STUDENT HEALTH INSURANCE
Short Term Plan for Athletes of University of Florida
The Plan is underwritten by Nationwide Life Insurance Company
Policy Number: 552-200-0911 • Group Number: S215013

POLICY TERMS and PREMIUM

<table>
<thead>
<tr>
<th>5 Month Policy Term</th>
<th>2 Month Policy Term</th>
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<tr>
<td>$ 557.00</td>
<td>$ 243.00</td>
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</table>

Policy may be renewed for one additional concurrent term. Note: Student may not elect more than two (2) consecutive Policy Terms in any twelve (12) month period.

ELIGIBILITY and ENROLLMENT

Full-time Domestic or International undergraduate student-athletes are eligible to enroll. Enrollment is required for all athletes without other coverage.

SUMMARY OF BENEFITS

Note: This is a summary of the Injury and Sickness Benefits. Please refer to the Insurance Policy upon issuance for a complete listing of all benefits, limitations, definitions and exclusions.

Your plan includes the PHCS Preferred Provider Organization (PPO). You are not required to use a PHCS provider, however your out-of-pocket costs may be lower when you utilize a PHCS provider. Go to www.phcs.com for a complete listing of PHCS Providers.

| Aggregate Maximum Benefit | $100,000 per Policy Term |
| Deductible               | $250 per Injury or Sickness |
| Outpatient Miscellaneous Maximum, including physical therapy; chiropractic expense; DME | $2,500 per Policy Term |
| Physician Visit           | 80% of Preferred Allowance (PA) after a $25 Co-pay per visit | 60% of Reasonable & Customary Charge (R&C) after a $25 Co-pay per visit |
| Emergency Room Visit, Co-pay is waived if admitted | 80% of PA after $150 Co-pay per visit | 60% of R&C after $150 Co-pay per visit |
| Inpatient Expense, including room & board; intensive care; hospital miscellaneous expenses | 80% of PA | 60% of R&C |
| Surgery Expense, inpatient/outpatient- including services of surgeon, anesthetist and assistant surgeon | 80% of PA | 60% of R&C |
| Athletic Coverage         | 80% R&C after Deductible up to $15,000 per Policy Term |
| Ambulance Services        | $500 per trip |
| Prescription Drugs        | 100% after $10 Generic Co-pay; $15 Brand-name Co-pay $250 maximum per Policy Term |
| Note: Students must pay for prescriptions and submit a claim for reimbursement from CHP. |
| Medical Evacuation        | $25,000 per Policy Term |
| Repatriation              | $10,000 per Policy Term |

BENEFITS MANDATED BY THE STATE OF FLORIDA

The Policy pays benefits in accordance with any applicable Florida law. State-mandated benefits are listed below. Description of the mandates can be found in the Master Policy.

- Autism Spectrum Disorder
- Benefits for procedures involving bones or joints of the jaw and facial region
- Benefits for Outpatient Services
- Benefits for Post Delivery Care for a mother and her newborn infant
- Benefits for Diabetes
- Benefits for Mammography
- Benefits for Mastectomies, Prosthetic Devices and Reconstructive Surgery
- Benefits for Post-Surgical Mastectomy care
- Benefits for Osteoporosis
- Benefits for Child Health Assurance
- Benefits for Cleft Lip and Cleft Palate
- Benefits for Newborn Infant, Adopted of Foster Child
- Benefits for Hospital Dental Procedures
- Enteral Formulas coverage
PRE-EXISTING CONDITIONS LIMITATION

Any Injury or Sickness for which the Insured was medically treated or advised by a Physician within the 6 month period immediately prior to the effective date of coverage under this plan.

LIMITATIONS AND EXCLUSIONS

This Policy does not cover Loss nor provide benefits for

1. Expenses that are not medically necessary, except as specifically provided.
2. Expenses for preventive, wellness exams and immunizations, except as provided.
3. Expenses payable under Medicare or Worker’s Compensation coverage.
4. Expenses payable under any automobile insurance.
5. Injury or Sickness resulting from any declared or undeclared war, or any act thereof.
6. Infertility or sterilization treatments or procedures.
7. Attempted suicide or intentionally self-inflicted Injury.
8. Cost of programs, treatment or procedures for tobacco use cessation.
9. For Injury caused by, contributed to or resulting from the Covered Person’s use of alcohol, illegal drug or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person’s Physician.
10. Dental or orthodontia care, eye exams or glasses, hearing aids or sleeping disorders.
11. Cosmetic or reconstructive procedures, except as specifically covered.
12. Legend drugs or any over-the-counter medications or vitamins.
13. Experimental or investigational services.
14. Organ Transplant
15. Foot conditions, acne or varicose veins or treatment of obesity.
16. Services or supplies furnished or provided by an immediate family member.
17. Skydiving, scuba diving, hang or ultralight gliding, all-terrain vehicle, dirt bike, snowmobile, go-cart, boat or aircraft.
18. Racing with a motorcycle.
19. Any sports for pay or profit or participation in rodeo contests.
20. Medical care received outside the United States or its possessions in excess of the Foreign Travel Benefit.

VISION DISCOUNT PROGRAM

A Vision Discount Program is available to students enrolled in the Short Term Plan for Athletes of University of Florida. Students will be responsible for paying for services up front but will receive a discount off retail prices. For more information please go to www.chpstudent.com.

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

FrontierMEDEX ACCESS services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. FrontierMEDEX is your key to travel security.

For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.

If you have a medical, security, or travel problem, simply call FrontierMEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330.

If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center. FrontierMEDEX will then take the appropriate action to assist You and monitor Your care until the situation is resolved.

WHERE TO FIND HELP

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<tr>
<th>For questions about:</th>
<th>Enrollment • Waiver of Mandatory Insurance Charge</th>
<th>Insurance Benefits • Claims Processing • ID Cards</th>
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<tr>
<td>Please contact:</td>
<td>DISSINGER REED 8700 Indian Creek Parkway, STE 320 Overland Park, KS 66210 Phone: (800) 386-9183 <a href="http://www.dissingerreed.com">www.dissingerreed.com</a></td>
<td>CONSOLIDATED HEALTH PLANS 2077 Roosevelt Avenue Springfield, MA 01104 Phone: (413) 733-4540 – Toll Free: (800) 633-7867 <a href="http://www.chpstudent.com">www.chpstudent.com</a></td>
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