

Bethel University (The Policyholder)

Student Health Insurance Plan (SHIP)

2023-2024

Eligibility

Any full-time student who is registered and attending classes at Bethel University is required to have adequate health insurance coverage. You will be automatically enrolled in SHIP, unless you provide comparable coverage and submit a waiver by the Waiver Deadline Date. If you have other health insurance, such as coverage under your parent's or employer's insurance plan, and you do not wish to enroll in SHIP, you may submit a Waiver Application. (Note: International students may not waive with insurance from their home country.)

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. All International Students are required to have a J-1, F-1 or M-1 Visa to be eligible for this insurance plan.

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 refund of premium less any claims paid. Eligibility requirements must be met each time premium is paid to renew Coverage.

DOMESTIC STUDENTS

All domestic undergraduate students taking 12 or more credit hours are eligible for coverage under the Plan. The University will automatically add the cost to the student's first semester bill, unless a waiver is submitted by the deadline date each year.

INTERNATIONAL STUDENTS

All international students who are engaged in educational activities outside their home country or country of regular domicile as non-resident aliens are eligible to be enrolled in the Student Health Insurance Plan on a mandatory basis. Any international student who is registered and attending classes at the University is eligible and is automatically insured under this plan.

Limitations, Deductibles, Coinsurance, and Copays may apply. Please see the Plan Certificate for full benefit details. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

Coinsurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 80% of the Negotiated Charge (NC) when you use Cigna PPO providers, and 60% of Usual & Customary (U&C) Charge when you use out-of-network providers.

CareConnect provides you with immediate access to licensed behavioral health clinicians where and when you need them most.

An integrated behavioral health program, CareConnect offers easy access to licensed behavioral health clinicians 24/7/365 via telephone.

This is only a brief description of the coverage(s) available under Certificate form TN SHIP Cert (2023). The Certificate will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate.

Underwritten by: Wellfleet Insurance Company



Questions

Eligibility & Enrollment
Academic HealthPlans, Inc.
(800) 955-1991

Benefits
Wellfleet Group, LLC
(877) 657-5030, TTY 711

Insurance ID Card

Download your ID card from wellfleetstudent.com.
Carry your ID card with you at all times!

Getting Care

Visit wellfleetstudent.com, or call (877) 657-5030, TTY 711 to find a provider in the Cigna PPO Network.

Prescription Drugs

Always use a Wellfleet Rx/ESI pharmacy. To locate a pharmacy, visit wellfleetstudent.com or call (877) 640-7940.

More Information

For more information, please visit bethelu.mycare26.com.

WI2324TNSHIP88
Group Number: ST1415SH

Benefits

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER ¹
Medical Deductible	\$500 per Individual, per Policy Year	\$500 per Individual, per Policy Year
Physician's Office Visits including Specialists/Consultants	\$25 Copay per visit then the plan pays 100% of NC (Deductible waived)	80% of U&C (after Deductible)
Urgent Care Centers for Non-Life-Threatening Conditions	\$25 Copay per visit then the plan pays 80% of NC	\$25 Copay per visit then the plan pays 60% of NC
Emergency Services in an Emergency Department for Emergency Medical Conditions	\$150 Copay per visit then the plan pays 80% of NC (Copay waived if admitted)	Paid the same as In-Network Provider subject to U&C
Hospital Care includes Hospital Room & Board Expenses and Miscellaneous Services & Supplies ²	80% of NC	60% of U&C
Prescription Drugs	80% of NC (Deductible waived)	80% of Actual Charge ³ (after Deductible)
Out-of-Pocket Maximum	\$6,600 per Individual \$13,200 per Family per Policy Year	Individual: No maximum Family: No maximum

¹ Using out-of-network providers may cost you more money! Coinsurance is payable for Usual and Customary (U&C) Charge, the most common charge for similar professional services, drugs, procedures, devices, supplies, or treatment within the area in which the charge is incurred. Some out-of-network providers charge more than U&C and you will be responsible for these excess amounts over the listed Coinsurance.

² Pre-Certification required for Inpatient Services Care, selected Outpatient Services, and Outpatient Surgery. For a complete list of these services, see the Plan Certificate.

³ When you use an out-of-network pharmacy, you must pay for prescriptions in full, then submit a claim for reimbursement.

Effective Dates & Plan Costs

The plan costs and coverage terms are listed below. Coverage terms are effective at 12:00 a.m. and terminate at 11:59 p.m. Plan costs include the medical insurance premium and administrative fees.

	WAIVER DEADLINE DATE	STUDENT	SPOUSE/DOMESTIC PARTNER	EACH CHILD ¹
Fall 08/01/2023 to 01/08/2024	09/16/2023	\$696.00	\$696.00	\$696.00
Spring/Summer 01/09/2024 to 07/31/2024	01/31/2024	\$887.00	\$887.00	\$887.00
Summer 06/04/2024 to 07/31/2024	06/15/2024	\$251.00	\$251.00	\$251.00

¹ Premium is charged per child, up to three (3) times the premium fee, after which no further premium is charged for additional children.

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP).

This document contains a summary of your school's Student Health Insurance Plan benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved Plan Certificate. The final Plan Certificate may be pending approval by applicable federal and state regulatory authorities. The final approved Plan Certificate is accessible upon approval at bethelu.mycare26.com.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Wellfleet.