

University of Redlands (The Policyholder)

Student Health Insurance Plan (SHIP)

2023-2024

Eligibility

Any full-time student (9 credit hours or more) who is registered and attending classes at the University of Redlands 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.

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.

Coverage for dependents is not available under the plan.

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.

	STUDENT
Annual 08/10/2023 to 08/09/2024 Waiver Deadline: 09/20/2023	\$1,593
Fall 08/10/2023 to 12/31/2023 Waiver Deadline: 09/20/2023	N/A
Spring/Summer 01/01/2024 to 08/09/2024 Waiver Deadline: 01/17/2024	N/A

Benefits

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER ¹
Medical Deductible	\$250 per Policy Year	
Physician's Office Visits including Specialists/Consultants	\$20 Copay per visit, then the plan pays 100% of NC (Deductible waived)	60% of U&C
Urgent Care Centers for Non-Life-Threatening Conditions	80% of NC	60% of U&C
Emergency Services in an Emergency Department for Emergency Medical Conditions	\$50 Copay per visit (Copay waived if admitted), then the plan pays 100% of NC	Paid the same as In-Network Provider subject to U&C
Hospital Care includes Hospital Room & Board Expenses and Miscellaneous Services & Supplies. Subject to Semi-Private room rate unless intensive care unit is required. Room and Board includes intensive care. ²	80% of NC	60% of U&C
Prescription Drugs	\$20 Copay Generic \$50 Copay Preferred Brand \$75 Copay Non-Preferred Brand \$75 Copay Specialty (Deductible waived)	\$20 Copay Generic \$50 Copay Preferred Brand \$75 Copay Non-Preferred Brand \$75 Copay Specialty, then the plan pays 60% of Actual Charges ³ (Deductible waived)
Out-of-Pocket Maximum	\$6,350 per Policy Year	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 You must pay for prescriptions in full and then submit a claim for reimbursement.



Questions

Eligibility & Enrollment
Academic Health Insurance Services
(800) 537-1777

Benefits
Wellfleet Group, LLC
dba Wellfleet Administrators, 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 OAP 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
redlands.mycare26.com

WI2324CASHIP98
Group Number: ST1383SH

Limitations, Deductibles, Coinsurance, and Copays may apply. Please see the Plan Certificate for full benefit details.

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

This is only a brief description of the coverage(s) available under Certificate form CA SHIP 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.

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.

What's Included?

- Access to Medical and Mental Health Telemedicine Services
- Coverage when traveling
- Academic Emergency Services*

Wellfleet Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

(Arabic)

إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.
تصل برقم +1 (877) 657-5030, TTY 711 1+

(Chinese-S)

如果您说中文，您可以免费获得语言援助服务。
请致电 +1 (877) 657-5030, TTY 711。

(Chinese-T)

如果您使用繁體中文，您可以免費獲得語言援助服務。
請致電 +1 (877) 657-5030, TTY 711。

(French)

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le +1 (877) 657-5030, TTY 711.

(French Creole-Haitian)

Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele +1 (877) 657-5030, TTY 711.

(German)

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer +1 (877) 657-5030, TTY 711.

(Italian)

In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero +1 (877) 657-5030, TTY 711.

(Japanese)

日本語を話される場合、無料の言語支援をご利用いただけます。+1 (877) 657-5030, TTY 711 まで、お電話にてご連絡ください。

(Korean)

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
+1 (877) 657-5030, TTY 711 번으로 전화해 주십시오.

(Persian-Farsi)

اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با +1 (877) 657-5030, TTY 711 بگیرید.

(Polish)

Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.
Zadzwoń pod numer +1 (877) 657-5030, TTY 711.

(Portuguese)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis.
Ligue para +1 (877) 657-5030, TTY 711.

(Russian)

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
Звоните +1 (877) 657-5030, TTY 711.

(Spanish)

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al +1 (877) 657-5030, TTY 711.

(Tagalog)

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa +1 (877) 657-5030, TTY 711.

(Vietnamese)

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
Gọi số +1 (877) 657-5030, TTY 711.

*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), dba Academic Health Insurance Services.

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 redlands.mycare26.com.

Academic HealthPlans, Inc. (AHP), dba Academic Health Insurance Services is an independent company that provides program management and administrative services for the Student Health Insurance Plan. CA License #0H64806