



Florida Institute of Technology
High Tech with a Human Touch™

STUDENT BLANKET HEALTH INSURANCE AND WELLNESS RESOURCES PROGRAM

Nationwide Network (See page 17)
Policy Number 09200277

Your enrollment/waiver will extend for the length of your stay at Florida Tech, unless you officially withdraw or do not enroll in the university.

Athletes participating in this insurance program will have coverage for the first \$1,000 of medical Expense for each Injury as a result of practice or play of intercollegiate sports. Benefits thereafter are covered under a separate Policy.

MARKEL ACCIDENT AND HEALTH
Driven by Tradition . . . Powered by People®



STUDENT HEALTH CARE SERVICES

Your PRIMARY CARE PROVIDER (PCP)

FLORIDA TECH HOLZER HEALTH CENTER— OMNI HEALTHCARE

West corner of Country Club Rd. and University Blvd.
Melbourne, FL 32901 • Phone (321) 674-8078

Holzer Health Center Hours (Students Only)

Monday through Friday 8 a.m.–4:30 p.m.

Appointments

Appointments are strongly recommended
and required for gynecology exams.
Please call the number listed above.

Routine Medical Care

Holzer Health Center can provide routine and preventative services including women's wellness to students registered at the university. Routine and Preventative services are considered services not related to a specific Injury or Sickness. These services are NOT covered by the policy. Payment for such treatment is expected at the time of service.

Women's Wellness

Florida Tech has made arrangements for a Brevard County medical group to provide women's wellness on campus the second and fourth Friday each month at the HHC for a very reasonable fee. There is a \$10 deposit required to make the appointment, with the balance payable at the time of service.

Payment can be made with cash or check only.

Primary Care Provider for Dependents

Enrolled Dependents (spouse residing with the Insured student, and children under the age of 25 that are not self-supporting and reside with the Insured student) should seek medical advice from First Health PCP for Dependents. There will be a \$25 Co-Pay collected at the time of service. Appointments are required.

Emergencies and After Hours

If there is a medical emergency, please seek immediate medical care. Call 911 or go to the closest emergency room. If it is after hours and you are not sure if your condition can wait, call the emergency number (321) 723-9411.

An on-call Physician will respond.

Acute Care Clinic 723-9411

Please call ahead for availability.

Hours: Monday through Friday, 8 a.m.–6 p.m.

This location is intended to provide care for conditions that require immediate care and cannot wait for medical treatment from the primary care locations (*see Holzer Health Center and/or First Health PCP for independent hours of operations*). **Services obtained will be subject to terms and conditions of Your insurance.**

BLANKET
ACCIDENT AND HEALTH PLAN
CERTIFICATE

Designed for the Students of

Florida Institute of Technology
150 W. University Blvd.
Melbourne, FL 32901-6975

2009-2010

Policy Number 09200277

*Please keep this outline of coverage
for future reference*

This certificate contains a deductible provision.

Excess Insurance

Information about coverage can be obtained from
Pioneer Administrative Services
A Markel Business Partner
A POMCO Company
P.O. Box 186
Syracuse, NY 13206
Telephone: (866) 653-2542
Fax Number for Claims: (315) 433-5444
www.studentinfo@pomcogroup.com

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NOTICE: Office visits at the Holzer Health Center to remedy a Sickness or Injury are provided at no cost to the student. Any laboratory work or procedure will be billed to Your insurance. Any coinsurance or Deductible is the financial responsibility of the student.

FYI: Duplicate insurance identification cards or additional information regarding benefits and claim status can be obtained from www.studentinfo@pomcogroup.com or (866) 653-2542.

IMPORTANT: First Health Network providers are independent contractors and are solely responsible for the diagnostic services, treatment and care they provide. Markel Insurance Company, affiliated companies and Florida Institute of Technology cannot be held responsible for these services.

STUDENT BLANKET HEALTH INSURANCE

INTRODUCTION

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. The university offers a medical insurance policy, underwritten by Markel Insurance Company (Markel). The plan utilizes the First Health Network of providers, which includes the services of the Holzer Health Center (HHC). OMNI Healthcare Inc. staffs the HHC, which is the Primary Care Provider (PCP) for students participating in the school-endorsed health insurance program. 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. Markel Insurance Company and Florida Institute of Technology cannot be held responsible for these services.

MANAGED CARE NETWORK PLAN

The plan has been established to provide You with most of the medical services You and Your covered Dependents will need while You are attending school. OMNI Healthcare will provide primary medical care to You at the Holzer Health Center on campus. If additional medical treatment is necessary, You may be referred to one of the specialists who participate in the Managed Care Network. You must visit the Holzer Health Center, Your Primary Care Provider (PCP), first for medical care to obtain In-Network benefits.

Note: Dependents of covered students should seek medical advice from Dependent Primary Care Providers. A \$25 Co-pay will be collected at the time of service.

ELIGIBILITY

Full-time employees of the university, including adjunct faculty, and part-time employees including their Dependent children and spouses, are not eligible to enroll in the student medical plan. University Alliance enrolled students are not eligible to participate in the Florida Institute of Technology Student Health Insurance program.

Domestic Students

Student health insurance is MANDATORY for all full-time degree-seeking undergraduate (12 credits or more) students and degree-seeking graduate students (nine credits or more). All other degree-seeking students taking a minimum of six 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 the university'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 the university.

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 Auxiliary Services prior to the deadline. No submissions will be considered after this date.

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 through the calendar year of his/her 25th birthday and who is dependent on the Insured for support; and who lives with the Insured or is a full-time or part-time student.

TERM OF COVERAGE

This policy becomes effective on August 10, 2009, at 12:01 a.m. and expires on August 10, 2010, at 12:01 a.m. Your enrollment/waiver will extend for Your uninterrupted enrollment at Florida Tech.

Students withdrawing from the university within the first 21 days of any term will have the applicable semester's health insurance charge refunded at 100 percent, unless a claim has been submitted.

Students withdrawing after the first 21 days will remain covered under the policy for the full period for which the premium has been paid.

- All eligible students and their Dependents enrolled in this plan will be insured for a covered Accident or Sickness 24-hours a day anywhere in the world for the period for which the premium has been paid. Protection is in effect during all vacation periods.
- Coverage will terminate at the end of the period for which the premium has been paid. Any termination will be without prejudice to any claim beginning before termination.
- Students who elect to purchase the Increased Supplemental Limit must apply by the close of the business day of August 10, 2009, at the Campus Services Office.

ANNUAL COST

Basic Accident and Sickness Coverage

Student	\$1,035
Spouse	\$1,548
Dependent Child(ren)	\$1,548

Optional Increased Supplemental Coverage

Student under 26	\$391
Students age 26 and over	\$589

Not available for their Dependents

The cost for basic Accident and Sickness coverage is automatically added to the student's account unless the completed waiver form with proof of coverage is submitted to the Campus Services Office by the second week of the student's first semester. **Your enrollment/waiver will extend for the length of Your stay at Florida Tech, unless You officially withdraw or do not enroll in the university.**

Refund Provision

In the event an Insured person leaves school to enter active military service, coverage will cease and a pro-rata refund of premium will be made upon request. Other than as stated here, no refunds are available.

Optional Increased Supplemental Coverage Eligibility:

This benefit is optional. Students who elect to purchase this option must have purchased the basic plan as well. Coverage is available to registered, full-time students only.

Term of Coverage: Students who elect to purchase the Increased Supplemental Limit must submit the enrollment form prior to the effective date of coverage, August 10, 2009.

If the covered medical Expense for an Injury or Sickness exceeds the maximum paid under the basic Accident or Sickness Expense benefit (\$50,000), payment will be made for 80 percent of the remaining covered Accident or Sickness Expenses (\$200,000). The combined maximums under the basic plan and the Increased Supplemental Limit will not exceed \$250,000.

The total benefits payable for all policy terms for which You are enrolled for the Increased Supplemental Limit will not exceed \$250,000 for any one Accident or Sickness.

Covered medical Expense under this coverage will be the same as covered medical Expenses under the basic policy.

Provisions relating to coverage for Pre-Existing Conditions will apply to the Increased Supplemental Limit benefit separately from the basic policy.

DEFINITIONS

- **Accident** means a sudden, unexpected and unintended event, which is identifiable and caused solely by an external physical force resulting in Injury to an Insured person. Accident does not include a Loss due to or contributed to by disease or Sickness.
- **Ambulatory Surgical Center or Ambulatory Medical Center** means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.
- **Benefit Period** means the time during which an Insured person's incurred Expense for a covered Injury or Sickness is eligible for reimbursement. The Benefit Period starts on the date of the Accident for an Injury or the date of the first treatment for a Sickness.
- **Complication of Pregnancy** means conditions whose diagnoses are distinct from pregnancy, but are adversely affected by or are caused by pregnancy. Such complications include, but are not limited to: a) acute nephritis; b) nephrosis; c) cardiac decompensation; d) missed abortion; e) hypermesis gravidarum; f) pre-eclampsia and g) similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include: a) non-elective cesarean section; b) ectopic pregnancy which is terminated; and c) spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible. Complications of Pregnancy shall not mean: a) false labor; b) occasional spotting; c) Physician prescribed rest during the period of pregnancy; d) morning sickness; or e) similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct Complication of Pregnancy.
- **Consultant** means a Physician, usually a specialist, called in to see a patient by another Physician.
- **Covered Medical Expenses** means Usual and Customary Expense for Medically Necessary services, supplies or treatment which are: 1) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 2) made for services and supplies included in the Schedule of Benefits; and 3) in excess of the amount stated as a Deductible, if any.

- **Deductible** means the amount an Insured is required to pay as provided by the applicable coverage under this policy in the event of a Loss.
- **Dependent** means a) a spouse living with the Insured; b) any child of the Insured (including any stepchild) who is: 1) under the age of 25 through the calendar year of his or her 25th birthday and who is dependent on the Insured for support; and 2) who lives with the Insured or is a full-time or part-time student.

Coverage provided for newborns consists of coverage for Injury or Sickness including the necessary care or treatment of medically diagnosed congenital defects, birth abnormalities or prematurity, and transportation costs 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 child. The coverage of such transportation costs may not exceed the Usual and Customary charges, up to \$1000. The Insured is required to give Us written notice within 31 days of the child's birth. If timely notice is given, We may not charge an additional premium for coverage of the newborn child for the duration of the notice period. If timely notice is not given, We may charge an additional premium from the date of birth. We will not deny coverage for a child due to the failure of the Insured to notify Us of the child's birth, if notice is given within 60 days of the birth. Coverage for a newborn child terminates 18 months after the birth of the newborn child.

Coverage for adopted and foster children consists of coverage for Injury or Sickness from the moment of placement in the residence of the Insured. The policy will not exclude coverage for any Pre-Existing Condition of the child. The Insured is required to give Us written notice within 31 days of the placement of an adopted child. If timely notice is given, We may not charge an additional premium for coverage of the newborn child for the duration of the notice period. If timely notice is not given, We may charge an additional premium from the date of birth. We will not deny coverage for a child due to the failure of the Insured to notify Us of the child's placement, if notice is given within 60 days of the placement. In the case of a newborn child, coverage will begin at the moment of birth if a written agreement to adopt such child has been entered into by the Insured prior to the birth of the child, whether or not the agreement is enforceable.

If the Insured is supporting a Dependent child because of mental retardation or physical handicap, who is 25 years of age or older, coverage may be continued. We must receive written notice and proof of such conditions within 31 days of the child's 25th birthday. Thereafter, We may require such proof once each year.

- **Expense** means the Usual and Customary charges for Medically Necessary treatment, services or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.
- **Home Health Care Expenses** means the care and treatment of an Insured who is under the care of a Physician, only if hospitalization or confinement in a skilled nursing facility as defined in title XVIII of the Social Security Act would otherwise have been required if home care was not provided, and the plan covering the Home Health Service is established and approved in writing by

such Physician. Home care shall be provided by a certified home health agency possessing a valid certificate of approval issued pursuant to public health law.

- **Hospital Confined and Hospital Confinement** means a stay in a Hospital for 18 or more consecutive hours as an admitted bed patient by reason of an Injury or Sickness for which benefits are payable.
- **Hospital** means a licensed institution that is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association or the Commission on the Accreditation of Rehabilitative Facilities regardless if such Hospital lacks major surgical facilities and is primarily of a rehabilitative nature—if such rehabilitation is specifically for treatment of a physical disability. Hospital shall also include licensed birth centers.
- **Injury** means bodily harm caused by an Accident which occurs while this policy is in force and is the sole cause of the Loss.
- **Insured** means an eligible student or an eligible student's Dependent (if dependent coverage is available under the policy).
- **Loss** means medical Expense caused by Injury or Sickness and covered by the policy.
- **Medically Necessary** means medical services, supplies or treatments authorized by a Physician to treat an Insured person's bodily Injury or Sickness which are: a) consistent with the symptoms or diagnoses; b) appropriate and accepted according to good medical practice standards; c) not primarily for the convenience of the Insured person, Physician or other providers; and d) consistent with the most appropriate supply or level of services which can safely be provided to the patient.
- **Natural Teeth** means teeth, the major portion of the individual tooth is present, regardless of fillings and is not abscessed or defective.
- **Outpatient** means care an Insured receives for a Covered Medical Expense under this policy for a Sickness or Injury while not Hospital Confined.
- **Period of Sickness** means the time required for diagnosis and treatment for a Sickness or related complications resulting in a Loss.
- **Physician** means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist and graduate nurse. Physician shall not include a member of the Insured's immediate family. Physician shall include certified nurse-midwives and licensed midwives.
- **Physiotherapy** means any form of the following: physical or mechanical therapy; diathermy; ultrasonic therapy; heat treatment in any form; manipulation; subluxation or massage administered by a Physician.
- **Pre-Existing Condition** means any condition for which medical advice or treatment was received or recommended within the six months immediately preceding Your effective date of coverage. This exclusion applies for 12 months after Your effective date of

coverage. This exclusion does not apply to a pregnancy existing on Your effective date of coverage. We shall credit the time You were previously covered under a previous health insurance plan or policy or employer-provided health benefit arrangement, if the previous coverage was continuous to a date not more than sixty-three (63) days prior to the effective date of the new coverage. Such credit shall apply to the extent that the previous coverage was substantially similar to the new coverage. The creditable coverage outlined above means any prior health care coverage as defined in HIPAA which includes: group coverage; individual coverage; Medicare; Medicaid; military-service-related care; Indian health service or tribal organization coverage; state health benefits risk pool; a public program offered under the Federal Employees Health Benefits Program; a public health plan; Peace Corps Act Health plan; State Children's Health Programs (S-CHIP); and foreign national health plans.

- **Prescription Medicines or Drugs** means any medicine or drug, under applicable state law, that is dispensed only with written prescription from a Physician and has a label bearing the legend: "Caution: Federal Law prohibits the dispensing without a prescription." It is also any mixed medicine with at least one ingredient bearing the above legend.
- **Sickness** means disease or illness which causes a Loss while the Insured is covered by this policy. Sickness includes normal pregnancy and Complications of Pregnancy.
- **Totally Disabled** means the person's inability to engage in most normal activities of a person of like age and sex in good health.
- **Usual and Customary Charges** means an Expense which:
(a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred. Usual and Customary administration will be determined by Ingenix at the 90th percentile.
- **We, Us or Our** means Market Insurance Company.
- **You, Your or Yours** means the Insured.

EXTENSION OF BENEFITS

Extension of Benefits means the coverage provided under the policy ceases on the expiration date. However, if on the expiration date, the Insured is Totally Disabled for a condition covered by the policy, benefits will be extended for the condition for up to 90 days. However, the extension of benefits will be up to nine months for maternity.

POLICY PROVISIONS

Incontestability

Any statement in applications by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties. Only statements in an application by the Policyholder or an Insured will be used to void the policy or defend against a claim. However, such statements cannot be used to void coverage or defend a claim of an Insured unless a copy of the application with this statement was given to the Insured. Except for non-payment of premium, We cannot contest the policy after it has been in effect for two (2) years from the Effective Date. After this insurance has been in force for two years during an Insured's lifetime,

no statement made by that Insured about his or her insurability will be used to contest the validity of this coverage.

Notice of Claim

Notice of Claim must be given to Us or Our representative within 30 days after a Loss occurs or as soon thereafter as possible. Notice should include the Insured person's name and policy number.

Claim Forms

When We receive the Notice of Claim, We will send the Insured Proof of Loss forms. If We do not send these forms within 15 days, the Insured can meet the Proof of Loss requirement by giving Us a written statement of the nature and extent of Loss within the time limit in the Proofs of Loss section.

Proofs of Loss

If the policy provides for periodic payment for a continuing Loss, written Proof of Loss must be given Us within 90 days after the end of each period for which We are liable. For any other Loss, written Proof of Loss must be given within 90 days after such Loss. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

Time Payment of Claims

After receiving written Proof of Loss, We will immediately pay all benefits as they accrue.

Payment of Claims

After receiving written Proof of Loss, We will pay all benefits to the Insured, if living, or at the Insured's request, to the Hospital or person rendering services. Benefits for accidental death, if any, will be paid to the named beneficiary, if then living. If no beneficiary is named, or the named beneficiary predeceases the Insured, benefits will be paid to the Insured's estate.

Physical Examination

We, at Our Expense, have the right to have any Insured examined by a Physician of Our choice as often as necessary while a claim is pending.

Legal Actions

No legal actions may be brought to recover on the policy within 60 days after written Proof of Loss has been given as required. No such action may be brought after the expiration of the applicable statute of limitations from the time of written Proof of Loss is required to be given.

Change of Beneficiary

The Insured can change the beneficiary at any time giving Us written notice. The beneficiary's consent is not required for this or any other change in coverage.

Excess Insurance

Our liability for benefits payable on account of Expense incurred for any hospitalization, medical, surgical and other services resulting from covered Sickness or Injury of the Insured shall be limited to that part of that Expense, if any, which is in excess of all benefits payable on account thereof by the same insurer under any other policy or policies covering the same Insured and by all other Insurers and service organizations by whom benefits are payable as to the same such Expense.

This provision will not apply to the first \$500 of eligible Expenses per claim. Expenses not covered under Your primary coverage (e.g., Deductibles and /or coinsurance) may be resubmitted to this plan.

Subrogation

When benefits are paid to or for an Insured person under the terms of the policy, We shall be subrogated, once the Insured person has been indemnified for his Loss, unless otherwise prohibited by law, to the rights of recovery of such Insured person against any person who might be acknowledged liable or found legally liable by a court of competent jurisdiction for the Injury or Sickness that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by Us of the benefits We have paid for such hospitalization and treatment, and We shall pay fees and costs associated with such recovery.

Right of Recovery

Payments made by Us which exceed the covered Expenses (after allowance for Deductible and coinsurance clauses, if any, payable hereunder) shall be recoverable by Us from or among any persons, firms or corporations to or for whom such payments were made.

Worker's Compensation

The policy is not in place of and does not affect any requirement for such coverage by worker's compensation insurance.

MANDATED BENEFITS

The following benefits are mandated by state regulation. These benefits are provided: 1) to the extent that the type of Expense is covered under the basic policy, and 2) at the same payment level as any other Sickness or Injury, unless otherwise stated below.

Maternity Benefits Expense: We will pay the Expense for Maternity Benefits for: a) the services of certified nurse-midwives and midwives licensed pursuant to chapter 467, and the services of birth centers licensed under ss.383.30-383.335; b) post delivery care for a mother and newborn infant. The post delivery care will include a postpartum assessment and newborn assessment and may be provided at the Hospital, at the attending 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. The services must 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; and c) We will not limit coverage for the length of a maternity and newborn stay in a Hospital or for follow-up care outside of a Hospital to any time period that is less than the determined time to be Medically Necessary, in accordance with prevailing medical standards and consistent with guidelines for perinatal care of the American Academy of Pediatrics or the American College of Obstetricians and Gynecologists by the treating obstetrical care provider or the pediatric care provider.

Mammography Expense: We will pay the Expense for a) a baseline mammogram for any woman who is 35 years of age or older, but younger than 40 years of age; b) a mammogram every two years for any woman who is 40 years of age or older, but younger than 50 years of age, or more frequently based on the patient's Physician's recommendation; c) a mammogram every year for any woman who is 50 years of age or older; d) one or more mammograms a year, based upon a Physician's recommendation, for any woman who is

SCHEDULE OF BENEFITS

The plan provides benefits for the charges incurred by an Insured person for Loss due to a covered Injury or Sickness up to a \$50,000 aggregate maximum. Benefits will be paid for each service as scheduled below. Any Expense not specifically listed in the following sections is not covered.

BENEFITS

Deductible

Hospital Room and Board Expense *When Your Injury or Sickness requires Hospital Confinement, We will pay the Hospital room and board Expense up to the semiprivate rate.*

Hospital Miscellaneous Expense *We will pay the Expenses incurred by You during a Hospital Confinement or as an Outpatient for day surgery for services provided by a Hospital, ambulatory surgical center or ambulatory medical center, anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressing and other necessary non-room-and-board expenses.*

Licensed Nurse Expense *If, while confined in a Hospital, Your Injury or Sickness requires the services of an R.N. or licensed practical nurse, We will pay the Expense.*

In-Hospital Physician's Fees Expense *If, while confined to a Hospital, Your Injury or Sickness requires the services of a Physician, We will pay the Expense.*

Surgical Expense *When Your Injury or Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 80th percentile. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.*

Anesthetist *If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Loss incurred.*

Assistant Surgeon *If the surgery requires the services of an assistant surgeon, We will pay the Loss incurred.*

Ambulance Expense *When Your Injury or Sickness requires the use of an ambulance or air ambulance, We will pay the Expense.*

Outpatient Hospital Expense *When your Injury or Sickness requires use of an outpatient facility of a Hospital for emergency room services and supplies, We will pay the Expense.*

Outpatient Diagnostic X-ray and Laboratory Expense *When Your Injury or Sickness requires diagnostic x-rays, including ultrasound, MRI and CAT Scan, or laboratory services, under the Physician's direction, We will pay the Expense.*

Voluntary Termination of Pregnancy Expense *We will pay the Expense for the voluntary termination of Your pregnancy.*

Durable Medical Equipment (rental) and Other Medically Necessary Prescribed Supplies *When Your Injury or Sickness requires the use of durable medical equipment and other medically necessary prescribed supplies, We will pay the Expense.*

Outpatient Physician's Fees Expense *When Your Injury or Sickness requires the services of a Physician, while not confined to a Hospital, We will pay the Expense.*

Outpatient Prescribed Medicines Expense *When Your Injury or Sickness requires prescribed medicines, We will pay the Expense. This shall include coverage of a drug for a particular indication that has not been approved by the United States Food and Drug Administration. If the drug is recognized for the treatment of that indication in a standard reference compendium or recommended in the medical literature. Required coverage of a prescription drug under this section shall include coverage of Medically Necessary services associated with the administration of the drug to be contraindicated. This includes, but is not limited to, drugs used in the treatment of cancer, AIDS, etc.*

Sickness Dental Expense *If the Insured's Sickness requires treatment for impacted wisdom teeth, We will pay the Expense.*

Outpatient Psychiatric Expense *If, while not confined to a Hospital, Your Sickness requires the services of a licensed psychiatrist, licensed psychologist, mental health counselor, marriage and family therapist or licensed clinical social worker, We will pay the Expense.*

Acupuncture, Chiropractic *(including diagnosis, evaluation, x-ray and lab, manipulation and therapeutic modalities)*

Physical Therapy *(including diagnosis, evaluation, x-ray and lab, manipulation and therapeutic modalities)*

FITS PER CONDITION



**First Health
Network**

“Preferred Providers” are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at the Preferred Allowance. “Out of Network” providers have not agreed to any prearranged fee schedules.

IN NETWORK	OUT OF NETWORK
\$75 Annual	\$250 Annual
80% of Provider Allowance	60% of Usual and Customary
80% of Provider Allowance	60% of Usual and Customary
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80% of Provider Allowance	60% of Usual and Customary
80% of Provider Allowance	80% of Usual and Customary
80% of Provider Allowance after \$75 Deductible	60% of Usual and Customary
80% of Provider Allowance	60% of Usual and Customary
80% to \$300 maximum	60% to \$300 maximum
80% of Provider Allowance	60% of Usual and Customary
\$25 Co-Pay	60% of Usual and Customary
\$5 Co-Pay Generic \$15 Co-Pay Name Brand Express Scripts	80% Generic 50% Brand Name
80% of Provider Allowance	60% of Usual and Customary
75% per visit to \$1,500 max. after assessment by the Director of Counseling and Psychological Services (CAPS)	75% per visit to \$1,500 max.
50% per visit to \$500 max. when prescribed by First Health PCP	50% per visit to \$500 max.
75% per visit to \$500 max. when prescribed by First Health PCP	75% per visit to \$500 max.

CONFORMITY WITH STATE STATUTES Any provision of the plan which, on its effective date, is in conflict with the statutes of the state in which it is issued is hereby amended to conform to the minimum requirement of such statutes.

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. Except as provided in (b) above, for mammograms done more frequently than every two years for women 40 years of age or older but younger than 50 years of age, the coverage required applies with or without a Physician prescription, if the Insured obtains a mammogram in an office, facility or health testing service that uses equipment registered with the Department of Health for breast cancer screening.

Enteral Formula Expense: We will pay the Expense for prescription and nonprescription enteral formulas for home use which are Physician prescribed as Medically Necessary for the treatment of inherited diseases of amino acid, organic acid, carbohydrate or fat metabolism as well as malabsorption originating from congenital defects present at birth or acquired during the neonatal period. Coverage for inherited disease of amino acids and organic acids shall include food products modified to be low protein, in an amount not to exceed \$2,500 annually for an Insured, through the age of 24. The coverage applies to any Insured notwithstanding the existence of any Pre-Existing Condition.

Diabetes Equipment, Supplies and Training Expense: We will pay the benefits for Expenses incurred in connection with all Medically 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. We may require that diabetes Outpatient self-management training and educational service be provided under the direct supervision of a certified diabetes educator or a board certified endocrinologist. We may further require that nutrition counseling be provided by a licensed dietitian.

Child Health Supervision Services: We will pay the Expense for child health supervision services when children are covered under this policy. Their coverage shall include child health supervision services from the moment of birth to age 16. Such services shall be exempt from any Deductible provisions which may be in force. "Child health services" means Physician-delivered or Physician-supervised services that include, at a minimum, benefit coverage for services delivered at the intervals and scope stated in this section. Child health supervision services must 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 may be limited to one visit payable to one provider for all of the services provided at each visit cited in this section.

Osteoporosis Screening, Diagnosis and Treatment: We will pay the Expense for 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.

Mastectomy Expense: We will pay the Expense for prosthetic devices and reconstructive surgery incidental to a mastectomy. Coverage for prosthetic devices and reconstructive surgery is subject to the Deductible and coinsurance conditions, if any applied to the mastectomy and all other terms and conditions applicable to other benefits. Coverage will not limit inpatient Hospital coverage for mastectomies to any period that is less than that determined by the treating Physician to be Medically Necessary in accordance with prevailing medical standards and after consultation with the Insured patient. Coverage will also provide for Outpatient post-surgical follow-up care in keeping with prevailing medical standards by a licensed health care professional qualified to provide post-surgical mastectomy care. The treating Physician, after consultation with the Insured patient, 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 patient. 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 does not constitute medical advice, diagnosis, care or treatment for purposes of determining Pre-Existing Conditions unless evidence of breast cancer is found during or as a result of the follow-up care. "Mastectomy" means the removal of all or part of the breast for Medically Necessary reasons as determined by a licensed Physician.

Bone Marrow Transplant Expense: We will pay the Expense for Medically Necessary bone marrow transplants. As used in this section, the term "bone marrow transplant" means human blood precursor cells administered to a patient to restore normal hematological and immunological functions following ablative therapy with curative intent. Human blood precursor cells may be obtained from the patient in an autologous transplant or from a medically acceptable related or unrelated donor, and may be derived from bone marrow, circulating blood or a combination of bone marrow and circulating blood. If chemotherapy is an integral part of the treatment involving bone marrow transplantation, the term "bone marrow transplant" includes both the transplantation and the chemotherapy. Covered bone marrow transplant procedures include costs associated with the donor-patient to the same extent and limitations as costs associated with the Insured, except the reasonable costs of searching for the donor may be limited to immediate family members and the national Bone Marrow Donor Program.

Cleft Lip and Cleft Palate of Children Expense: We will pay the Expense for treatment of cleft lip and cleft palate for a child under the age of 18. Coverage shall include medical, dental, speech therapy, audiology and nutrition services only if such services are prescribed by the treating Physician or surgeon and such Physician certifies that such services are Medically Necessary and consequent to treatment of the cleft lip or cleft palate.

General Anesthesia for Hospital Dental Procedures

Expense: If an Insured requires Medically Necessary dental care, We will pay the Expense as follows: a) the Expense up to the Hospital maximum if confined to a Hospital; or b) the Expense up to the Outpatient maximum if not confined to a Hospital; and c) for the

administration of general anesthesia and Hospital charge for dental care provided to an Insured who is under eight years of age and is determined by a licensed dentist, and the child's Physician licensed under Chapter 458 or Chapter 459, 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 management in the dental office has proved to be ineffective; or who 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 Center.

PRESCRIPTION DRUG PLAN

Your insurance program includes prescription drug benefits through any Express Scripts nationwide. Locations include CVS, WalMart, Walgreen Drugs or Publix pharmacies nationwide. For other locations, visit www.express-scripts.com.

Pay the correct Co-pay: \$5—Generic, \$15—Brand Name.

COVERAGE OF DEPENDENTS

A child born to an Insured person while the policy is in force will be covered by this policy from birth. Coverage for such newborn child will consist of coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities or premature birth and transportation costs 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 child. The coverage of such transportation will not exceed a maximum of \$1,000.

All liability with respect to such child shall terminate at the end of 31 days, unless on or before such 31st day when additional premium is paid.

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment Insurance covers You for a Loss as shown below. The Loss must result from an Accident, directly and independently of all other causes. The Accident must take place while You are an Insured under this policy. Also, the Loss must take place within 52 weeks after the Accident.

The following table shows the amounts We will pay:

For loss of	Amount
Life.....	\$5,000
Both hands or both feet or sight of both eyes	\$5,000
One hand and one foot	\$5,000
One hand and sight of one eye.....	\$5,000
One foot and sight of one eye	\$5,000
One hand or one foot or sight of one eye	\$2,500

The most We will pay for all Losses as the result of one Accident is \$5,000. Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight.

TRAVEL BENEFITS

All Services or benefits provided in this policy and outlined below must be pre-approved by Us or Our representative.

EMERGENCY EVACUATION BENEFIT

We will pay for Covered Emergency Evacuation Expenses incurred if the Insured person suffers an Injury or Sickness that requires Emergency Evacuation while on Covered Travel. Benefits payable are subject to a Maximum Amount per Insured person of \$50,000 for all Emergency Evacuations due to all Injuries from the same Accident or all Sicknesses from the same or related causes, and this is also the Aggregate Maximum for all travel benefits including Medically Necessary Transportation, Repatriation of Remains Benefit and Family Visitation Expense.

The Physician must order the Emergency Evacuation and must certify that the severity of the Insured person's Injury or Emergency Sickness warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

MEDICALLY NECESSARY TRANSPORTATION

If the Insured person is hospitalized for more than five consecutive days following a Covered Emergency Evacuation, We will pay, subject to any limitations stated herein, for Expenses to return the Insured person from the medical facility to which he or she was treated to the Insured person's return destination, less refunds from the Insured person's unused transportation tickets. Airfare costs will be economy or first class if the Insured person's original tickets are first class.

Family Visitation Expense

If the Insured person is unable to travel due to a Covered Emergency Evacuation, We will pay, subject to any limitations stated herein, for Expenses to bring a family member to and from the Hospital or other medical facility where the Insured person is confined, not to exceed the cost of one round-trip economy airfare ticket. The aggregate maximum payable for this benefit is \$1,000.

REPATRIATION OF REMAINS BENEFIT

If the Insured person suffers a covered loss of life while on Covered Travel, We will pay, subject to the limitations stated below, for Covered Expenses reasonably incurred to return the Insured person's body to their home country, but not exceeding a Maximum Per Insured person benefit amount of \$50,000, and this is also the Aggregate Maximum for all travel benefits including the Emergency Evacuation Benefit, Medically Necessary Transportation and Family Visitation Expense.

Covered Expenses: Covered Expenses include, but are not limited to, Expenses incurred in accordance with the applicable international requirements for: (1) embalming; (2) cremation; (3) the most economical coffins or receptacles adequate for transportation of the remains; and (4) transportation, according to airline tariffs, of the remains by the most direct and economical conveyance and route possible.

Benefits will not be provided for any Expense provided by another party at no cost to the Insured person or already included in the cost of the Covered Travel.

We or Our representative must authorize all Expenses in advance for any travel benefit to be payable.

Any Expense not specifically listed in the preceding section is not covered.

Definitions

The following definitions apply to the aforementioned Travel Benefits:

Covered Travel means any travel 100 miles or more from home.

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including Usual and Customary medical services and supplies incurred in connection with the Emergency Evacuation of the Insured person. Expenses for Transportation must be: (1) recommended by the attending Physician; and (2) required by the standard regulations of the conveyance transporting the Insured person.

Emergency Evacuation means: (1) the Insured person's medical condition warrants immediate Transportation from the place where the Insured person is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; (2) after being treated at a local hospital, the Insured person's medical condition warrants transportation to the United States or Canada (where he or she resides) to obtain further medical treatment to recover; or (3) both (1) and (2) above.

Transportation means any land, sea or air conveyance to transport the Insured person during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulance, land ambulance and private motor vehicles.

EXCLUSIONS

The policy does not cover Loss nor provide benefits for:

1. Expenses for dental treatment, except for treatment resulting from Injury to Natural Teeth; or as specifically provided by a Sickness Dental Expense Benefit, if included in the policy.
2. Services normally provided without charge by the policyholder's health service, infirmary or Hospital, or employees.
3. Routine eye exams and contacts, replacing eyeglasses or prescription, therefore; routine examinations and services related to hearing examinations or hearing aids, or treatment for hearing defects not related to an Injury or Sickness.
4. Routine physical examinations, preventive care, elective surgery and elective treatment, services solely to improve appearance, for personal hygiene, services specifically for dietary control, custodial, sanitarial or rest care, or fertility testing.
5. Cosmetic surgery, except that which is due to an Accident incurred while the policy is in effect or when required as a result of the correction of normal bodily function.
6. False labor, occasional spotting, Physician prescribed rest during the period of pregnancy, morning sickness, or similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct Complication of Pregnancy as defined under "Definitions."
7. Treatment or supplies for newborn infants, except that required for treatment of a covered Sickness or Accident.
8. Skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.

9. Injury or Sickness resulting from any declared or undeclared war.
10. Injury due to participation in a riot, commission of or attempt to commit a felony.
11. Suicide, attempted suicide or intentionally self-inflicted Injury.
12. Injury or Sickness while in the armed forces of any country. When an Insured enters such armed forces, We will refund the unearned pro-rata premium to the Insured.
13. Injury or Sickness covered by any workers' compensation or occupational disease law.
14. Treatment provided in a governmental Hospital unless the Insured is legally obligated to pay such charges.
15. Injury resulting from the practice or play of intercollegiate sports in excess of \$1,000. Claims exceeding \$1,000 are payable under Policy 09CS0197; or
16. Pre-Existing Conditions.

FIRST HEALTH NETWORK—NATIONWIDE

First Health Network of providers, which includes the services of the Holzer Health Center, should be contacted first for any necessary, nonroutine medical services. First Health Primary Care Providers (PCP) will supply primary care (family practice, general internal medicine and pediatrics/children under 4 years of age) to You and Your Dependents. If additional medical treatment is necessary, You will be referred to a First Health specialist. You may contact First Health directly at (888) 685-7774 or visit www.myfirsthealth.com.

In-Network Physician Co-pay, Coinsurance and Deductible

Each time You obtain medical service for a Sickness or Injury (other than at the Holzer Health Center) from a First Health Physician, whether a PCP or Specialist, You pay a \$25 Co-pay for the office visit and 20% coinsurance for medical services other than the office visit. You are required to pay the \$25 Co-pay at the time of services. The provider will bill the 20% coinsurance to You. The policy's annual \$75 Deductible will apply to medical services, other than the Physician's visit. See the Schedule of Benefits for details on reimbursement and specific services. All other policy provisions and limitations remain the same.

Out-of-Network Services

Any advice, treatment or care obtained from a provider who is not part of the First Health Network will be subject to the \$250 Out-of-Network Deductible and 40% coinsurance. Also, You may have to pay for these services at the time of the visit and submit a claim form with paid bills for reimbursement. Please note: First Health has providers around the country. You can always call (888) 685-7774 or visit www.myfirsthealth.com to locate a provider in Your area, if You are 50 miles away from Melbourne or are a Dependent of a covered student.

TRAVEL ASSISTANCE SERVICES

Provided that travel is 100 miles or more from the Insured's primary residence, AXA Assistance USA shall provide or facilitate the following services below on a worldwide basis, where available and whenever possible:

1. 24-hour toll free access worldwide
2. Referrals to hospitals, physicians and specialists
3. Guarantee of medical expenses
4. Medical monitoring
5. Emergency prescription transfer
6. Emergency cash/bail assistance
7. Legal referrals
8. Telephone translation assistance
9. Lost document assistance
10. General travel assistance

The toll free number for AXA Assistance USA is (888) 735-8473.

QUESTIONS AND ANSWERS

Q. Do I need to go to the First Health PCP first?

A. Yes. You must obtain primary care from a First Health PCP first to receive benefits at the in-network level (\$75 annual Deductible and 20% coinsurance). If the student is within 50 miles of the Melbourne campus, the student's First Health PCP is the on-campus Holzer Health Center (HHC). When the student is more than 50 miles from the Melbourne campus, medical services must be obtained first from a First Health Primary Care Provider (get a listing for Your immediate area by calling (888) 685-7774 or visit myfirsthealth.com).

Q. Do I need to make an appointment with the First Health PCP on campus?

A. Appointments are not necessary for acute illnesses. However, students with appointments will be seen first. Appointments are necessary for gynecology exams. Call (321) 674-8078.

Q. What if the Holzer Health Center (student First Health PCP) is closed?

A. You can contact the Acute Care Clinic at (321) 723-9411. Hours are Monday through Friday, 8 a.m.–6 p.m. This location is intended to provide care for conditions that require immediate care and cannot wait for medical treatment from the HHC. Services obtained will be subject to terms and conditions of Your insurance.

Q. What if I am more than 50 miles away from the Melbourne campus?

A. You can call First Health (888) 685-7774 or visit www.myfirsthealth.com to locate a provider in Your area. You must obtain medical services from a First Health PCP first to receive benefits at the in-network level (see Schedule of Benefits). All terms and conditions remain the same.

Q. How can I be sure I am referred to an in-network Hospital, laboratory or specialist?

A. Whenever additional health care is necessary, explain to Your Physician that You participate in First Health and ask that they refer You to an in-network provider. You may call First Health at (888) 685-7774 to be sure.

Q. What if I receive nonemergency care in an emergency room?

A. If You receive care in an in-network emergency room for any illness or injury, You will pay the \$75 per person Co-pay and 20% coinsurance after the \$75 annual Deductible. Should Your care be provided by an out-of-network provider, You will pay the \$250 per person annual Deductible and 40% coinsurance.

Q. Is pre-certification or authorization needed for outpatient procedures?

A. No, Your First Health provider will make the appropriate arrangements for You.

Q. What about benefits for prescriptions?

- A. To receive maximum benefits for prescription drugs, go to any Express Scripts pharmacy. Be sure to have Your insurance ID card with You. The Co-pay is \$5 for generic drugs or \$15 for brand name drugs. If Your prescription is filled at any other pharmacy, You will be required to pay for the prescription in full and submit a claim form with the prescription receipt for reimbursement. See the back cover of this brochure for details on filing a claim. Express Scripts locations include CVS, Wal-Mart, Walgreen Drug and Publix pharmacies nationwide.

Q. Where can I get an insurance/prescription identification card?

- A. Your insurance card is valid throughout Your continued enrollment in this program. If You are a new student or new to the insurance program, Your insurance card will be mailed to the address listed on Your enrollment. If You lose Your card, You may request a replacement by calling Pioneer Health at (866) 653-2542 or online at www.studentinfo@pomcogroup.com

Q. Who do I talk to concerning eligibility or enrollment questions?

- A. The Campus Services Office handles all insurance enrollment and waivers for students and their Dependents. You may contact them at (321) 674-8076.

Q. How do I submit a claim?

- A. When You are treated by the First Health PCP, they will bill Your insurance directly. If additional information is needed to process the claim, We will contact You.

When You are referred by the First Health PCP to a First Health specialist, they will provide You with a completed referral form. Take the referral form with You to the visit and leave it with the provider.

If You are treated out of network, or You did not obtain a referral from the First Health PCP first, You are responsible for submitting a claim form and itemized bill within 90 days after the date of Your Injury or Sickness. Claim forms are available at the Campus Services Office, the Holzer Health Center or by contacting Pioneer at (866) 653-2542.

Claim procedures and online access to Our claim forms are available at www.studentinfo@pomcogroup.com.

Q. Where can I obtain a referral for off-campus counseling/psychiatry services?

- A. The First Health PCP for counseling/psychiatry services is Florida Tech's Counseling and Psychological Services (CAPS) located on the corner of University Boulevard and Country Club Road (behind the Holzer Health Center). They can be reached at (321) 674-8050. The goal of CAPS is to promote the best possible academic, vocational and emotional health. Their services are free of charge and available to students and their Dependents for up to 16 sessions. After assessment by the Director of CAPS, if further treatment is necessary, You may be referred to a Physician who can best treat Your condition.

MARKEL PRIVACY PRACTICE

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect Your personal information. We do not use or disclose Your information for any fund-raising, marketing or research activities. We use and disclose Your information to determine Your eligibility for plan benefits, to facilitate payment for treatment and services provided to You to coordinate benefits, and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claims inquiry. We may also disclose Your information to law or government agencies when required by law to do so.

Under the privacy laws, You have unlimited access to Your information. You may limit how We use and disclose Your information and get a listing of instances where it was disclosed. You may request that We correct inaccurate information or add missing information.

If You have any questions about Your rights, Our privacy practices or You want to file a complaint, please contact Our privacy officer by phone at (800) 431-1270 or online at www.MarkelAH.com.

MAIL CLAIMS TO

Pioneer Administrative Services

A Markel Business Partner

A POMCO Company

P.O. Box 186

Syracuse, NY 13206

(866) 653-2542

Fax Number for Claims: (315) 433-5444

E-mail: studentinfo@pomcogroup.com

SERVICE INFORMATION

If you have questions about your coverage or need assistance in resolving a complaint,

please contact the administrator at

Pioneer Administrative Services

A Markel Business Partner

A POMCO Company

P.O. Box 186

Syracuse, NY 13206

(866) 653-2542

Fax Number for Claims: (315) 433-5444

www.studentinfo@pomcogroup.com

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage as described in the master policy that contains complete terms and provisions. A copy of the master policy is on file at the school.

CLAIM PROCEDURE

**In the event of Injury or Sickness
the student should:**

1. Complete a claim form, if applicable, and submit it to the Claims Administrator. Claim forms must be completed and signed for accident claims. A claim form is not required for sickness claims, although in certain circumstances one may be requested by the Claims Administrator for completion. Claim forms are available from the Claims Administrator or online at Our Web site www.MarkelAH.com.
2. Submit itemized medical or Hospital bills within 90 days from the date of loss to the Claims Administrator. Please indicate in your submission, the student's school name, student name, policy number and student ID number, even if the charges are for a spouse or dependent.
3. Pre-authorization and pre-certification of benefits to providers of medical services are not required by Us.
4. Direct all questions regarding claims procedures, status of a submitted claim or payment of a claim or benefit availability to the Claims Administrator.

UNDERWRITTEN BY



Markel Insurance Company

P.O. Box 3870

Glen Allen, VA 23058

(800) 431-1270

www.MarkelAH.com

LOCAL CONTACT

Helen Jennings

(321) 432-5653

hjennings@markelcorp.com



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