

STUDENT MEDICAL Insurance Plan

**For International Students,
Graduate Assistants and Medical Students,
including Visiting Scholars,
Exchange Students and
English Language Institute Students**

FIU

FLORIDA
INTERNATIONAL
UNIVERSITY

2012



2013

Collegiate Risk Management

(800) 922-3420

www.collegiaterisk.com

Florida Blue



In the pursuit of health®

Health Care Reform Required Notice:

Your student health insurance coverage, offered by Florida Blue, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012, and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage put an annual limit of: \$250,000 on covered benefits. If you have any questions or concerns about this notice, contact Florida Blue at (800) 664-5295. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.



Student Medical Insurance Plan

Florida Blue is pleased to offer this summary brochure of the Blanket Accident and Sickness Medical Expense benefits available for Florida International University students and their eligible dependents. This brochure is not an insurance contract and nothing in this brochure shall override the actual benefits or eligibility criteria under the Florida International University Student Medical Insurance Plan. You may contact Florida Blue's Customer Service Department at 800-664-5295 or Collegiate Risk Management at <http://www.collegiaterisk.com/schools/fiu.aspx> for a copy of the benefit booklet. References to "we", "us" and "our" throughout refer to Florida Blue.

Eligibility for Coverage

International Students:

All International Students, scholars or other persons with a current passport and student visa (F-1 or J-1 visa) temporarily located outside their home country who have not been granted permanent residency status while engaged in educational activities at Florida International University and their Eligible Dependents are eligible for coverage. This includes International Students, Exchange Students, Visiting J-1 Scholars and English Language Institute students.

Graduate Assistants:

All Graduate Assistants are automatically enrolled in the plan, unless proof of other comparable coverage has been provided. Coverage for dependents is provided on a voluntary basis. The dependents must have the same coverage and enrollment dates as the students.

Medical Students:

All medical students are required to be continually covered by a health insurance plan throughout their enrollment. Students who do not provide annual documentation of comparable alternative coverage will be automatically enrolled in the plan. Coverage for dependents is also available on a voluntary basis. Dependents must have the same coverage and enrollment dates as the medical student.

For All of the above Students:

To be a covered person under the Policy, you must have paid the required premium and your name, address, student number and date of birth must have been included in the declaration made by your University. You must actively attend classes for at least the first 31 days of the period for which coverage is purchased, except in the case of medical withdrawal. The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is to terminate coverage.

Eligibility Requirements for Dependent(s)

An individual who meets the eligibility criteria specified in the benefit booklet as an eligible dependent may apply for coverage under this Plan:

1. The covered student's spouse under a legally valid, existing marriage;
2. The covered student's natural, newborn, adopted, Foster, or step child(ren), (or a child for whom the covered student has

been court-appointed as legal guardian or legal custodian) until the end of the calendar year in which the child reaches age 25 (or in the case of a Foster Child, is no longer eligible under the Foster Child Program), and dependent upon the covered student for financial support; and

- a. living in the household of the covered student or is a full-time or part-time student; or
 - b. the child does not live in the household of the covered student and is not enrolled as a full or part-time student because the child has not met the age requirement to begin elementary school education; or
3. The newborn child of a covered dependent child. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child.

Note: It is your sole responsibility as the covered student to establish that a child meets the applicable requirements for eligibility. Eligibility will terminate on the date in which the child no longer meets the eligibility criteria required to be an eligible dependent.

General Rules for Enrollment

Eligible students and eligible dependents may enroll for coverage according to the provisions specified in the benefit booklet. Any eligible student or eligible dependent who is not properly enrolled with us will not be covered under this Plan. We will have no obligation whatsoever to any individual who is not properly enrolled.

1. All eligible Florida International University students, including International Students, Graduate Assistants, Medical Students, Exchange Students and English Language Institute students may enroll in this Student Medical Plan and may do so by submitting a Student Health and Accident Blanket Insurance Application (Enrollment Form) with the appropriate premium, or by completing

the online enrollment application via credit card at www.collegiaterisk.com, type in FIU at home page and click on submit.

Medical students may go on-line to <http://www.collegiaterisk.com/schools/fiu.aspx> and follow the links for the Medical Student application, as well as for the Disability insurance and other pertinent information for Medical Students.

Visiting Scholars can get the application by logging onto <http://www.collegiaterisk.com/schools/fiu.aspx> and click on the Visiting Scholar Enrollment form link under Visiting Scholars. Visiting Scholars must return the enrollment application form with a credit card or money order to International Student & Scholar Services, GC 355, 11200 SW 8th Street, Miami, FL 33199.

International Students must return enrollment application form, along with cashier check or money order (U.S. Funds ONLY) payable to Collegiate Risk Management at the University Health Services Complex, 11200 SW 8th St., Miami, FL 33199 or University Health Services, Biscayne Bay Campus, 3000 NE 151st St., North Miami, FL 33181. To buy on-line via Visa or MasterCard, log onto to <http://www.collegiaterisk.com/schools/fiu.aspx>.

Graduate Assistants, Visiting Scholars, Exchange Students and English Language Institute Students must enroll through your various departments. For further information, contact:

Collegiate Risk Management
110 Athens Street
Tarpon Springs, FL 34689
1-800-922-3420
www.collegiaterisk.com

2. All eligible students who wish to apply for coverage for their eligible dependents under the Florida International University Student Medical Insurance Plan may do so by submitting the Student Health and Accident Blanket Insurance Application ("Enrollment

Form”) with the appropriate premium, or by enrolling online at the Collegiate Risk Management website www.collegiaterisk.com. The application and premium should be remitted to Collegiate Risk Management within 30 days following the beginning of the period for which the student is enrolling.

Please note: Dependent coverage is available only if the student is insured under the plan, and the dependent’s coverage period must be the same as the student’s.

3. All factual representations on the Enrollment Forms must be accurate and complete. Any false, incomplete, or misleading information provided during the enrollment process, or at any other time, may result, in addition to any other legal right(s) we may have, in disqualification for, termination, or rescission of coverage.
4. We will not provide coverage and benefits to any individual who would not have been entitled to enroll with us, had accurate and complete information been provided on a timely basis. In such cases, we may require you or an individual legally responsible for you, to reimburse us for any payments we made on your behalf.

Enrollment forms are different for various departments and colleges within the University. You may obtain enrollment forms from your Department, The University Health Services or on-line at www.collegiaterisk.com.

Dependent enrollment forms may be found on-line, printed out, and mailed to Collegiate Risk Management at 110 Athens Street, Tarpon Springs, FL or by enrolling on-line via credit card. Simply follow the instructions on the applications or if questions call Collegiate Risk Management at 1-800-922-3420.

Electing Coverage

When making application for coverage, you must elect one of the types of coverage available under the Florida International University program. The student must enroll for the dependents to be covered:

Student Only Coverage - covers the eligible student only.

Student/Spouse Coverage - covers the eligible student and the student’s spouse under a legally valid, existing marriage.

Student/Child(ren) Coverage - covers the eligible student and the student’s eligible child or children only.

Student/Family Coverage - covers the eligible student and the student’s eligible dependents.

Enrollment Periods

Coverage for an individual (except for whom the Continuous Coverage provision described herein applies), who makes a premium payment in accordance with the Enrollment provisions stated herein, shall become effective and terminated on the dates on the enrollment applications submitted

Termination of a Covered Student’s Coverage

If you withdraw from Florida International University within the first 31 calendar days of the semester, you will receive a full refund of the insurance premium unless you or your covered dependent files a medical claim. If you withdraw from Florida International University after the first 31 calendar days of the semester, your coverage will remain in effect until the end of the term for which you have paid premium. No refunds will be granted after the first 31 calendar days of the semester.

This also applies to students on leave of absence for medical or academic reasons, graduating students, and students choosing to enroll in a separate, comparable, or better plan during the policy period.

A covered person entering the armed forces of any country will not be covered under the Plan as of the date of such entry. A pro-rata refund of premium will be made for such person, and any of the student's covered dependents, upon written request submitted by the University through Collegiate Risk Management and received by us within 90 days of withdrawal from the school.

A Covered student's coverage will automatically terminate at 12:01 a.m.:

1. on the date the School Master Policy terminates;
2. on the last day of the period for which you have paid premium;
3. on the date the covered student's coverage is terminated for cause (see the Termination of Coverage for Cause subsection of the benefit booklet);
4. on the date specified by the school that the covered student's coverage terminates; or
5. on the date the covered student enters the armed forces of any country. A pro-rata refund of premium will be made for such student upon written request, if the referenced request is made within 90 days of the withdrawal from the school.

Termination of a Covered Dependent's Coverage

A covered dependent's coverage will automatically terminate at 12:01 a.m.:

1. on the date the School Master Policy terminates;
2. on the date the covered student's coverage terminates for any reason;
3. on the date the covered dependent fails to meet any of the applicable eligibility requirements (e.g., a child reaches the limiting age, or a spouse is divorced from the covered student);
4. on the date we specify that the covered dependent's coverage is terminated by us for cause;

5. on the date specified by the school that the covered dependent's coverage terminates; or
6. on the date the covered dependent enters the armed forces. A pro-rata refund of premium will be made for such dependent upon written request, if the referenced request is made within 90 days of the dependent's entry in the armed forces.

Termination of Coverage for Cause

If, in our opinion, any of the following events occur, we may terminate an individual's coverage for cause:

1. fraud, material misrepresentation or omission in applying for coverage or benefits;
2. the knowing misrepresentation, omission or the giving of false information by or on your behalf; or
3. misuse of the identification card.

Physicians, Hospitals, and Other Providers

Introduction

It is important for you to understand how the provider you select and the setting in which you receive health care services affects how much you are responsible for paying under this plan. The benefit booklet, along with the schedule of benefits and our provider directory, describes the health care provider options available to you and our payment rules for services you receive.

As used throughout this section, "out-of-pocket expenses" or "out-of-pocket" refers to the amounts you are required to pay, including any applicable copayments, the benefit period deductible and/or coinsurance amounts for covered services.

You are entitled to preferred provider type benefits when you receive covered services from in-network providers. You are entitled to traditional program type benefits at the point of service when you receive covered services from traditional program providers.

Provider Participation Status

In order to help control health care costs, we have entered into contracts with certain providers to participate in NetworkBlue, one of our preferred provider networks. We have also entered into contracts with certain providers to participate in our traditional program. The allowances we establish are called allowed amounts. The amount you are responsible for paying out-of-pocket for a particular covered service is based on our allowed amount for that covered service. Your schedule of benefits designates the panel of NetworkBlue providers who are participating for your specific plan of coverage. This is important because these providers are considered your in-network providers for purposes of this coverage.

For additional information regarding NetworkBlue and traditional program providers, refer to the benefit booklet.

To verify if a Provider is In-Network for your plan you can

Access the BlueOptions (NetworkBlue) provider directory on our website at floridablue.com.

In-Network Providers

When you use in-network providers, your out-of-pocket expenses for covered services will be lower. We will base our payment on the allowed amount at the coinsurance percentage listed in the schedule of benefits.

Out-of-Network Providers

When you use out-of-network providers, your out-of-pocket expenses for covered services will be higher. We will base our payment on the allowed amount at the coinsurance percentage listed in the schedule of benefits. Further, if the out-of-network provider is a traditional program provider, our payment to such provider may be under the terms of that provider's contract.

Providers Outside the State of Florida

In most cases when you travel outside the state of Florida, you can take advantage of savings the local Blue Plan has negotiated with doctors and hospitals in the area. For covered services, you should not have to pay any amount above these negotiated rates. To find nearby doctors and hospitals outside Florida, call BlueCard® Access at **1-800-810-BLUE (2583)** or visit the BlueCard Doctor and Hospital Finder at www.bcbs.com.

Important—Accessing Services at Florida International University

Students who are covered by the Student Medical Insurance Plan incur few out-of-pocket expenses when accessing services at the student health clinics on FIU's campuses (FIU-University Health Services). Most of the services are covered at 100%, in addition to being waived from the benefit period deductible. **Wellness Benefit is covered at 100% at FIU University Health Services with no copayments. Wellness Benefit includes one annual physical per policy year, routine screening and immunizations (Hep A and B, Diphtheria, Tetanus, MMR, Influenza, HPV, Pertussis, Varicella) and GYN screenings. Prescriptions filled at the FIU Pharmacy will carry a required co-payment.**

To verify if you may access services at Florida International University's Student Health Clinics

Coverage by this insurance policy does not constitute eligibility to be seen at the student health clinics on campus (FIU - University Health Services). Eligibility depends upon student status (Verification of Enrollment and payment of Student Health Fee) at the time of seeking service. The student health centers will guide you in this process. For assistance call 305-348-2401 (Modesto A. Maidique Campus) or 305-919-5620 (Biscayne Bay Campus).

U.S. Benefits for International Students

State and federal law requires that all International Students be covered for medical evacuation and repatriation services when studying in the U.S. International Students have this coverage if they are covered under this plan. If the Student/Scholar has another health plan that does not include medical evacuation and repatriation services, the student/scholar has the option to purchase this coverage on a stand alone basis for \$40 per person, per policy year through Collegiate Risk Management. An application may be obtained through your department or at the University Health Services on your campus.

International Benefits When You Travel

BlueCard® Worldwide has you covered when you travel. Through the World Access Service Corporation program, you have access to doctors and hospitals in more than 200 countries and territories around the world. All medical services and medical transportation must be authorized when traveling by calling collect to 804-965-8071.

Europ Assistance – Global Emergency Travel Assistance Services

If you are insured under this plan, you also have the added benefit of having travel assistance services and coverage through Europ Assistance USA, part of one of the world's largest travel assistance companies, with offices in 35 countries and ground support in over 200 countries and territories.

Coverage dates for these benefits, will be the same dates as your medical coverage. You have access to Pre-Trip Information services at all times. Furthermore, you may access more details about your travel assistance program online www.europassistance-usa.com; E-Services – User ID and Password are available with information you will find very useful when traveling or planning a trip.

Medical related services are available whenever you are at least 100 miles away from your primary home (in the US or abroad). EA USA will provide all of the following services and will pay for related medical transport expenses as follows:

- **Medical Referrals** (*dental, doctors, hospitals*)
- **Hospital Admission Guarantee** (*you must provide a repayment guarantee and file for reimbursement with your insurance*)
- **Emergency Medical Evacuation** (*covered up to \$1,000,000 combined for all transport related services*)
- **Emergency Medical Repatriation** (*covered up to \$1,000,000 combined for all transport related services*)
- **Return of Mortal Remains** (*covered up to \$1,000,000 combined for all transport related services*)
- **Visit of Family Member or Friend** (*when you are critically ill or injured and/or likely to be hospitalized for more than 7 days; covered up to \$1,000,000 combined for all transport related services*)
- **Prescription Assistance**
- **Lost Luggage and Document Assistance**
- **Interpreters and Legal Referral Services**
- **Care for Minor Children**

If you, or your dependents, are enrolled in this plan, you are automatically covered and do not need to re-enroll to have this coverage.

For travel assistance call 1-877-421-8659 or 1-240-330-1524.

Schedule of Benefits

This is not a contract. This is a summary of benefits only.

Benefit Period is from 8/20/2012 to 8/19/2013

Medical Students Benefit Period is 8/6/2012 to 8/5/2013

Benefit for Covered Services
Maximum Benefit Paid
Individual Deductible (DED)
Out of Pocket Maximum
INPATIENT
Pre Admission Certification
Room & Board
Hospital Expense
Intensive Care
Routine Newborn (Nursery charges)
Physiotherapy
Surgeon's Fees
Assistant Surgeon
Anesthetist
Registered Nurse's Services/Private Duty Nursing
Physician's Visits
Pre-Admission Testing (<i>standard pre-admit testing</i>)

Refer to the Master Policy, its terms prevail.

In-Network	Out-of-Network
\$250,000 (Applies per person, per benefit period)	
\$100 per person per benefit period	
\$5,000 per person, per benefit period	\$10,000 per person, per benefit period
Network participating providers are responsible for providing admission notification for any inpatient admission to acute care facilities.	If member elects to go to a non-participating provider, the member or hospital is responsible for providing admission notification.
80% of allowed amount after DED	70% of allowed amount after DED*
80% of allowed amount after DED	70% of allowed amount after DED*
80% of allowed amount after DED	70% of allowed amount after DED*
80% of allowed amount after DED	70% of allowed amount after DED*
No day maximum	
80% of allowed amount after DED	70% of allowed amount after DED*
No maximum	
80% of allowed amount after DED	70% of allowed amount after DED*
Multiple surgical procedures will be based on 50% of the allowed amount.	
80% of allowed amount after DED	70% of allowed amount after DED*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures allowed amount	
80% of allowed amount after DED	70% of allowed amount after DED*
Private Duty Nurses - Not covered	
80% of allowed amount after DED	70% of allowed amount after DED*
80% of allowed amount after DED	70% of allowed amount after DED*

Benefit for Covered Services
Psychotherapy
Substance Abuse (<i>includes Rehab</i>)
OUTPATIENT
Surgeon's Fees
Day Surgery Miscellaneous
Assistant Surgeon
Anesthetist
Medical Emergency Expenses (ER)
Urgent Care Centers
X-Rays
Independent Clinical Lab
Injections
Radiation Therapy/ Chemotherapy
Test & Procedures

In-Network	Out-of-Network
80% of allowed amount after DED	70% of allowed amount after DED*
80% of allowed amount after DED	70% of allowed amount after DED*
OUTPATIENT	
80% of allowed amount after DED	70% of allowed amount after DED*
Outpatient Hospital Facility: 80% of allowed amount after DED; **ASC facility: \$100 copay	70% of allowed amount after DED*
80% of allowed amount after DED	70% of allowed amount after DED*
Surgical Assistant allowed amount is limited to 20% of the surgical procedures's allowed amount	
80% of allowed amount after DED	70% of allowed amount after DED*
80% of allowed amount after DED & \$100 Copay	80% of allowed amount after DED* & \$100 Copay
ER copay waived if admitted	
80% of allowed amount after DED & \$25 Copay	70% of allowed amount after DED* & \$25 Copay
Office Location: Included in applicable copay; Other Locations: 80% of allowed amount after DED	70% of allowed amount after DED*
\$0 member responsibility	70% of allowed amount after DED*
Office Location: Included in applicable copay; Other Locations: 80% of allowed amount after DED	70% of allowed amount after DED*
Office Location: Included in applicable copay; Other Locations: 80% of allowed amount after DED	70% of allowed amount after DED*
Office Location: Included in applicable copay; Other Locations: 80% of allowed amount after DED	70% of allowed amount after DED*

Benefit for Covered Services
Physician's Visits
Physiotherapy (Combined Therapies and Spinal Manipulations)
Prescription Drugs (Prescriptions filled at the FIU Pharmacy will incur co-payments. See In-Network box for guidelines.)
Psychotherapy
Substance Abuse
OTHER
Ambulance Services
Durable Medical Equipment
Consultant Physician Fees
Dental Treatment (For Accidental Injury Only)

In-Network	Out-of-Network
Office Location: Family Physician \$25 copay, Specialist \$40 copay	70% of allowed amount after DED*
Office Location: Included in applicable copay; Other Locations: 80% of allowed amount after DED	70% of allowed amount after DED*
Outpatient Therapies and Spinal Manipulations: 30 visits maximum per benefit period; limited to 4 modalities per day; 26 manipulations per benefit period	
Member usually pays \$15 or less for generic or \$40 or less for brand name. Insurance pays balance up to Max	Member pays full cost, submits claim; reimbursed 50% allowed amount
Office Location: Included in applicable copay; Other Locations: 80% of allowed amount after DED	70% of allowed amount after DED*
Office Location: Included in applicable copay; Other Locations: 80% of allowed amount after DED	70% of allowed amount after DED*
80% of allowed amount after DED	80% of allowed amount after DED*
\$5,000 Air/Water/Ground per day	
80% of allowed amount after DED	70% of allowed amount after DED*
Office Location: Included in applicable copay; Other Locations: 80% of allowed amount after DED	70% of allowed amount after DED*
Dependent on location of service	Dependent on location of service
Limited to care and treatment initiated within 62 days of an accidental dental injury	

Benefit for Covered Services
Mammograms
Maternity/Complications of Pregnancy/ Elective Abortion
Child Health Supervision Services (Well Child covered at 100%)
OTHER SPECIAL COVERAGES
Wellness services (listed below) maximum per benefit period
Wellness Labs – at Quest Labs or UHS
Immunizations and Vaccinations
Routine Physical Exams
GYN Exams
Acupuncture (only at UHS)

In-Network	Out-of-Network
80% of allowed amount after DED	70% of allowed amount after DED*
80% of allowed amount after DED	70% of allowed amount after DED*
Office location: Family Physician \$25 copay; Specialist \$40 copay	Waive DED; 70% of allowed amount*
100% of allowed amount	Waived DED; 70% of allowed amount
100%	Not Covered
Hep A and B, Diphtheria, Tetanus, Pertussis, MMR, Influenza, HPV, and Varicella	
1 physical exam per benefit period	
1 wellness gynecological exam per benefit period	
\$300 per benefit period	

Please refer to the benefit booklet for a list of exclusions

In-Network reimbursement based on participating
allowed amount

*Out-of-Network reimbursement based on participating
allowed amount, balance billing protection if provider
participates in our Traditional or BlueCard program

** Ambulatory Surgical Center (ASC)

Pre-Existing Condition Limitations Apply

Pre-Existing Conditions Limitations apply: We will not pay benefits for a condition for the first 6 months of coverage which a covered person received medical treatment, care, or advice within 6 months prior to enrolling in this plan. Prior coverage credit can be provided if the student submits proof of prior coverage as outlined in the master policy.

Premium Rates

Premium rates can be found on the applications for your various departments and correspond to the various dates of coverage or you may log onto www.collegiaterisk.com/Students/FIU/fiu.html for enrollment forms with rates and dates of coverage.

Needlestick Coverage

Needlestick is covered for anyone in the medical professions, such as medical students, nursing students, research or anyone that has the potential to “get stuck” with a needle in the line of their studies or research.

Great discounts and valuable information you can use all year long—Blue365

You can save BIG on a wide variety of healthy products and services through our members-only discount program—Blue365. Take advantage of exclusive discounts at select local companies and leading, national brands for your everyday health and wellness or family care—even healthy vacation destinations! Save up to 60% on fitness clubs, exercise equipment, contact lenses or glasses, nutrition and weight management programs and so much more! All included as part of your Blue membership.

Find out more by logging into your MyBlueService account at www.floridablue.com.

Where to Find Help

FLORIDA INTERNATIONAL UNIVERSITY—

University Health Services (UHS) provides access to quality health care and prevention services at the student health clinics on both the Modesto A. Maidique Campus and the Biscayne Bay Campus. The various components which make up UHS, including the General Medical Clinic, Women’s Health Clinic, Lab Services, and Pharmacy, work in unison to provide students with a comprehensive and holistic health services experience. Students who are covered by the Student Medical Insurance Plan incur few out-of-pocket expenses when accessing services at UHS. Most of the services are covered at 100%, in addition to being waived from the benefit period deductible. Along with the large number of labs and procedures already covered at 100%, the following services are also covered at 100% at FIU University Health Services with no copayments: one annual physical per policy year, routine screening and immunizations (Hep A and B, Diphtheria, Tetanus, MMR, Influenza, HPV, Pertussis, Varicella) and GYN screenings per benefit period. Prescriptions filled at the FIU-UHS Pharmacy on Modesto A. Maidique Campus will carry a required co-payment.

TO VERIFY IF YOU MAY ACCESS SERVICES AT FLORIDA INTERNATIONAL UNIVERSITY’S STUDENT HEALTH CLINICS—

Coverage by this insurance policy does not constitute eligibility to be seen at the student health clinics on campus (FIU - University Health Services). Eligibility depends upon student status (Verification of Enrollment and payment of Student Health Fee) at the time of seeking service. The student health centers will guide you in this process. For assistance call 305-348-2401 (Modesto A. Maidique Campus) or 305-919-5620 (Biscayne Bay Campus).

Enrollment and Pre-Enrollment Benefit Questions

Collegiate Risk Management
110 Athens Street
Tarpon Springs, FL 34689
1-800-922-3420

www.collegiaterisk.com

Florida Blue BlueOptions (NetworkBlue) Provider Directory

If you need medical service prior to receiving your ID card please visit the University's Student Health Clinic.

www.floridablue.com

Florida International University

University Health Services
Modesto A. Maidique Campus
11200 SW 8th Street, UHSC
Miami, FL 33199
Phone: 305-348-2401
Fax: 305-348-6655

University Health Services
Biscayne Bay Campus
3000 NE 151 Street, HWC
Miami, FL 33181
Phone: 305-919-5620
Fax: 305-919-5312

Studenthealth.fiu.edu

Florida Blue Group #67222

Florida Blue 

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