



BENEFITS AT A GLANCE

INTERNATIONAL STUDENT ACCIDENT AND SICKNESS PLAN | PLAN YEAR 2024/2025

DESIGNED EXCLUSIVELY FOR THE STUDENTS OF:

COLLEGE OF CHARLESTON - STUDENTS

Charleston, SC

Policy Number: CC008769

Effective: 08/10/2024 – 08/09/2025

Group Number: ST2253LM

UNDERWRITTEN BY:

Crum & Forster, SPC

ADMINISTERED BY:

Wellfleet Group, LLC

If any discrepancy exists between this brochure and the Policy, the Policy will govern.

Welcome International Students...

We are pleased to provide you with this summary of the 2024 - 2025 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

PLAN ADMINISTERED BY

Enrollment, Eligibility, & Waivers Servicing Agent

Academic Health Plans
Po Box 1605
Colleyville, TX 76034
(855) 247-2273

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



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 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



PPO Network



Cigna
www.mycigna.com

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General Information

Am I Eligible

Class 1: Internationals

All International F1/J1 visa holders, full-time International Undergraduate students, of the College of Charleston will be automatically enrolled in this International Student Accident and Sickness Plan. Eligible International Students do not have the option to waive coverage.

Class 2: Dependents

International Plan Participants listed above, may also enroll their eligible Dependents.

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

How Do I Enroll My Dependents?

- Go to:
- <https://cofc-f1students.myahpcare.com/enrollment>
- Click the “Enroll” tab and proceed as directed to enroll in and purchase the International Student Accident and Sickness Insurance Plan.

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	08/10/2024	12/31/2024
Spring Graduation	01/01/2025	05/15/2025
Spring/Summer	01/01/2025	08/09/2025

Plan Costs for International Students and their eligible Dependents

	Fall	Spring/Summer	Spring Graduation
Student	\$592.57	\$909.43	\$555.54
Spouse	\$1,291.46	\$1,982.04	\$1,210.75
Child(ren)	\$1,291.46	\$1,982.04	\$1,210.75

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	Unlimited	
Policy Term Deductible* Per Individual	\$250	\$400
Initial Treatment Period	30 Days from the date of Injury or Sickness	
Out-of-Pocket Maximum Per Policy Term: Individual	\$6,350	\$6,350
Coinsurance	80% of the Preferred Allowance (PA)	70% 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	Preferred Allowance	Semi-Private Room Rate
Intensive Care/Cardiac Care Unit Benefit	Preferred Allowance	70% of URC
Hospital Miscellaneous Expense Benefit	Preferred Allowance	URC
Surgeon (In or Outpatient) Benefits	Preferred Allowance	URC
Assistant Surgeon Benefit	Preferred Allowance	URC
Pre-Admission Testing Benefit	Preferred Allowance	URC
Anesthesia Benefit	Preferred Allowance	URC
Day Surgery Miscellaneous Benefit	Preferred Allowance	URC
Diagnostic X-Ray and Lab Benefit	Preferred Allowance	URC
Ambulance Benefit	Preferred Allowance	80% of UCR
Physician Visit Benefit (Inpatient)	Preferred Allowance	URC
Physician Visit Benefit (Outpatient)	Preferred Allowance subject to a \$30 copay per visit \$50 copay for Specialist (\$0 copay at Student Health Center)	URC
Consultant Physician Benefit	Preferred Allowance	URC
Radiation/Chemotherapy Benefit	Preferred Allowance	URC
Emergency Room Benefit	Preferred Allowance subject to a \$250 copay per visit (co-payment waived if admitted)	URC Subject to a \$250 deductible per visit (deductible waived if admitted)
Extension of Accident and Sickness Medical Benefits	Preferred Allowance	URC
Wellness Medical Benefit (Up to a maximum of \$500 per Policy Term)	100% of the PA 100% at Student Health Center (copay & deductible does not apply)	Not Covered
Urgent Care Center Visit Benefit	Preferred Allowance subject to a \$30 copay per visit	URC
Maternity and Pre-Natal Care Expense Benefit	Covered as any other Sickness	Covered as any other Sickness
MENTAL & NERVOUS CONDITIONS EXPENSE BENEFIT		
In-Patient Expense	Covered as any other Sickness	Covered as any other Sickness
Out-Patient Expense	Covered as any other Sickness	Covered as any other Sickness
ALCOHOL & DRUG ABUSE EXPENSE BENEFIT		
In-Patient Expense	Covered as any other Sickness	Covered as any other Sickness
Out-Patient Expense	Covered as any other Sickness	Covered as any other Sickness
therapeutic Termination of Pregnancy Benefit	Preferred Allowance	URC

Emergency Dental Expense Benefit Up to \$1,000 per Policy Term	Preferred Allowance	80% of URC
Physiotherapy Expense Benefit – Inpatient and Outpatient	Preferred Allowance	URC
Durable Medical Equipment Expense Benefit	Preferred Allowance	80% of URC
Medical Evacuation/Repatriation Expense Benefit	Actual expense, up to \$100,000	
Return of Mortal Remains Expense Benefit	Actual expense, up to \$50,000	
PRESCRIPTION DRUG EXPENSE BENEFIT Based on 30-day supply per prescription	WELLFLEET RX/ESI NETWORK PROVIDER BENEFIT	OUT OF NETWORK PROVIDER BENEFIT
Covered Percentage:	100% of charges subject to a \$30 copay per prescription	
Contraceptive Drugs	100% of charges – Deductible does not apply	
ACCIDENTAL DEATH AND DISMEMBERMENT		
Class 1 – Principal Sum	\$5,000	
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) Voluntary, active participation in a riot or insurrection;
- 3) Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
- 4) 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;
- 5) Expenses incurred for treatment while in Your Home Country;
- 6) Pregnancy or childbirth , except when conception occurs while covered under the Policy; elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth or a dependent when dependent child of an Plan Participant (except for complications arising there from);
- 7) Drug, treatment or procedure that promotes conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency Sterilization or reversal thereof;
- 8) Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Plan Participant is covered under the Policy, and rendered within 6 months of the Accident;
- 9) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
- 10) Treatment paid for or furnished under any other individual or group policy, or other service or medical 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;
- 11) 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; snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting ; surfing, unless part of a school credit course; and snow boarding.
- 12) Practice or play in any amateur, interscholastic, intercollegiate, professional or semiprofessional sports contest or competition;
- 13) 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);
- 14) 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;

Notice: For further information on this Plan, visit: <https://www.studentinsurance.com/Client/2249>

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 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 medical information in response to medical 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 medical inquiries.

This program is not a substitute for doctor visits or emergency response systems. The Nurseline does not answer medical plan benefit questions. Medical 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.