Florida Atlantic University Charles E. Schmidt College of Medicine
Program Coverages for Medical Students

Group Long-Term Disability
Underwritten by Standard Insurance Company, Policy #644255 Sponsored by the American Medical Association
Medical Students • 3 Year Rate Guarantee
Emergency Medical Service Added
Stress & Wellness Program Added

Schedule of Benefits: Disability Income
• $1,500 Monthly Benefit
• 90 Day Elimination Period
• 6 month /12 month Pre-Existing Condition
• Length of Benefit to 65 - Social Security Normal Retirement Age (SSNRA)
• $2,000 - $2,500 monthly benefit available during residency on guaranteed issue basis
• 24 Month M&N Limit: mental & nervous disabilities limited to 24 months of benefits
• $3,000 Income Offset
• Assisted Living Benefit (ALB)
• $5,000 Lump Sum after 12 months of permanent and total disability
• 5 Year Student Definition: unable to perform duties of a student in good standing
• School Loan Provision: up to $200,000 at the end of 12 months for permanent & total disability

FAU Student Medical Plan
Underwritten by Aetna Life Insurance Company, Group #846537

• Unlimited Benefit per Injury or Sickness for Covered Medical Expenses.
• Coverage at 100% with the deductible waived for all services received at the FAU Student Health Center
• $500 Deductible Per Insured Person, Per Policy Year for Preferred Providers, $1,000 Deductible Per Insured Person, Per Policy Year for Out of Network Providers.
• Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 60% of Usual and Customary charges (all benefits are subject to satisfaction of the deductible, specific benefit limitations, maximums and copays as described in the policy).
• Preferred Provider Out-of-Pocket Maximum of $6,350 Per Insured Person, Per Policy Year. Out-of-Network Out-of-Pocket maximum of $10,000 Per Insured Person, Per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.
• Prescription Drug Benefits: $15 copay for Tier 1 / $40 copay for Tier 2 / $60 copay for Tier 3 & $100 copay for Tier 4 up to a 31-day supply per prescription. Prescriptions must be filled at an Aetna Network Pharmacy. Mail order at 2.5 times the retail copay up to a 90-day supply.
• The Preferred Provider Network for this plan is the Aetna PPO Network. Preferred Providers can be found using the following link, www.insuranceforstudents.com/fau
• Scholastic Emergency Services – Domestic Students are covered when 100 miles or more away from their campus or home address.
FLORIDA ATLANTIC UNIVERSITY
2015-2016 Medical Student Enrollment Form
Aetna Life Insurance Company  Policy #846537

PLEASE PRINT CLEARLY – FAILURE TO PROVIDE ALL INFORMATION MAY DELAY OR VOID YOUR INSURANCE

STUDENT/SCHOLAR Last Name: ___________________________ School I.D. # ___________________________
First Name: ___________________________ Middle Initial: ___________________________
Date of Birth (Month/day/year): __________/________/________ [ ] Male [ ] Female

Mailing Address: ____________________________________________________________
City: ___________________________ State: ___________________________ Zip: ___________________________
Phone #: ___________________________ EMAIL ADDRESS: ___________________________

PREMIUM PLEASE CHECK APPROPRIATE BOX

Florida Atlantic University Charles E. Schmidt College of Medicine
Group Long-Term Disability Policy#644255
Underwritten by Standard Insurance Company, Sponsored by the American Medical Association

Student: ☐ $48.00 Annual Coverage (8/1/15 – 7/31/16)

<table>
<thead>
<tr>
<th>MEDICAL STUDENT</th>
<th>1ST YEAR MEDICAL STUDENTS ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAU Student Medical Plan through AETNA Group# 846537</td>
<td>FAU Student Medical Plan through AETNA</td>
</tr>
<tr>
<td>Annual 8/17/15 – 8/16/16</td>
<td>2 Week Coverage 8/17/15 – 2/16/16</td>
</tr>
<tr>
<td>Semi-Annual 1 8/17/15 – 2/16/16</td>
<td>2/17/16 – 8/16/16</td>
</tr>
<tr>
<td>Student ☐ $2,961.00 ☐ $1,489.00 ☐ $1,473.00</td>
<td>☐ $ 112.00</td>
</tr>
</tbody>
</table>

PAYMENT INSTRUCTIONS - Please include a processing fee for credit & debit card payments ONLY
☐ $2 (Annual Long Term Disability Coverage) ☐ $50 (Annual Medical Plan) ☐ $25 (Semi-Annual Medical Plan)

TOTAL PREMIUM DUE $____________________

METHOD OF PAYMENT[ ] CHECK [ ] MONEY ORDER Make payable to Student Insurance [ ] Credit Card (complete below)

Credit Card Authorization – Please bill my card for my insurance premium shown above including the appropriate processing fee(s)

Cardholder Name (Last/First) __________________________________________________________

Cardholder Number: ____________ ____________ ____________ ____________ ____________ ____________ ____________ Expiration Date (mo/year) ____________ ____________

NOTICE TO STUDENT: Coverage will be effective the date the correct premium is received by the company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following:
1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded. PREMIUM WILL NOT BE REFUNDED EXCEPT FOR ENTRANCE INTO THE ARMED FORCES.
I understand that I must be a student enrolled at the FAU Charles E. Schmidt College of Medicine to purchase this insurance.

Student’s Signature ___________________________ Date ___________________________

FOR QUESTIONS PLEASE CONTACT:
INSURANCE FOR STUDENTS, INC. 5295 TOWN CENTER ROAD, SUITE 101 BOCA RATON, FL 33486
PHONE 561-300-5677 * FAX 954-772-0872
APPLICATIONS CAN BE MAILED TO ADDRESS ABOVE IF PAYING BY CHECK OR MONEY ORDER
IF PAYING BY CREDIT CARD APPLICATIONS CAN ALSO BE FAXED TO 954-772-0872 / SCANNED & EMAILED TO
wil@insuranceforstudents.com