WELLFLEET STUDENT

Benefits at a Glance

Student Health Insurance Plan (2026/2027)



Designed exclusively for the students of:

POINT LOMA NAZARENE UNIVERSITY
San Diego, CA.
("the policyholder")
Policy Number: CC008786
Group Number: ST2320LM
Effective: 08/01/2026 – 07/31/2027

Underwritten by: Wellfleet Insurance Company
Fort Wayne, IN
("the Company")
Administered by: Wellfleet Group, LLC

WELLFLEET STUDENT

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Welcome International Students…

We are pleased to provide you with this summary of the 2026 - 2027 International Student Accident and Sickness Plan ("Plan"), "Benefits at a Glance" includes effective dates and costs of coverage, as well as other helpful information.

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 ADMINISTERED BY

Enrollment, Eligibility, & Waivers
Academic Health Plans
PO Box 1605
Colleyville, TX 76034
(855) 684-3071

Benefits, Claim Status, & Administration

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

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 generics at a $0 co-payment. 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

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General Information

Am I Eligible

Class 1: International Students

All International Undergraduates, Athletes and Scholars (Plan Participants) of the Point Loma Nazarene University Program will be automatically enrolled in this International Student Accident and Sickness Insurance Plan. Eligible International Students do not have the option to waive coverage.

Class 2: Dependents

International Undergraduates, Athletes, and Scholars who are enrolled in this International Student Accident and Sickness Plan may also enroll their Dependents

U.S. citizens and residents are not eligible for coverage.

How Do I Enroll My Dependents?

- https://pointloma.myahpcare.com/
- Select “Begin Dependent Enrollment”

Refer to the dates in the Effective Date & Costs section for the deadline dates to purchase dependent coverage.

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
Fall	08/01/2026	01/11/2027
Spring/Summer	01/12/2027	07/31/2027

Plan Costs for International Students and their eligible Dependents

	Fall	Spring/Summer
Student	$777	$777
Spouse	$3,231	$3,231
Child(ren)	$2,160	$2,160

The plan costs for Dependents are in addition to the plan costs for student.

Plan Benefits

NOTES:

- We do not pay benefits for the amount of Eligible Expenses paid by You as Your Coinsurance or Co-payment amount.
- **Eligible Expenses** will be paid under the Inpatient benefits for Surgery and under the Outpatient benefits for Surgery, but not both for the same or related procedure.

BENEFIT	IN-NETWORK PROVIDER	OUT OF NETWORK PROVIDER
Policy Maximum for all Injury and Sickness Medical Expenses	$500,000	
Policy Term Deductible* **Per Individual** **Deductible at Student Health Center:** **The Deductible will be waived when treatment is rendered at the Student Health Center.*	$200 $0	
Initial Treatment Period	30 Days from the date of Injury or Sickness	
Out-of-Pocket Maximum Per Policy Term: **Individual**	None	
Coinsurance	100% of the Preferred Allowance (PA)	80% of Usual, Reasonable & Customary (URC) Charges

Schedule of Benefits

UNLESS OTHERWISE SPECIFIED BELOW, THE POLICY TERM DEDUCTIBLE WILL ALWAYS APPLY

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK PROVIDER BENEFIT	OUT OF NETWORK PROVIDER BENEFIT
Hospital Room & Board Benefit	100% of the PA, subject to a $100 co-payment per visit	80% of the Semi-Private Room Rate, subject to a $100 deductible per visit
Intensive Care/Cardiac Care Unit Benefit	100% of the PA	80% of URC
Hospital Miscellaneous Expense Benefit	100% of the PA	80% of URC
Surgeon (In or Outpatient) Benefits	100% of the PA	80% of URC
Assistant Surgeon Benefit	100% of the PA	80% of URC
Pre-Admission Testing Benefit	100% of the PA	80% of URC
Anesthesia Benefit	100% of the PA	80% of URC
Day Surgery Miscellaneous Benefit	100% of the PA	80% of URC
Diagnostic X-Ray and Lab Benefit	100% of the PA, subject to a $100 copay per visit	80% of URC, subject to a $100 deductible per visit
Ambulance Benefit	100% of the PA	80% of Actual Charges
Physician Visit Benefit (Inpatient)	100% of the PA	80% of URC
Physician Visit Benefit (Outpatient)	100% of the PA, subject to a $25 co-payment per visit *(co-payment waived at Student Health Center)*	80% of URC Subject to a $25 deductible per visit
Consultant Physician Benefit	100% of the PA, subject to a $25 co-payment per visit	80% of URC Subject to a $25 deductible per visit
Radiation/Chemotherapy Benefit	100% of the PA	80% of URC
Emergency Room Benefit	100% of the PA, subject to a $200 co-payment per visit (co-payment waived if admitted)	80% of URC Subject to a $200 deductible per visit (deductible waived if admitted)
Urgent Care Center Benefit	100% of the PA, subject to a $25 co-payment per visit	80% of URC, subject to a $25 deductible per visit
Elective/Therapeutic Termination of Pregnancy Benefit	100% of the PA	80% of URC
Maternity and Pre-Natal Care Expense Benefit	100% of the PA	80% of URC
MENTAL & NERVOUS CONDITIONS EXPENSE BENEFIT AND ALCOHOL & DRUG ABUSE EXPENSE BENEFIT		
In-Patient Expense	Covered same as any other Sickness	Covered same as any other Sickness
Out-Patient Expense	Covered same as any other Sickness	Covered same as any other Sickness

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK PROVIDER BENEFIT	OUT OF NETWORK PROVIDER BENEFIT
Emergency Dental Expense Benefit	100% of the PA	80% of URC
Physiotherapy Expense Benefit – Inpatient	100% of the PA	80% of URC
Physiotherapy Expense Benefit – Outpatient	100% of the PA	80% of URC
Durable Medical Equipment Expense Benefit	100% of the PA	80% of URC
Skilled Nursing Facility Benefit	100% of the PA	80% of URC
PRESCRIPTION DRUG EXPENSE BENEFIT Based on 30-day supply per prescription	**WELLFLEET RX/ESI NETWORK PROVIDER BENEFIT**	**OUT OF NETWORK PROVIDER BENEFIT**
Covered Percentage:		Insured must pay 100% of actual charges then submit claim form for reimbursement less copay
Co-payment Generic:	$20 per prescription based on a 30-day supply per prescription	
Co-payment all other:	$50 per prescription based on a 30-day supply per prescription	
ACCIDENTAL DEATH AND DISMEMBERMENT		
Class 1 – 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.		

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act. Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this brochure. This plan contains both insurance and non-insurance benefits. Complete provisions pertaining to the insurance portion of the plan are contained in the policy. In the event of any conflict between this brochure and the policy, the policy will govern. The policy is a short-term limited duration policy renewable only at the option of the insurer. This is a brief description of the important features of your plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to your school. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster SPC.

Exclusions and Limitations

The Policy does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits:

1) War or any act of war, declared or undeclared.
2) Any Covered Loss which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps.
3) Any Covered Loss sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request.
4) Voluntary, active participation in a riot or insurrection.
5) Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance.
6) Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges.
7) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation.
8) Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Policy.
9) Treatment of acne.
10) Charges that are not Medically Necessary.
11) Charges provided at no cost to the Plan Participant.
12) Expenses incurred for treatment while in Your Home Country.
13) Expenses incurred for an Accident or Injury or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage.
14) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health; unless specifically covered by this Policy.
15) Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Plan Participant.
16) Any Covered Loss paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Policyholder.
17) Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician.
18) Pre-existing conditions in excess of $15,000.
19) Drug, treatment or procedure that promotes conception, or childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof.
20) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes.
21) Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident or emergency pain relief treatment to natural teeth while the Plan Participant is covered under the Policy, and rendered within 6 months of the Accident.
22) Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
23) Weak, strained or flat feet, corns, calluses, or toenails.

24) Private-duty nursing services.

25) Expenses payable under any prior policy which was in force for the person making the claim.

26) Treatment paid for or furnished under any other individual or group policy, or other service or medical pre- payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual

27) Travel in or upon:

    a) A water jet ski;

    b) Any two or three wheeled motor vehicle;

    c) Any off-road motorized vehicle not requiring licensing as a motor vehicle; When used for recreation or competition.

28) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; solo diving; snorkeling; water skiing; snow skiing; spelunking; parasailing; and snow boarding; unless part of a school credit course.

29) Practice or play in any amateur, interscholastic, professional or semi-professional sports contest or competition; unless specifically covered by the Policy.

30) Rest cures or custodial care.

31) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body **(**Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness).

32) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:

    a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
    b) While being used for any test or experimental purpose; or
    c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
    d) While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Plan Participant or any member of his household; or
    e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
    f) An ultra light, hang-gliding, parachuting or bungee-cord jumping;

    Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business purposes.

Notice: For further information on this Plan, visit: https://www.studentinsurance.com/Client/2320
Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued for Peralta Community College District. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster, SPC. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

Note: This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

Privacy Statement: We know that your privacy is important to you, and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us 877-657-5030 or by visiting us at https://www.wellfleetstudent.com.

Complaints: In the event you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at:

Wellfleet Group, LLC
Attention: Appeals Unit
PO Box 15369
Springfield, MA 01115-5369

Data Protection: Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

By purchasing this insurance provided by Crum & Forster SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust.

VALUE ADDED SERVICES

The following are not affiliated with the Insurance Company and the services are not part of the Plan Underwritten by the Insurance Company.

24/7 Nurseline

Students who enroll and maintain medical coverage in this insurance plan have **free** access to the 24/7 Nurseline by calling (800) 634-7629. This 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
- an office or telehealth visit with a healthcare provider
- Or a visit to an urgent care center or 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

CareConnect
BY WELLFLEET

24/7 Telehealth Counseling for Mental Health

CareConnect is an integrated behavioral health program offering students easy access to licensed mental health clinicians 24/7/365 via telephone (888) 857-5462 and website access to expert mental health and emotional wellbeing resources.

The CareConnect hotline is available at **no additional cost to you**, and you also have free access to courses, articles, and short videos that support mental health and wellbeing by visiting https://careconnect.mysupportportal.com/welcome.