NOTRE DAME OF MARYLAND UNIVERSITY

BENEFITS AT A GLANCE

STUDENT HEALTH INSURANCE PLAN | PLAN YEAR 2022/2023

DESIGNED EXCLUSIVELY FOR THE STUDENTS OF:

NOTRE DAME OF MARYLAND UNIVERSITY
Baltimore, MD
("the Policyholder")

UNDERWRITTEN BY:

Wellfleet Insurance Company | Fort Wayne, IN

("the Company")

Policy Number: WI2223MDSHIP37

Group Number: ST1692SH

Effective: 8/1/2022 – 7/31/2023

ADMINISTERED BY:

Wellfleet Group, LLC

WELLFLEET STUDENT

Welcome Students…

We are pleased to provide you with this summary of the 2022 – 2023 Student Health Insurance Plan ("Plan"), which is fully compliant with the Affordable Care Act. This is only a brief description of the coverage(s) available under Certificate form MDSHIP Cert (2022). The Certificate will contain reductions, limitations, exclusions, and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

"Benefits at a Glance" includes effective dates and costs of coverage, as well as other helpful information. For additional details about the Plan, please consult the Plan Certificate and other materials at www.wellfleetstudent.com.

This is not an insurance Policy and your receipt of this document does not constitute the insurance or delivery of a policy of insurance. Any provisions of the Policy, as described in this Summary, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

The information contained in this Summary is accurate at the time of publication, but may change in accordance with state and federal insurance regulations during the course of the Policy year. The most current version of this document will be posted online at the website listed on the cover. In the case of a discrepancy between two versions of the Summary, the most recent will apply.

PENDING STATE APPROVAL

The Plan described in "Benefits at a Glance" is awaiting approval by the MD Department of Insurance. If the Plan is changed during the approval process, a revision of this document will be provided. This is not an insurance policy and your receipt of this document does not constitute the issuance or delivery of a policy of insurance.

Important Contact Information & Resources

Contact Us

Wellfleet Group, LLC
PO Box 15369
Springfield, Massachusetts 01115-5369
(877) 657-5030, TTY 711

www.wellfleetstudent.com

Plan Administration

Enrollment, Eligibility, & Waivers
Benefits, Claim Status, & ID Cards

Wellfleet Group, LLC
PO Box 15369
Springfield, Massachusetts 01115-5369
(877) 657-5030, TTY 711

www.wellfleetstudent.com
Monday–Thursday, 8:30 a.m. to 7:00 p.m.
Eastern Time

Friday, 9:00 a.m. to 5:00 p.m.
Eastern Time

Claims

Cigna
PO Box 188061
Chattanooga, Tennessee 37422-8061
Electronic Payor ID: 62308

PPO Network

Cigna

Cigna
www.mycigna.com

Pharmacy Benefits Manager

For information about the Wellfleet Rx/ESI Prescription Drug Program, please visit www.wellfleetstudent.com

Your plan includes Wellfleet Rx – offering over 40 generics at a $0 copay. Please ask your health care provider to review our formulary to see if these medications are right for you. Click here http://wellfleetrx.com/students/formularies/ for more information.

Member Pharmacy Help

(877) 640-7940

For further information about your plan please use the QR code below.

Table of Contents

General Information

Am I Eligible

Domestic Students

All Full time NDMU Undergrad taking at least 12 credits, **Graduate Studies students** taking at least 9 credits, **School of Pharmacy students** taking at least 10 credits.
Eligible students are required to have health insurance coverage and will be automatically enrolled in the Student Health Insurance Plan and the premium will be added to the student's tuition fees unless proof of comparable coverage is provided by completing the waiver.

The Student Health Insurance Plan is required for all **English Language Institute students**. Students will be automatically enrolled in and billed for the cost of the College sponsored Student Health Insurance Plan on their tuition bill English Language Institute students are not eligible to waive the insurance.

Undergrad Nursing Students

Undergrad students taking 1 or more credits are required to have health insurance coverage and will be automatically enrolled in the Student Health Insurance Plan and the premium will be added to the student's tuition fees unless proof of comparable coverage is provided by completing the waiver.

International Students

International Undergraduate students taking 1 or more credits are required to have health insurance coverage and will be automatically enrolled in the Student Health Insurance Plan and the premium will be added to the student's tuition fees unless proof of comparable coverage is provided by completing the waiver.

Dependents

Insured Students who are enrolled in the Student Health Plan may also enroll their eligible Dependents.

How Do I Waive/Enroll?

To Waive or Enroll:

- Go to www.wellfleetstudent.com.
- Search **Notre Dame of Maryland University**.
- Click the enroll or waive tab and proceed as directed. If you are waving, be sure to fill in all of the required information on the waiver form. If any information is missing, your waiver will not be accepted.
- Click submit and review the information being provided is accurate.
- When your online waiver form is successfully submitted you will receive a confirmation e-mail.

The deadline to waive coverage for Annual coverage is 08/31/2022.

To Purchase coverage for Your dependents:

- Go to www.wellfleetstudent.com.
- Select **Notre Dame of Maryland University**.
- Click the "Enroll" tab and proceed as directed to enroll in and purchase the student health insurance plan.

The deadline to enroll and purchase coverage for Annual coverage is 08/31/2022.

Effective Dates & Costs

All time periods begin at 12:00 A.M. local time and end at 11:59 P.M. local time at the Policyholder's address.

Coverage Period	Coverage Start Date	Coverage End Date	Waiver Deadline Date/ Dependent Enrollment Deadline Date
Annual	08/01/2022	07/31/2023	08/31/2022
Spring/Summer	01/01/2023	07/31/2023	02/28/2023

Plan Costs for Undergraduate Students and their Dependents

	Annual	Spring/Summer (New Students Only)
Student*	$2,768	$1,600
Spouse*	$2,768	$1,600
Each Child*	$2,768	$1,600
3 or more Children*	$8,304	$4,800

-

Plan Costs for Graduate Students and their Dependents

	Annual	Spring/Summer (New Students Only)
Student*	$3,766	$2,180
Spouse*	$3,766	$2,180
Each Child*	$3,766	$2,180
3 or more Children*	$11,298	$6,540

***The above plan costs include an administrative service fee.**
The plan costs for Dependents are in addition to the plan costs for student.

Plan Benefits

UNLESS OTHERWISE SPECIFIED BELOW THE MEDICAL PLAN DEDUCTIBLE (IF APPLICABLE) WILL ALWAYS APPLY.

Pre-Certification Recommended for Inpatient Services Care, selected Outpatient Services, and Outpatient Surgery. For a complete list of these services, see the Plan Certificate.

When You receive Emergency Services, or certain non-emergency Treatment by an Out-of-Network Provider at an In-Network Hospital or Ambulatory Surgical Center, You are protected from Surprise Billing. Refer to the Preferred Provider Organization provision in the How The Plan Works And Description Of Benefits section for additional information.

Key Plan Benefits

BENEFIT	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Policy Year Deductible **Individual** **Family** **Combined In-network and Out-of-Network**	$500	$1,000
Cost sharing You incur for Covered Medical Expenses that is applied to the Out-of-Network Deductible will not be applied to satisfy the In-Network Deductible. Cost sharing You incur for Covered Medical Expenses that is applied to the In-Network Deductible will not be applied to satisfy the Out-of-Network Provider Deductible.		
Out-of-Pocket Maximum **Individual**	$6,850 $13,700	$15,000 No Maximum
Cost sharing You incur for Covered Medical Expenses that is applied to the Out-of-Network Provider Out-of-Pocket Maximum will not be applied to satisfy the In-Network Provider Out-of-Pocket Maximum and cost sharing You incur for Covered Medical expenses that is applied to the In-Network Provider Out-of-Pocket Maximum will not be applied to satisfy the Out-of-Network Provider Out-of-Pocket Maximum.		
Coinsurance	80% of Negotiated Charge (NC)	60% of Usual & Customary (U&C)
Preventive Services	100% of NC Deductible Waived	80% of U&C Deductible, Coinsurance, and any Copayment are applicable
Physician Office Visits including specialist and consultant visits ***Check below for additional copayments if applicable**	$25 Copayment per visit then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible waived	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Emergency Services	$150 Copayment per visit then the plan pays 80% of the Negotiated Charge after Deductible for Covered Medical Expenses	Paid the same as In-Network Provider subject to Usual and Customary Charge.
Urgent Care	$50 Copayment per visit then the plan pays 80% of the Negotiated Charge after Deductible for Covered Medical Expenses	$50 Copayment per visit then the plan pays 60% of Usual and Customary Charge after Deductible for Covered Medical Expenses

Schedule of Benefits

THE COVERED MEDICAL EXPENSE FOR AN ISSUED CERTIFICATE WILL BE:

1. THOSE LISTED IN THE COVERED MEDICAL EXPENSES PROVISION;
2. ACCORDING TO THE FOLLOWING SCHEDULE OF BENEFITS; AND
3. DETERMINED BY WHETHER THE SERVICE OR TREATMENT IS PROVIDED BY AN IN-NETWORK OR OUT-OF-NETWORK PROVIDER.
4. UNLESS OTHERWISE SPECIFIED BELOW THE MEDICAL PLAN DEDUCTIBLE WILL ALWAYS APPLY.
5. UNLESS OTHERWISE SPECIFIED BELOW ANY DAY OR VISIT LIMITS WILL BE APPLIED TO IN-NETWORK AND OUT-OF-NETWORK COMBINED.

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK	OUT-OF-NETWORK
INPATIENT SERVICES		
Hospital Care Includes hospital room & board expenses and miscellaneous services and supplies. **For Hospitals regulated by the Maryland Health Services Cost Review Commission (HSCRC)**, reimbursement for covered Hospital services is limited to the rate set by the HSCRC. **For all other Hospitals**, reimbursement for covered Hospital services will be limited to Semi-Private room rate unless intensive care unit is required. Room and Board includes intensive care. Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Preadmission Testing	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Physician's Visits while Confined:	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Skilled Nursing Facility Benefit Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Inpatient Rehabilitation Facility Expense Benefit Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses

Physical Therapy while Confined (inpatient)	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Physical Therapy, occupational therapy, speech therapy while Confined (inpatient) Maximum Visits per therapy per Policy Year	30	30
MENTAL HEALTH DISORDER AND SUBSTANCE MISUSE DISORDER BENEFITS In accordance with the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), the cost sharing requirements, day or visit limits, and any Pre-certification requirements that apply to a Mental Health Disorder and Substance Misuse Disorder will be no more restrictive than those that apply to medical and surgical benefits for any other Covered Sickness.		
Mental Health Disorder and Substance Misuse Disorder Benefit Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Mental Health Disorder and Substance Misuse Disorder Benefit Pre-Certification Recommended except for office visits Physician's Office Visits including, but not limited to, physician visits; individual and group therapy; medication evaluation and management All Other Outpatient Services (refer to the outpatient Mental Health Disorder and Substance Misuse Disorder Benefit provision in the Certificate for information on covered services)	 $25 Copayment per visit then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible waived 80% of the Negotiated Charge after Deductible for Covered Medical Expenses	 80% of Usual and Customary Charge after Deductible for Covered Medical Expenses 60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
PROFESSIONAL AND OUTPATIENT SERVICES		
Surgical Expenses		
Inpatient and Outpatient Surgery includes: Pre-Certification Recommended Surgeon Services Anesthetist Assistant Surgeon	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Outpatient Surgery Facility and Miscellaneous expenses for services & supplies, such as cost of operating room, therapeutic services, oxygen, oxygen tent, and blood & plasma	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses

Bariatric Surgery Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Organ Transplant Surgery travel and lodging expenses a maximum of $2,000 per Policy Year or $250 per day, whichever is less. Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Reconstructive Surgery Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Other Professional Services		
Home Health Care Expenses Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Hospice Care Coverage	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Office Visits		
Physician's Office Visits including Specialists/Consultants	$25 Copayment per visit then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible waived	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Telehealth Services	$25 Copayment per visit then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible waived	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Acupuncture Expense Benefit (Medically Necessary Treatment) only Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Allergy Testing and Treatment including injections	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Chiropractic Care Benefit Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Emergency Services, Ambulance And Non-Emergency Services		
Emergency Services in an emergency department for Emergency Medical Conditions.	$150 Copayment per visit then the plan pays 80% of the Negotiated Charge after Deductible for Covered Medical Expenses	Paid the same as In-Network Provider subject to Usual and Customary Charge.
Urgent Care Centers for non-life-threatening conditions	$50 Copayment per visit then the plan pays 80% of the Negotiated Charge after Deductible for Covered Medical Expenses	$50 Copayment per visit then the plan pays 60% of Usual and Customary Charge after Deductible for Covered Medical Expenses

Emergency Ambulance Service ground and/or air, water transportation	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	Paid the same as In-Network Provider subject to Usual and Customary Charge
Non-Emergency Ambulance Service ground and/or air, water transportation	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Diagnostic Laboratory, Testing and Imaging Services		
Diagnostic Imaging/Testing Services Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
CT Scan, MRI and/or PET Scans Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Laboratory Procedures/Tests (Outpatient)	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Chemotherapy and Radiation Therapy Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Infusion Therapy Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Rehabilitation and Habilitation Therapies		
Cardiac Rehabilitation Increased outpatient rehabilitation services (physical therapy, speech therapy and occupational therapy) for cardiac rehabilitation	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Pulmonary Rehabilitation limited to 1 program per Insured Person's lifetime	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Rehabilitation Therapy including, Physical Therapy, and occupational therapy and speech therapy Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Habilitative Services for Insured Persons age 19 and over including, Physical Therapy, and occupational therapy and speech therapy Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Habilitative Services for Insured Persons under age 19 including, Physical Therapy, and occupational therapy and speech therapy Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses

OTHER SERVICES AND SUPPLIES		
Covered Clinical Trials	Same as any other Covered Sickness	
Diabetic services and supplies (including equipment and training) Refer to the Prescription Drug provision for diabetic supplies covered under the Prescription Drug benefit.	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Dialysis Treatment	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Durable Medical Equipment Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Hearing Aids Limited to 1 hearing aid per impaired ear per 36 month period	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Infertility Treatment Pre-Certification Recommended • Infertility Services • Standard Fertility Preservation Procedures	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Maternity Benefit	Same as any other Covered Sickness	
Prosthetic Devices Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Pediatric and Adult Dental and Vision Care		
Pediatric Dental Care Benefit (through the end of the month in which the Insured Person turns age 19)	See the Pediatric Dental Care Benefit description in the Certificate for further information.	
Preventive Dental Care Limited to 3 dental exams every 12 months	100% of Usual and Customary Charge	
The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care:		
Emergency Dental	80% of Usual and Customary Charge	
Routine Dental Care	50% of Usual and Customary Charge	
Endodontic Services	50% of Usual and Customary Charge	
Prosthodontic Services	50% of Usual and Customary Charge	
Periodontic Services	50% of Usual and Customary Charge	
Medically Necessary Orthodontic Care	50% of Usual and Customary Charge	

Claim forms must be submitted to us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions.	Deductible Waived	
Pediatric Vision Care Benefit (through the end of the month in which the Insured Person turns age 19) Limited to 1 visit(s) per Policy Year and 1 pair of prescribed lenses and frames or contact lenses (in lieu of eyeglasses) per Policy Year Claim forms must be submitted to us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions.	$40 Copayment per visit then the plan pays 80% of Usual and Customary Charge for Covered Medical Expenses Deductible Waived	
Miscellaneous Dental Services		
Accidental Injury Dental Treatment	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Treatment for Temporomandibular Joint (TMJ) Disorders (age 19 and over)	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
PRESCRIPTION DRUGS		
Prescription Drugs Retail Pharmacy No cost sharing applies to ACA Preventive Care medications filled at a participating network pharmacy. We will not impose a Copayment or Coinsurance requirement for a covered Prescription Drug or device that exceeds the retail price of the Prescription Drug or device.		
TIER 1 (Including Elemental Formulas) For each fill up to a 30 day supply filled at a Retail pharmacy Out-of-Network Provider benefits are provided on a reimbursement basis. Claim forms must be submitted to us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions. See the Medical Food Benefit section of this Schedule for supplements not purchased at a pharmacy.	$20 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	$20 Copayment then the plan pays 100% of Actual charge for Covered Medical Expenses Deductible Waived
More than a 30 day supply but less than a 61 day supply filled at a Retail pharmacy	$40 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	$40 Copayment then the plan pays 100% of Actual charge for Covered Medical Expenses Deductible Waived

More than a 60 day supply filled at a Retail pharmacy	$60 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	$60 Copayment then the plan pays 100% of Actual charge for Covered Medical Expenses Deductible Waived
TIER 2 (Including Elemental Formulas) For each fill up to a 30 day supply filled at a Retail pharmacy Out-of-Network Provider benefits are provided on a reimbursement basis. Claim forms must be submitted to us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions. See the Medical Food Benefit section of this Schedule for supplements not purchased at a pharmacy.	$40 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	$40 Copayment then the plan pays 100% of Actual charge for Covered Medical Expenses Deductible Waived
More than a 30 day supply but less than a 61 day supply filled at a Retail pharmacy	$80 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	$80 Copayment then the plan pays 100% of Actual charge for Covered Medical Expenses Deductible Waived
More than a 60 day supply filled at a Retail pharmacy	$120 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	$120 Copayment then the plan pays 100% of Actual charge for Covered Medical Expenses Deductible Waived
TIER 3 (Including Elemental Formulas) For each fill up to a 30 day supply filled at a Retail pharmacy Out-of-Network Provider benefits are provided on a reimbursement basis. Claim forms must be submitted to us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions. See the Medical Food Benefit section of this Schedule for supplements not purchased at a pharmacy.	$65 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	$65 Copayment then the plan pays 100% of Actual charge for Covered Medical Expenses Deductible Waived
More than a 30 day supply but less than a 61 day supply filled at a Retail pharmacy	$130 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	$130 Copayment then the plan pays 100% of Actual charge for Covered Medical Expenses Deductible Waived

More than a 60 day supply filled at a Retail pharmacy	$195 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	$195 Copayment then the plan pays 100% of Actual charge for Covered Medical Expenses Deductible Waived
Specialty Prescription Drugs		
Specialty Prescription Drugs Out-of-Network Provider benefits are provided on a reimbursement basis. Claim forms must be submitted to us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions.	$65 Copayment per 30-day supply for Covered Medical Expenses Deductible Waived	$65 Copayment per 30-day supply for Covered Medical Expenses Deductible Waived
Zero Cost Medications		
Out-of-Network Provider benefits are provided on a reimbursement basis. Claim forms must be submitted to us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions.	100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	100% of Actual charge for Covered Medical Expenses Deductible Waived
Orally administered anti-cancer prescription drugs (including specialty drugs)		
Benefit	Greater of: Chemotherapy Benefit; or Infusion Therapy Benefit	
Diabetic Supplies (for Prescription supplies purchased at a pharmacy)		
Benefit	Paid the same as any other Retail or Mail Order Pharmacy Prescription Drug Fill, except no cost share shall apply to blood glucose test strips.	
Prescription Drugs to treat Diabetes, HIV or AIDS		
Benefit	Paid the same as any other Retail or Mail Order Pharmacy Prescription Drug Fill, except that the Insured Person's cost share shall not exceed $150 for up to a 30-day supply for prescription drugs prescribed to treat diabetes, HIV, or AIDS.	
Mandated Benefits		
Breast Cancer Screening	Same as any other Preventive Service, except services provided by a Non-Preferred Provider are not subject to the Deductible, if applicable.	
Case Management Approved Services	Same as any other Covered Sickness	
Family Planning	Same as any other Preventive Service, except no cost sharing shall apply to services provided by an In-Network or Out-of-Network Provider for male sterilization.	
General Anesthesia for Dental Care	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Lymphedema Diagnosis, Evaluation, and Treatment	Same as any other Covered Sickness	
Medical Foods Benefit	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses

Nutritional Counseling	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Osteoporosis Benefit	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Patient Centered Medical Home Expense Benefit Pre-Certification Recommended	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Prostate Cancer Screening	Same as any other Preventive Service, except no cost sharing shall apply to services provided by an In-Network or Out-of-Network Provider	
Reconstructive Breast Surgery	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Second Opinion Benefit	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Wellness Benefit Wellness Program Exercise Facility Reimbursement	Same as any other Preventive Service Up to $200 per six (6) month period; and up to an additional $100 per six (6) month period for Covered Dependents	
Additional Benefits		
Abortion Expense	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Tuberculosis screening, Titers, Quantiferon B tests including shots (other than covered under preventive services)	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Private Duty Nursing while confined	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Non-emergency Care While Traveling Outside of the United States	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses Subject to $10,000 maximum per Policy Year	
Medical Evacuation Expense (International Students, and Domestic Students and their Dependents	100% of Covered Medical Expenses Deductible Waived Subject to $50,000 maximum per Policy Year	
Repatriation Expense (International Students, and Domestic Students and their Dependents	100% of Covered Medical Expenses Deductible Waived Subject to $25,000 maximum per Policy Year	

Accidental Death and Dismemberment	
Principal Sum	$10,000
Loss must occur within 365 days of the date of a covered Accident.	
Only one benefit will be payable under this provision, that providing the largest benefit, when more than one (1) loss occurs as the result of any one (1) Accident. This benefit is payable in addition to any other benefits payable under this Certificate.	

Exclusions and Limitations

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care Act or any state-imposed requirements will be administered to comply with the requirements of the federal or state guideline, whichever is more favorable to You.

The Certificate does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the Certificate and as shown in the Schedule of Benefits.

General Exclusions:

- Services that are not Medically Necessary and Elective Surgery/Treatment;
- Services performed or prescribed under the direction of a person who is not a health care practitioner;
- Services that are beyond the scope of practice of the health care practitioner performing the service;
- Services to the extent they are covered by any government unit, except for veterans in Veterans' Administration or armed forces facilities for services received for which the recipient is liable;
- Services for which an Insured Person is not legally, or as a customary practice, required to pay in the absence of a health benefit plan;
- Personal care services and domiciliary care services;
- Services rendered by a health care practitioner who is an Insured Person's spouse, mother, father, daughter, son, brother, or sister;
- Experimental services;
- Services incurred before the effective date of coverage for an Insured Person;
- Services incurred after an Insured Person's termination of coverage, including any extension of benefits;
- Services for injuries or diseases related to an Insured Person's job to the extent the Insured Person is required to be covered by a workers' compensation law;
- Services rendered from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar persons or groups;
- Personal hygiene and convenience items, including, but not limited to, air conditioners, humidifiers, or physical fitness equipment;
- Charges for telephone consultations, failure to keep a scheduled visit, or completion of any form, except as provided in the Telehealth benefit;
- Inpatient admissions primarily for diagnostic studies;
- Except for Emergency Services, services received while the Insured Person is outside the United Stas except as otherwise covered under the Policy.
- Immunizations related to foreign travel;
- Services that duplicate benefits provided under federal, State, or local laws, regulations, or programs;
- Non-replacement fees for blood and blood products;
- Wigs or cranial prosthesis unless included as a covered service for Insured Persons whose hair loss results from chemotherapy or radiation Treatment for cancer;
- Weekend admission charges, except for emergencies and maternity;

- Outpatient orthomolecular therapy, including nutrients, vitamins, and food supplements;
- Services for conditions that State or local laws, regulations, ordinances, or similar provisions require to be provided in a public institution;
- Physical examinations required for obtaining or continuing employment, insurance, or government licensing;
- Nonmedical ancillary services such as vocational rehabilitation, employment counseling, or educational therapy;
- Private Hospital room;
- Private duty nursing;
- Payment of any claim, bill, or other demand or request for payment for health care services that the appropriate regulatory board determines was provided as a result of a prohibited referral.

In addition, for International Students Only, the following are not covered services:

- Expenses incurred within the Insured Person's Home Country or country of regular domicile.

Weight Management/Reduction:

- Medical or surgical Treatment or regimen for reducing or controlling weight, unless otherwise specified in the covered services for Bariatric Surgery;
- Lifestyle improvements, including nutrition counseling, or physical fitness programs, unless included as a covered service under the Wellness Benefits.

Family Planning:

- In vitro services, ovum transplants and gamete intrafallopian tube transfer, zygote intrafallopian transfer, or cryogenic or other preservation techniques used in these or similar procedures;
- Services to reverse a voluntary sterilization procedure;
- Services for sterilization or reverse sterilization for a Dependent minor, except for FDA approved sterilization procedures for women with reproductive capacity as required under the Affordable Care Act;
- Treatment of sexual dysfunction not related to organic disease.

Vision:

- The purchase, examination, or fitting of eyeglasses or contact lenses, except for aphakic patients and soft or rigid gas permeable lenses or sclera shells intended for use in the treatment of a disease or injury. This exclusion does not apply to the Pediatric Vision Care Benefit;
- Practitioner, hospital, or clinical services related to radial keratotomy, myopic keratomileusis, and surgery which involves corneal tissue for the purpose of altering, modifying, or correcting myopia, hyperopia, or stigmatic error.

Dental:

- Unless otherwise specified in covered services for Pediatric Dental Care Benefits Dental , dental work or Treatment which includes Hospital or professional care in connection with:
  - The operation or Treatment for the fitting or wearing of dentures,
  - Orthodontic care or malocclusion,
  - Operations on or for Treatment of or to the teeth or supporting tissues of the teeth, except for removal of tumors and cysts or Treatment of Injury to natural teeth due to an Accident if the Treatment is received within 6 months of the Accident; and
  - Dental implants;
- Accidents occurring while and as a result of chewing, except as provided in the Pediatric Dental Care Benefit;

Hearing:

- The purchase, examination, or fitting of hearing aids and supplies, and tinnitus maskers, except as required as a covered service under Hearing Aids.

Cosmetic:

- Surgery or related services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma, or congenital or developmental anomalies.

Foot Care:

- Routine foot care, including the paring or removing of corns and calluses, or trimming of nails, unless these services are determined to be Medically Necessary;
- Arch support, orthotic devices, in-shoe supports, orthopedic shoes, elastic supports, or exams for their prescription or fitting, unless these services are determined to be Medically Necessary.

Organ Transplants:

- Except for covered ambulance services, travel, whether or not recommended by a health care practitioner, except for the cost of air transportation for the recipient and a companion (or two companions if recipient is under the age of 18) to and from the site of a covered Organ Transplant;
- Nonhuman organs and their implantation;
- Services for, or related to, the removal of an organ from an Insured Person for purposes of transplantation into another person, unless the:
    - Transplant recipient is covered under the plan and is undergoing a covered transplant, and
    - Services are not payable by another carrier.

VALUE ADDED SERVICES

The following are not affiliated with Wellfleet Insurance Company and the services are not part of the Plan Underwritten by Wellfleet Insurance Company. These value-added options are provided by Wellfleet Student.

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:
www.wellfleetstudent.com

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

Wellfleet Student provides access to a comprehensive program that will arrange emergency medical and travel assistance services, repatriation services and other travel assistance services when you are traveling. For general inquiries regarding the travel access assistance services coverage, please call Wellfleet Student at (877) 657-5030, TTY 711.

If you are traveling and need assistance in North America, call the Assistance Center toll-free at: (877) 305-1966 or if you are in a foreign country, call collect at: (715) 295-9311.

When you call, please provide your name, school name, the group number shown on your ID card, and a description of your situation. 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.

How to Access Services

If you require medical assistance or you need assistance with a non-medical situation, such as lost luggage, lost documents or other travel issues, follow these steps:

- Inside the U.S. and Canada: Dial toll-free **(877) 305-1966**
- Outside the U.S. and Canada:
  - **a)** Request an international operator.
  - **b)** Request the operator to place a collect call to the U.S. at **+1 (715) 295-9311**.

Please provide the following information when you call:

- Policy number or school name
- Nature of your call and/or emergency
- Current location
- Contact phone number and email address
- Secondary point of contact
- Date of birth

24 Hour Nurseline

Students who enroll and maintain medical coverage in this insurance plan have access to the 24 Hour Nurseline. This 24-Hour Nurseline program provides:

- Phone-based, reliable health information in response to health concerns and questions; and

- Assistance in decisions on the appropriate level of care for an injury or sickness.

Appropriate care may include:

- self-care at home
- a call to a physician
- or a visit to the emergency room.

Calls are answered 24 hours a day, 365 days a year by experienced registered nurses who have been specifically trained to handle telephone health inquiries.

This program is not a substitute for doctor visits or emergency response systems. The Nurseline does not answer health plan benefit questions. Health benefit questions should be referred to the Plan Administrator. The 24 Hour Nurseline toll free number will be on the ID card.
(800) 634-7629

24/7 Behavioral Telehealth and Nurseline Access

CareConnect is an integrated behavioral health program offering students easy access to licensed behavioral health clinicians 24/7/365 via telephone (888) 857-5462.

Connect to a registered nurse within seconds, helping students manage their health on their terms through easy access.