

BENEFITS AT A GLANCE

STUDENT HEALTH INSURANCE PLAN | PLAN YEAR 2020/2021

DESIGNED EXCLUSIVELY FOR THE GRADUATE,
INTERNATIONAL, AND NURSING STUDENTS OF:

**UNIVERSITY OF NEVADA
LAS VEGAS**

("the Policyholder")

UNDERWRITTEN BY:

Wellfleet Insurance Company | Fort Wayne, IN
("the Company")

Policy Number: W12021NVSHIP35

Group Number: ST1039SH

Graduate & Professional Students
and International—

Effective: 8/16/2020 - 8/15/2021

Nursing—Effective: 9/1/2020 - 8/31/2021

ADMINISTERED BY:

Wellfleet Group, LLC



WELLFLEET
STUDENT

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Welcome Students...

We are pleased to provide you with this summary of the 2020 – 2021 Student Health Insurance Plan (“Plan”), which is fully compliant with the Affordable Care Act. “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 unlv.myahpcare.com. For questions about medical benefits or claims, please call Wellfleet Student at (877) 657-5033, TTY 711.

Where to Find Help

For Questions About:	Please Contact:
Servicing Agent Enrollment Waivers	Academic HealthPlans unlv.myahpcare.com
Insurance Benefits Claims Processing ID Cards Preferred Provider Listings	Wellfleet Group, LLC PO Box 15369 Springfield, Massachusetts 01115-5369 (877) 657-5033, TTY 711 www.wellfleetstudent.com
Preferred PPO Provider Listings Cigna Claims	Academic HealthPlans unlv.myahpcare.com or Cigna www.cigna.com Send Cigna claims to: CIGNA PO Box 188061 Chattanooga, TN 37422 – 8061 Electronic Payor ID: 62308
Prescription Drug Provider	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.

UNLV Student Health Center

When you need care, consider the UNLV Student Health Center (SHC) on campus as your first stop. They can provide many of the routine health services you need. Services obtained at the SHC are covered at no cost to the member with all applicable deductibles, copays and coinsurance waived for medical services. **The UNLV SHC is open Monday through Thursday from 8:00 a.m. to 6:00 p.m. and Friday 9:00 a.m. to 5:00 p.m.**

For more information, call the Student Health Center at (702) 895-3370. In the event of an emergency, call 911 or the Campus Police at (702) 895-3668.

A SHC referral is not required, and it does not guarantee services received will be considered eligible expenses under the plan, nor is it a guarantee of payment.

The Student Health Center Pharmacy has a \$20 Copay per prescription.

Insured dependents are not eligible to use the UNLV SHC. The benefits listed in the Schedule of Benefits are available to the insured dependents.

Withdrawal from School

If you leave the University of Nevada, Las Vegas for reason of a covered accident or sickness, you will be eligible for continued coverage under this Plan for only the first term immediately following your leave, provided you have approval by your school and any applicable regulatory authority, and were enrolled in this Plan for the term previous to your leave. Enrollment must be initiated by the student and is not automatic. All applicable enrollment deadline dates apply. You must pay the applicable insurance premium.

Please make sure you understand your school's credit hour and other requirements for enrolling in this plan. We reserve the right to review, at any time, your eligibility to enroll in this plan. If it is determined that you did not meet the school's eligibility requirements for enrollment, your participation in the plan may be terminated or rescinded in accordance with its terms and applicable law.

If you withdraw from school within the first **31 days** of a coverage period, you will not be covered under the Policy and the full premium will be refunded. After **31 days**, you will be covered for the full period that you have paid the premium for, and no refund will be allowed. (This refund policy will not apply if you withdraw due to a covered Accident or Sickness*).

*Please refer to your Certificate for full information regarding premium reimbursement if withdrawing and refund of premium.

Eligibility and Waiver of Coverage

An eligible student must attend classes at the Policyholder's school for the first 31 days of the period for which he or she is enrolled.

Except in the case of withdrawal from school due to Sickness or Injury, any student who withdraws from the Policyholder's school during the first 31 days of the period for which he or she is enrolled shall not be covered under the insurance plan. A full refund of Premium will be made, minus the cost of any claim benefits paid by the Certificate. A student who graduates or withdraws after such 31 days of the period for which he or she is enrolled will remain covered under the Certificate for the term purchased and no refund will be allowed.

All International Students are required to have a F-1 Visa, and dependents have a F-2 Visa to be eligible for this insurance plan.

We maintain the right to investigate eligibility status and attendance records to verify that the Certificate eligibility requirements have been met. If We discover that the Certificate eligibility requirements have not been met, Our only obligation is refund of premium less any claims paid.

Eligibility requirements must be met each time Premium is paid to renew Coverage.

Who is Eligible

International Students

All registered International students, with F-1 visa status on a UNLV I-20, taking credits are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan. Students are automatically enrolled in the Student Health Insurance Plan unless proof of comparable coverage is provided by completing the waiver.

Waivers must be submitted each term. International student accounts will be charged the Student Health Insurance Fee for the Fall and Spring/Summer term.

Graduate & Professional Students

All registered, degree-seeking Graduate & Professional students taking 1-8 credit hours and all registered, degree-seeking Law students taking 1-11 credit hours are eligible to enroll in this Student Health Insurance Plan. All registered, degree-seeking Graduate & Professional students taking 9 or more credits and all Graduate Assistantship (GA) students enrolled in 6 or more credit hours are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan. Students are automatically enrolled in the Student Health Insurance Plan unless proof of comparable coverage is provided by completing the waiver.

Students need to submit a waiver once per academic year. Graduate student accounts will be charged the Student Health Insurance Fee for the Fall and Spring/Summer term.

Nursing Students

All registered, degree-seeking School of Nursing students taking 1-8 credits are eligible to enroll in this Student Health Insurance Plan on a voluntary basis. However, if you do not already have adequate medical insurance coverage, you must enroll online at unlv.myahpcare.com.

All registered degree-seeking School of Nursing students taking 9 or more credits are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan. Students are automatically enrolled in the Student Health Insurance Plan unless proof of comparable coverage is provided by completing the waiver.

Waivers must be submitted once per academic year. Nursing student accounts will be charged the Student Health Insurance Fee for the Fall and Summer/Summer term.

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

Who is not Eligible

Non-degree seeking students are not eligible to enroll in the student health insurance program.

Coverage for Dependents

Eligible individuals may also insure, on a Voluntary Participation Basis, their eligible Dependents. Eligible Dependents are the spouse (or lawful domestic partner), and unmarried children under 26 years of age. Individuals who enroll their dependents must enroll them within 31 days of the Insured Student's enrollment in the plan with the exception of adopted children or newborn children (see the Certificate provision entitled **Dependent Child Coverage**).

Newly Born Children - A newly born child of Yours will be covered from the moment of birth. Such newborn child will be covered for Covered Injury or Covered Sickness for an initial period of 31 days. This includes the necessary care and Treatment of medically diagnosed congenital defects and birth abnormalities from the moment of birth. If additional premium is required, to continue coverage beyond this initial 31-day period, You must notify Us of the birth so We can generate an updated premium bill so a timely premium payment is made. If an additional premium is not required, We request that the Insured Student notify Us of the birth to ensure proper claims adjudication.

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 Dates for Graduate & Professional, International Students and their Eligible Dependents.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Fall	8/16/2020	1/11/2021	10/5/2020
Spring/Summer (New Students Only)	1/12/2021	8/15/2021	2/26/2021

Plan Costs for Graduate & Professional, International Students and their Eligible Dependents

	Fall	Spring/Summer (New Students Only)
Student*	\$1,146.00	\$1,662.00
Spouse*	\$1,146.00	\$1,662.00
Each Child (Age 0-26)*	\$1,146.00	\$1,662.00
3 or more Children (Age 0-26)*	\$3,438.00	\$4,985.00

**Costs include a premium payable to Wellfleet Group, LLC as well as administrative fees payable to UNLV. Costs also include fees payable to Academic HealthPlans. The plan costs for Dependents are in addition to the plan costs for student.*

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 Dates for Nursing Students and their Eligible Dependents.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Fall	9/1/2020	1/4/2021	10/5/2020
Spring/Summer (New Students Only)	1/5/2021	8/31/2021	2/26/2021

Plan Costs for Nursing Students and their Eligible Dependents

	Fall	Spring/Summer (New Students Only)
Student*	\$969.00	\$1,838.00
Spouse*	\$969.00	\$1,838.00
Each Child (Age 0-26)*	\$969.00	\$1,838.00
3 or more Children (Age 0-26)*	\$2,907.00	\$5,515.00

**Costs include a premium payable to Wellfleet Group, LLC as well as administrative fees payable to UNLV. Costs also include fees payable to Academic HealthPlans. The plan costs for Dependents are in addition to the plan costs for student.*

Preferred Provider Organization (PPO) Network

...providing access to quality health care at discounted costs!

By enrolling in this Plan, you have the Cigna PPO Network of participating Providers. To find a complete listing of the Network's participating Providers, go to www.cigna.com, or contact Wellfleet Group, LLC toll-free at (877) 657-5033, TTY 711, or www.wellfleetstudent.com for assistance.

Graduate & Professional, International, and Nursing Students Schedule of Benefits

This is only a brief description of coverage available under Certificate form NV SHIP CERT (2019). The Certificate will contain full details of coverage, coinsurance, limitations, exclusions, and termination provisions. If there are any conflicts between this document and the Certificate, the Certificate governs in all cases.

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

SCHEDULE OF BENEFITS

Preventive Services:

In-Network Provider: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of the Negotiated Charge when services are provided through an In-Network Provider.

Out-of-Network Provider: Deductible, Coinsurance, and any Copayment are applicable to Preventive Services provided through an Out-of-Network Provider. Benefits are paid at 50% of the Usual and Customary Charge.

Medical Deductible*	In-Network Provider	Individual:	\$250
	Out-of-Network Provider	Individual:	\$500

***Deductible** is waived if Covered Medical Expenses are incurred at the Student Health Center

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:	In-Network Provider	Individual	\$3,750
		Family	\$7,500
	Out-of-Network Provider	Individual	\$7,500
		Family	\$15,000

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 Amounts:

In-Network Provider: 80% of the Negotiated Charge for Covered Medical Expenses unless otherwise stated below.

Out-of-Network Provider: 50% of the Usual and Customary Charge (U&C) for Covered Medical Expenses unless otherwise stated below.

Student Health Center 100% of the Negotiated Charge for Covered Medical Expenses unless otherwise stated below.

Medical Benefit Payments for In-Network Providers and Out-of-Network Providers

The Certificate provides benefits based on the type of health care provider You and Your Covered Dependent selects. The Certificate provides access to both In-Network Providers and Out-of-Network Providers. Different benefits may be payable for Covered Medical Expenses rendered by In-Network Providers versus Out-of-Network Providers, as shown in the Schedule of Benefits.

Dental and Vision Benefit Payments

For dental and vision benefits, You may choose any dental or vision provider.

For dental, different benefits may be payable based on the type of service, as shown in the Schedule of Benefits.

Preferred Provider Organization:

To locate an In-Network Provider in Your area, consult Your Provider Directory or call toll free 877-657-5033 or visit Our website at www.wellfleetstudent.com.

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.**

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Inpatient Benefits		
Hospital Care Includes hospital room & board expenses and miscellaneous services and supplies. Subject to Semi-Private room rate unless intensive care unit is required. Room and Board includes intensive care. Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Preadmission Testing	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Physician's Visits while Confined: Limited to 1 visit per day of Confinement per provider	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of Usual and Customary Charge after Deductible for Covered Medical Expenses

<p>Inpatient Surgery: Pre-Certification Required</p> <p>Surgeon Services</p> <p>Anesthetist</p> <p>Assistant Surgeon</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p> <p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p> <p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>50% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p> <p>50% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p> <p>50% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
<p>Registered Nurse Services for private duty nursing while Confined</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>50% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
<p>Physical Therapy while Confined (inpatient)</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>50% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
<p>Skilled Nursing Facility Benefit</p> <p>Pre-Certification required</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>50% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
<p>Inpatient Rehabilitation Facility Expense Benefit</p> <p>Pre-Certification Required</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
INPATIENT MENTAL HEALTH DISORDER AND SUBSTANCE USE DISORDER		
<p>Mental Health Disorder and Substance Use Disorder Benefit</p> <p>Pre-Certification Required</p> <p>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 Use Disorder will be no more restrictive than those that apply to medical and surgical benefits for any other Covered Sickness.</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses</p>

Outpatient Benefits		
<p>Outpatient Surgery: Pre-Certification required</p> <p style="padding-left: 40px;">Surgeon Services</p> <p style="padding-left: 40px;">Anesthetist</p> <p style="padding-left: 40px;">Assistant Surgeon</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p> <p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p> <p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses</p> <p>50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses</p> <p>50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
<p>Outpatient Surgery Facility and Miscellaneous expenses for services & supplies, such as cost of operating room, therapeutic services, oxygen, oxygen tent, and blood & plasma</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
<p>Physician's Office Visits</p>	<p>\$25 Copayment per visit then the plan pays 80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>\$25 Copayment per visit then the plan pays 50% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
<p>Specialist/Consultant Physician Services</p>	<p>\$25 Copayment per visit then the plan pays 80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>\$25 Copayment per visit then the plan pays 50% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
<p>Telemedicine or Telehealth Services</p>	<p>\$25 Copayment per visit then the plan pays 80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>\$25 Copayment per visit then the plan pays 50% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
<p>Cardiac Rehabilitation</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
<p>Pulmonary Rehabilitation</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
<p>Rehabilitation Therapy including, Physical Therapy, and Occupational Therapy and Speech Therapy</p> <p>Pre-Certification Required</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses</p>

Habilitative Services including, Physical Therapy, and Occupational Therapy and Speech Therapy Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Emergency Services	\$100 Copayment per visit then the plan pays 80% of the Negotiated Charge after Deductible for Covered Medical Expenses Copayment waived if admitted	Paid the same as In-Network Provider subject to Usual and Customary Charge.
Urgent Care Centers	\$25 Copayment per visit then the plan pays 80% of the Negotiated Charge after Deductible for Covered Medical Expenses	\$25 Copayment per visit then the plan pays 50% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Diagnostic Imaging Services Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of Usual and Customary Charge after Deductible for Covered Medical Expenses
CT Scan, MRI and/or PET Scans Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Laboratory Procedures (Outpatient)	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Chemotherapy and Radiation Therapy Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Infusion Therapy Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Home Health Care Expenses Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Hospice Care Coverage	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Maximum Group Therapy Bereavement visits	5 visits	5 visits

OUTPATIENT MENTAL HEALTH DISORDER AND SUBSTANCE USE DISORDER		
<p>Mental Health Disorder and Substance Use Disorder Benefit</p> <p>Pre-Certification Required except for office visits</p> <p>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 Use Disorder will be no more restrictive than those that apply to medical and surgical benefits for any other Covered Sickness.</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>50% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
<p>Prescription Drugs Retail Pharmacy No cost sharing applies to ACA Preventive Care medications filled at a participating network pharmacy or Student Health Center.</p>		
<p>TIER 1 (Including Enteral Formulas) For each fill up to a 30 day supply filled at a Retail pharmacy</p> <p>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.</p> <p>See the Enteral Formula and Nutritional Supplements section of this Schedule for supplements not purchased at a pharmacy.</p>	<p>70% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>50% of Actual charge after Deductible for Covered Medical Expenses</p>
<p>More than a 30 day supply but less than a 61 day supply filled at a Retail pharmacy</p>	<p>70% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>50% of Actual charge after Deductible for Covered Medical Expenses</p>
<p>More than a 60 day supply filled at a Retail pharmacy</p>	<p>70% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>50% of Actual charge after Deductible for Covered Medical Expenses</p>

<p>TIER 2 (Including Enteral Formulas) For each fill up to a 30 day supply filled at a Retail pharmacy</p> <p>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.</p> <p>See the Enteral Formula and Nutritional Supplements section of this Schedule for supplements not purchased at a pharmacy.</p>	<p>70% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>50% of Actual charge after Deductible for Covered Medical Expenses</p>
<p>More than a 30 day supply but less than a 61 day supply filled at a Retail pharmacy</p>	<p>70% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>50% of Actual charge after Deductible for Covered Medical Expenses</p>
<p>More than a 60 day supply filled at a Retail pharmacy</p>	<p>70% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>50% of Actual charge after Deductible for Covered Medical Expenses</p>
<p>TIER 3 (Including Enteral Formulas) For each fill up to a 30 day supply filled at a Retail Pharmacy</p> <p>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 Enteral Formula and Nutritional Supplements section of this Schedule for supplements not purchased at a pharmacy.</p>	<p>70% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>50% of Actual charge after Deductible for Covered Medical Expenses</p>
<p>More than a 30 day supply but less than a 61 day supply filled at a Retail pharmacy</p>	<p>70% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>50% of Actual charge after Deductible for Covered Medical Expenses</p>
<p>More than a 60 day supply filled at a Retail pharmacy</p>	<p>70% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>50% of Actual charge after Deductible for Covered Medical Expenses</p>

Zero Cost Generics		
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 the Actual Charge for Covered Medical Expenses Deductible Waived
Specialty Prescription Drugs		
Specialty Prescription Drugs For each fill up to a 30 day supply 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.	70% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	50% of Actual charge for Covered Medical Expenses Deductible Waived
More than a 30 day supply but less than a 61 day supply	70% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	50% of Actual charge for Covered Medical Expenses Deductible Waived
More than a 60 day supply	70% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	50% of Actual charge for Covered Medical Expenses Deductible Waived
Orally administered anti-cancer prescription drugs (including specialty drugs)		
Benefit	Greater of: <ul style="list-style-type: none"> • Chemotherapy Benefit; or • Infusion Therapy Benefit 	
Diabetic Supplies (for Prescription supplies purchased at a pharmacy)		
Benefit	Paid the same as any other Retail Pharmacy Prescription Drug Fill	
Other Benefits		
Allergy Testing	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Allergy Injections/Treatment	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Ambulance Service ground and/or air, water transportation	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of the Usual and Customary Charge after Deductible for Covered Medical Expenses

Bariatric Surgery Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Clinical Trials or Chronic Fatigue Syndrome	Same as any other Covered Sickness	
Durable Medical Equipment Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
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	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Dialysis Treatment	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Hearing Aids	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Maternity Benefit	Same as any other Covered Sickness	
Enteral Formulas and Nutritional Supplements See the Prescription Drug section of this Schedule when purchased at a pharmacy.	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Prosthetic Devices Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Reconstructive Surgery Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Pediatric Dental Care Benefit (to 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.	

Student Health Center/Infirmary Expense	\$20 Copayment per visit then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	
Chiropractic Care Benefit Pre-Certification Required	\$25 Copayment per visit then the plan pays 80% of the Negotiated Charge after Deductible for Covered Medical Expenses	\$25 Copayment per visit then the plan pays 50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Infertility Treatment Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Organ Transplant Surgery travel and lodging expenses for recipient and recipient's companion a maximum of \$2,000 per Policy Year or \$250 per day, whichever is less while at the transplant facility. Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Treatment for Temporomandibular Joint (TMJ) Disorders	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Tuberculosis screening, Titters, Quantiferon B tests including shots (other than covered under preventive services)	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of the Usual and Customary Charge after Deductible for Covered Medical Expenses
Sports Accident Expense - incurred as the result of the play or practice of club sports	Same as any other Covered Injury	Same as any other Covered Injury
Non-emergency Care While Traveling Outside of the United States	60% of Usual and Customary Charge after deductible for Covered Medical Expenses	
Mandated Benefits		
Autism Spectrum Disorders	Same as any other Covered Sickness	
Human Papillomavirus Vaccine	Same as any other Preventive Service	
Prostate Cancer Screening	Same as any other Preventive Service	
Cytological and Mammography Screening	Same as any other Preventive Service	
Contraceptives and Hormone Replacement Therapy	Same as any other Covered Sickness, except Contraceptives and hormone replacement therapy covered under Preventive services will be subject to Preventive services cost share	
Colorectal Cancer Screening	Same as any other Preventive Service	

Pre-Certification

Pre-certification is required for inpatient hospital, surgery and selected outpatient services. Pre-Certification is not required for an Emergency Medical Condition or Urgent Care or Hospital Confinement for the initial 48/96 hours of maternity care.

Additionally, no authorization requirement will apply to obstetrical or gynecological care provided by In-Network Providers.

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.

1. **International Students Only** - Eligible expenses within Your Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which You could be eligible.
2. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the Student Health Center or by Your attending Physician or dentist.
3. Medical services rendered by a provider employed for or contracted with the Policyholder, including team physicians or trainers, except as specifically provided in the Schedule of Benefits or as part of the Student Health Center benefits provided by this plan.
4. Professional services rendered by an Immediate Family Member or anyone who lives with You.
5. 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 because of Injury, infection or disease.
6. Infertility treatment (male or female)-this includes but is not limited to:
 - Procreative counseling;
 - Premarital examinations;
 - Genetic counseling and genetic testing;
 - Impotence, organic or otherwise;
 - Injectable infertility medication, including but not limited to menotropins, hCG and GnRH agonists;
 - In vitro fertilization, gamete intrafallopian tube transfers or zygote intrafallopian tube transfers;
 - Costs for an ovum donor or donor sperm;
 - Sperm storage costs;
 - Cryopreservation and storage of embryos;
 - Ovulation induction and monitoring;
 - Hysteroscopy;
 - Laparoscopy;
 - Laparotomy;
 - Ovulation predictor kits;
 - Reversal of tubal ligations;
 - Reversal of vasectomies;
 - Costs for and relating to surrogate motherhood (maternity services are Covered for Members acting as surrogate mothers);
 - Cloning; or
 - Medical and surgical procedures that are experimental or investigational, unless Our denial is overturned by an External Appeal Agent.
7. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
8. Charges of an institution, health service or infirmary for whose services payment is not required in the

- absence of insurance or services covered by Student Health Fees.
9. Any expenses in excess of Usual and Customary Charges except as provided in the Certificate.
 10. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
 11. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority.
 12. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate sports for which benefits are paid under another Sports Accident policy issued to the Policyholder; or for which coverage is provided by the National Collegiate Athletic Association (NCAA), National Association of Intercollegiate Athletic (NAIA) or any other sports association.
 13. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
 14. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which You are required to pay.
 15. Services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
 16. Expenses payable under any prior policy which was in force for the person making the claim.
 17. Injury sustained as the result of Your operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
 18. Expenses incurred after:
 - The date insurance terminates as to an Insured Person , except as specified in the extension of benefits provision; and
 - The end of the Policy Year specified in the Policy.
 19. Elective Surgery or Elective Treatment unless such coverage is otherwise specifically covered under the Certificate.
 20. Charges incurred for acupuncture, in any form, except to the extent provided in the Schedule of Benefits.
 21. Weight management. Weight reduction. Nutrition programs. This does not apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Services benefit, or otherwise specifically covered under the Certificate.
 22. Treatment for obesity except surgery for morbid obesity (bariatric surgery). Surgery for removal of excess skin or fat.
 23. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
 24. Expenses for radial keratotomy.
 25. Adult Vision unless specifically provided in the Certificate.
 26. Charges for office visit exam for the fitting of prescription contact lenses, duplicate spare eyeglasses, lenses or frames, non-prescription lenses or contact lenses that are for cosmetic purposes.
 27. Charges for hearing exams, hearing screening, hearing aids and the fitting or repair or replacement of hearing aids or cochlear implants except as specifically provided in the Certificate.
 28. Racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.
 29. Surgery or related services for cosmetic purposes to improve appearance, except to restore bodily function or correct deformity resulting from disease, or trauma.
 30. Treatment to the teeth, including orthodontic braces and orthodontic appliances, unless otherwise covered under the Pediatric Dental Care Benefit.
 31. You are:
 - committing or attempting to commit a felony,
 - engaged in an illegal occupation, or
 - participating in a riot.
 32. Elective abortions.
 33. Custodial Care service and supplies.
 34. Charges for hot or cold packs for personal use.
 35. Braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.
 36. Services of private duty Nurse except as provided in the Certificate.

37. Expenses that are not recommended and approved by a Physician.
38. Routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, donor services if the recipient is not an Insured Person under this plan, or services for or related to the transplantation of animal or artificial organs or tissues.
39. Cosmetic procedures related to Gender Reassignment including but not limited to rhinoplasty, face lift, facial bone reduction, lip enhancement or reduction, blepharoplasty, breast augmentation, body contouring, reduction thyroid chondroplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants.
40. Sleep Disorders, except for the diagnosis and treatment of obstructive sleep apnea.
41. Treatment of Acne unless Medically Necessary.
42. Experimental or Investigational drugs, devices, treatments or procedures unless otherwise covered under Clinical Trials or Chronic Fatigue Syndrome or Covered Clinical Trials or covered under clinical trials (routine patient costs). See the Other Benefits section for more information.
43. Under the Prescription Drug Benefit shown in the Schedule of Benefits:
 - any drug or medicine which does not, by federal or state law, require a prescription order, i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided under Preventive Services or in the Prescription Drug Benefit section of the Certificate. Insulin and OTC preventive medications required under ACA are exempt from this exclusion;
 - drugs with over-the-counter equivalents except as specifically provided under Preventive Services;
 - allergy sera and extracts administered via injection;
 - any drug or medicine for the purpose of weight control;
 - sexual enhancements drugs;
 - vitamins, and minerals, except as specifically provided under Preventive Services;
 - food supplements, dietary supplements; except as specifically provided in the Certificate;
 - cosmetic drugs or medicines, including but not limited to, products that improve the appearance of wrinkles or other skin blemishes;
 - refills in excess of the number specified or dispensed after 1 year of date of the prescription;
 - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
 - any drug or medicine purchased after coverage under the Certificate terminates;
 - any drug or medicine consumed or administered at the place where it is dispensed;
 - if the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
 - bulk chemicals;
 - non-insulin syringes, surgical supplies, durable medical equipment/medical devices, except as specifically provided in the Prescription Drug Benefit section of the Certificate;
 - repackaged products;
 - blood components except factors;
 - immunology products.
44. Non-chemical addictions.
45. Non-physical, occupational, speech therapies (art, dance, etc.).
46. Modifications made to dwellings.
47. General fitness, exercise programs.
48. Hypnosis.
49. Rolfing.
50. Biofeedback.

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 Group, LLC.

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:

www.wellfleetstudent.com

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



With CareConnect from Wellfleet Student, students have 24/7 access to professional assistance to help manage personal concerns, emotional issues, transition and adjustment concerns, academic stress, career development, and the demands of daily and family obligations.

Members in need of assistance simply call the behavioral health hotline on their ID card, **(888) 857-5462**, or via the Wellfleet Student mobile app for immediate access to a masters-level mental health professional. Students are run through a clinical assessment to determine if CareConnect counseling, health center referral, or other treatment is necessary. To access mobile features, students simply download their school's app in their device's app store.