedures 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 Injury, Sickness or congenital or developmental deformity. Benefits shall be subject to all Deductible, co-payment, coinsurance, limitations, or any other provisions of these Policies.

Benefits for Post Delivery Care for a Mother and Her Newborn Infant

Benefits will be paid the same as any other Sickness for Post Delivery care for a mother and her Newborn Infant. Benefits for Post Delivery care shall include a postpartum assessment and newborn assessment and may be provided at the Hospital, at licensed birth centers, at the Physician's office, at an outpatient maternity center, or in the home by a qualified licensed health care professional trained in mother and baby care. Benefits shall include physical assessment of the newborn and mother, and the performance of any medically necessary clinical tests and immunizations in keeping with prevailing medical standards. Benefits shall be subject to all Deductible, co-payment, coinsurance, limitations, or any other provisions of these Policies.

Benefits for Post-Surgical Mastectomy Care

Benefits will be paid the same as any other Sickness for outpatient postsurgical follow-up care in keeping with prevailing medical standards by a Physician qualified to provide postsurgical mastectomy care. The treating Physician, after consultation with the Insured, may choose that the outpatient care be provided at the most medically appropriate setting, which may include the Hospital, treating Physician's office, outpatient center, or home of the Insured. Benefits shall be subject to all Deductible, co-payment, coinsurance, limitations, or any other provisions of these Policies.

Benefits for Mammography

Benefits will be paid the same as any other Sickness for a mammogram according to the following guidelines:

1. One baseline mammogram for women age thirty five to thirty nine, inclusive.
2. A mammogram for women age forty to forty nine, inclusive, every 2 years or more frequently based on the patient's Physician recommendation.
3. A mammogram every year for women age fifty and over.
4. One or more mammograms a year upon a Physician's recommendation, for any woman who is at risk for breast cancer because of a personal or family history of breast cancer, because of having a history of biopsy proven benign breast disease, because of having a mother, sister, or daughter who has or has had breast cancer, or because a woman has not given birth before the age of 30.

Benefits are paid, with or without a Physician prescription, if the Insured obtains a mammogram in an office, facility, or health testing service that uses radiological equipment registered with the Department of Health and Rehabilitative Services for breast-cancer screening. Benefits shall be subject to all Deductible, co-payment, coinsurance, limitations, or any other provisions of these Policies.

Benefits for Mastectomies, Prosthetic Devices and Reconstructive Surgery

Benefits will be paid the same as any other Sickness for Mastectomy, prosthetic devices, and Reconstructive Surgery incident to the Mastectomy. Breast Reconstructive Surgery must be in a manner chosen by the treating Physician, consistent with prevailing medical standards, and in consultation with the patient. "**Mastectomy**" means the removal of all or part of the breast for medically necessary reasons as determined by a licensed Physician and the term "**breast reconstructive surgery**" means surgery to reestablish symmetry between the two breasts. Benefits shall be subject to all Deductible, co-payment, coinsurance, limitations, or any other provisions of these Policies.

Benefits for Hospital Dental Procedures

Benefits will be paid the same as any other Sickness for general anesthesia and hospitalization services for dental treatment or surgery that is considered necessary when the dental condition is likely to result in a medical condition if left untreated. The necessary dental care shall be provided to an Insured who: 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 center due to a significantly complex dental condition or a developmental disability in which patient management in the dental office has proved to be ineffective; or have 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 center. This benefit does not include the diagnosis or treatment of dental disease. Benefits shall be subject to all Deductible, co-payment, coinsurance, limitations, or any other provisions of these Policies.

Benefits for Osteoporosis

Benefits will be paid the same as any other Sickness for the medically necessary diagnosis and treatment of osteoporosis for high-risk individuals, including, but not limited to, estrogen-deficient individuals who are at clinical risk for osteoporosis, individuals who have vertebral abnormalities, individuals who are receiving long-term glucocorticoid (steroid) therapy, individuals who have primary hyperparathyroidism and individuals who have a family history of osteoporosis. Benefits shall be subject to all Deductible, co-payment, coinsurance, limitations, or any other provisions of these Policies.

Benefits for Child Health Assurance

The benefits applicable for Dependent children shall include coverage for Child Health Supervision Services from the moment of birth to 16 years of age. "**Child Health Supervision Services**" means Physician-delivered or Physician-supervised services which shall include as the minimum benefit coverage for services delivered at the intervals and scope stated below:

Child Health Supervision Services shall include periodic visits which shall include a history, a physical examination, a developmental assessment and anticipatory guidance, and appropriate immunizations and laboratory tests. Such services and periodic visits shall be provided in accordance with prevailing medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics. Minimum benefits are limited to one visit payable to one provider for all services provided at each visit. Benefits shall not be subject to the Deductible, but are subject to all co-payment, coinsurance, limitations, or any other provisions of these Policies.

Benefits for Cleft Lip and Cleft Palate

Benefits will be paid the same as any other Sickness for a child under the age of 18 for treatment of cleft lip and cleft palate. The benefit will include medical, dental, speech therapy, audiology, and nutrition services if such services are prescribed by the treating Physician and such Physician certifies that such services are medically necessary and consequent to treatment of the cleft lip or cleft palate. Benefits shall be subject to all Deductible, co-payment, coinsurance, limitations, or any other provisions of these Policies.

Benefits for Diabetes

Benefits will be provided for all medically appropriate and necessary equipment, supplies, and diabetes outpatient self-management training and educational services used to treat diabetes, if the patient's treating Physician or a Physician who specializes in the treatment of diabetes certifies that such services are necessary. Diabetes outpatient self management training and educational services must be provided under the direct supervision of a certified diabetes educator or a board certified endocrinologist. Nutrition counseling must be provided by a licensed dietitian. Benefits shall be subject to all Deductible, co-payment, coinsurance, limitations, or any other provisions of these Policies.

Benefits for Newborn Infant, Adopted or Foster Child

Newborn Infant. All health insurance benefits applicable for children will be payable with respect to a child born to the Named Insured or Dependents after the Effective Date and while the coverage is in force, from the moment of birth. However, with respect to a Newborn Infant of a Dependent other than the Insured Person's spouse, the coverage for the Newborn Infant terminates 18 months after the birth of the Newborn Infant. The coverage for Newborn Infant consists of coverage for Injury or Sickness including necessary care and treatment of medically diagnosed congenital defects, birth abnormalities, or prematurity, and transportation cost of the newborn to and from the nearest available facility appropriately staffed and equipped to treat the newborn's condition, when such transportation is certified by the attending Physician as necessary to protect the health and safety of the Newborn Infant. The coverage of such transportation may not exceed the Usual and Customary Charges, up to \$1,000. The Insured may notify the Company, in writing of the birth of the child not less than 30 days after the birth. If timely notice is given, the Company may not charge an additional premium for coverage of the Newborn Infant for the duration of the notice period. If timely notice is not given, the Company may charge the applicable additional premium from the date of birth. The Company will not deny coverage for a child due to failure to timely notify the Company of the child.

Adopted or Foster Child. The Named Insured's adopted child or foster child will be covered to the same extent as other Dependents from the moment of placement in the residence of the Named Insured. In the case of a newborn adopted child, coverage begins at the moment of birth and applies as for a newborn infant defined above if a written agreement to adopt such child has been entered into by the Named Insured prior to the birth of the child whether or not the agreement is enforceable. However, coverage will not continue to be provided for an adopted child who is not ultimately placed in the Named Insured's residence.

The Pre-existing Conditions limitation will not apply to an adopted child, but will apply to a foster child. The Insured may notify the Company, in writing, of the adopted or foster child not less than 30 days after placement or adoption. If timely notice is given, the Company may not charge an additional premium for coverage of such child for the duration of the notice period. If timely notice is not given, the Company may charge the applicable additional premium from the date of adoption or placement. The Company will not deny coverage for a child due to failure to timely notify the Company of such child. Benefits will also be provided for a foster child or other child placed in court-ordered temporary or other custody of the Insured from the moment of placement.

Definitions

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

"Academic Year" is the effective date of coverage of August 1, 2011 through July 31, 2012.

"Accident" means a sudden, unexpected and unintended event.

"Allowable Charges" is the contracted amount these providers agree to accept for covered services.

"Coinsurance" means the percentage of Reasonable and Customary Charges for which the Covered Person is responsible for a covered service.

"Co-payment" means the specified dollar amount a Covered Person must pay for specific charges. The co-payment is separate from and not a part of the Deductible or Coinsurance.

"Deductible" means the amount of Covered Expenses for Covered Expenses and supplies which must be incurred by the Covered Person before specified benefits become payable.

"Medical Emergency" means the unexpected onset of an Injury or Sickness that requires immediate or urgent Health attention to avoid death or serious permanent damage to the body, or pain sufficient to warrant immediate care. It does not include elective or routine care.

"Medically Necessary" means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current Health practice. A service or supply will not be considered as Medically Necessary if:

- a. it is provided only as a convenience to the Covered Person or provider;
- b. it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or
- c. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

The fact that any particular Doctor may prescribe order, recommend or approve a service or supply does not, itself, make the service or supply Medically Necessary.

"Out-of Network Providers" have not agreed to any pre-arranged fee schedules.

"Sickness" means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs Medical expenses while covered under these Policies. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

"Usual and Customary Charge" means fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acne; allergy testing;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Biofeedback;
4. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
5. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under these Policies or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
6. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
7. Dental treatment, except for accidental Injury to Teeth;
8. Elective Surgery or Elective Treatment;
9. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;

10. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
11. Immunizations, except as specifically provided in these Policies; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in these Policies;
12. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
13. Injury sustained while (a) participating in any interscholastic or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
14. Organ transplants, including organ donation;
15. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
16. Pre-existing Conditions for a period of 6 months, except for; 1) individuals who have been continuously insured under the school's policy for at least 6 consecutive months. Credit will be given for the time the Insured was covered under previous Creditable Coverage if the Creditable Coverage was continuous to a date not more than sixty three (63) days prior to the Insured's Effective Date under these Policies; or 2) a Newborn Infant or Adopted Child who has been continuously insured under previous Creditable Coverage since birth or adoption if the Creditable Coverage was continuous to a date not more than 63 days prior to the Insured Newborn or Adopted Child Effective Date under these Policies.
17. Prescription Drugs, services or supplies as follows:
Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; except as specifically provided in the Benefits for Diabetes; Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use; Immunization agents, biological sera, blood or blood products administered on an outpatient basis; Drugs labeled, "**Caution** – limited by federal law to investigative use" or experimental drugs; except as specifically provided in these Policies; Products used for unapproved cosmetic indications; Drugs used to treat or cure baldness; anabolic steroids used for body building; **Anorectics** – drugs used for the purpose of weight control; Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra; Growth hormones; or Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
18. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
19. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;
20. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
21. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided by these Policies;
22. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
23. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
24. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
25. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
26. Supplies, except as specifically provided in these Policies;
27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in these Policies;
28. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
29. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
30. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

Mondial Services/Emergency Travel Assistance Services

These services are designed to protect students and/or eligible dependents anywhere in the world. If you experience a medical emergency, you have access to a comprehensive package of emergency services provided by Mondial Assistance. Eligible participants have immediate access to doctors, hospitals, pharmacies, and other services by simply calling the Mondial Assistance team 24 hours a day, 365 days a year. Mondial Assistance's worldwide services include medical consultations and referrals, domestic and international hospital admission guarantees, emergency medical transportation, prescription assistance, lost luggage assistance, legal and interpreter assistance, and travel information such as visa and passport requirements, travel advisories. You may reach Mondial Assistance at 1-800-929-1612.

Repatriation/Medical Evacuation Benefit

Repatriation Benefits – If the Insured dies while insured under these Policies, the following benefits will be paid for preparing and transporting the remains of the deceased's body to his home country. Repatriation requires prior approval of the Claims Office 1-855-837-3898.

- Unlimited Repatriation (while traveling or on campus)
- Unlimited Return of Mortal Remains (while traveling or on campus)
- Return of Traveling Companion

Medical Evacuation Benefit – When hospital confined for at least five consecutive days, and recommended and approved by the attending physician, the following benefits will be paid for the evacuation of the insured to his natural country. All services must be necessary for the care and treatment of the insured. Any expenses for Medical Evacuation require prior approval of the Claims Office.

- Unlimited Emergency Medical Evacuation
- Return of Traveling Companion

Fraud

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information or conceals any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Claim Procedure

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by GM-Southwest, Inc.

In-Network Providers, mail claims to:
Evolutions Healthcare System
P.O. Box 5001
New Port Richey, FL 34656
Payer ID Medical Claims 59313
Provider Services: 1-800-308-2749

All Other Providers, mail claims to:
GM-Southwest, Inc.
P.O. Box 6000
Frisco, TX 75034
Payer ID Medical Claims 75246
Provider Services: 1-855-837-3898

1. Bills must be submitted within 90 days from the date of treatment.
2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.
3. Any itemized medical bills should include the student ID number, date of service, name of provider, CPT code, diagnosis code, and should be mailed promptly to the above address.

In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to GM-Southwest, Inc. within 60 days from the date appearing on the Explanation of Benefits.

These Policies are Issued By:



**Plan Administrator:
GM-Southwest, Inc.**

P.O. Box 6000 ■ Frisco, TX 75034

Customer Service Line: 1-800-356-1235
Claim and Provider Inquiries: 1-855-837-3898
Online Enrollment: www.fccsstudentinsurance.com

Florida PPO Network:
Evolutions Healthcare System at www.ehsppo.com

National PPO Network
Providers can be found by accessing the HealthTicket at www.fccsstudentinsurance.com

Locally Serviced by:
Insurance For Students, Inc.
5295 Town Center Road, Suite 101 ■ Boca Raton, FL 33486
1-800-356-1235
www.insuranceforstudents.com



Academic Insurance Solutions, LLC
7853 Gunn Highway #236 ■ Tampa, FL 33626
1-888-776-9920
www.academicinsurancesolutions.com



Live Chat

To better serve students using www.fccsstudentinsurance.com we offer Live-Chat. Live Chat is an innovative, award winning, customer service program that allows students to chat with members of our staff. This online option allows students to get answers to their questions quickly. The system records the student's information before they speak to a staff member allowing our staff to have the account open and ready to answer any questions.