

WELLFLEET INSURANCE COMPANY

5814 Reed Road, Fort Wayne, IN. 46835

Policy/Certificate Amendment

Policyholder: Pine Manor College

Policy Number: CCIC1920MASHIP80

Effective Date: August 15, 2020

This Amendment form is made a part of the Policy and any Certificate to which it is attached as of the Effective Date shown above. This form applies only to covered expenses that occur on or after the effective date shown above.

The Policy/Certificate are amended as follows. Any changes in premium will apply as of the first premium due date on or after the Effective Date of this Amendment.

1. The Policy is renewed as a new policy for the term August 15, 2020 to August 14, 2021 as new Policy No. WI2021MASHIP112.
2. The Schedule of Benefits is deleted in its entirety and replaced with the attached updated Schedule of Benefits.
3. The following language appearing in the "Who is not Eligible" provision appearing in the Eligibility section is deleted:

Who is not Eligible

The following students are not eligible to enroll in the insurance plan:

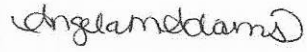
- students enrolled exclusively in online courses or whose enrollment consists entirely of short-term courses;
 - students taking distance learning, home study, correspondence, television courses, or courses taken for audit do not fulfill the eligibility requirements that the student actively attend classes. The online restriction does not apply to students who are completing their degree requirements while engaged in practical training.
4. The Policy is amended to delete the Exclusions and Limitations in their entirety and replace them with the attached updated Exclusions and Limitations.
 5. The Policy is amended to add the attached Legislative Amendment.

This Amendment is subject to all of the terms, limitations and conditions of the Policy and/or the Certificate to which it is attached except as they are changed by it.

SIGNED FOR WELLFLEET INSURANCE COMPANY

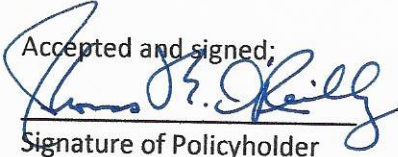


Andrew M. DiGiorgio, President



Angela Adams, Secretary

Accepted and signed;



Signature of Policyholder

PRESIDENT

Position or Title

10/8/2020

Date

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: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 80% of the Usual and Customary Charge.

Medical Deductible

In-Network Provider Individual:	\$100
Out-of-Network Provider Individual:	\$100

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:	\$6,350
Out-of-Network Provider Individual:	\$12,700

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: 100% of the Negotiated Charge for Covered Medical Expenses unless otherwise stated below.

Out-of-Network Provider: 80% of the Usual and Customary Charge (U&C) for Covered Medical Expenses unless otherwise stated below.

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

This Certificate provides benefits based on the type of health care provider You select. This 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.

How You Can Request an Estimate for Proposed Covered Services

You may request an estimate of the costs you will have to pay when your health care provider proposes an inpatient admission, procedure, or other covered service. You can request this cost estimate by logging on to the wellfleetstudent.com website. Just follow the steps to request a cost estimate for health care services you are planning to receive. To request an estimate by phone, call the toll free phone number shown on your ID card.

MA SHIP CERT (2019)

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) 657-5030 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	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Preadmission Testing	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% 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	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Inpatient Surgery: Pre-Certification Required Surgeon Services Anesthetist	100% of the Negotiated Charge after Deductible for Covered Medical Expenses 100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses 80% of Usual and Customary Charge after Deductible for Covered Medical Expenses

Assistant Surgeon	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Physical Therapy while Confined (inpatient)	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Skilled Nursing Facility Benefit Pre-Certification required	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Inpatient Rehabilitation Facility Expense Benefit Pre-Certification Required	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
INPATIENT MENTAL HEALTH DISORDER AND SUBSTANCE ABUSE DISORDER		
Mental Health Disorder and Substance Abuse Disorder Benefit Pre-Certification Required 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 Abuse Disorder will be no more restrictive than those that apply to medical and surgical benefits for any other Covered Sickness.	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Outpatient Benefits		
Outpatient Surgery: Pre-Certification required Surgeon Services	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Anesthetist	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Assistant Surgeon	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses

Outpatient Surgery Facility and Miscellaneous expenses for services & supplies, such as cost of operating room, therapeutic services, oxygen, oxygen tent, and blood & plasma	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Physician's and Other Practitioner Office Visits	\$25 Copayment then the plan pays 100% of the Negotiated Charge after Deductible for Covered Medical Expenses	\$25 Copayment then the plan pays 80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Specialist/Consultant Physician Services	\$25 Copayment then the plan pays 100% of the Negotiated Charge after Deductible for Covered Medical Expenses	\$25 Copayment then the plan pays 80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Telemedicine or Telehealth Services	Paid on the same basis as in-network physician office visit cost share.	
Cardiac Rehabilitation	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Pulmonary Rehabilitation	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Short-Term Rehabilitation Therapy including, Physical Therapy, and Occupational Therapy This benefit limit does not apply for: speech therapy; and when any of these covered services are furnished to treat Autism Spectrum Disorders or as part of covered Home Health Care Pre-Certification Required	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Maximum Visits per Policy Year for Physical Therapy, and Occupational Therapy	60	60
Maximum Visits per Policy Year for Speech Therapy	Unlimited	Unlimited

Habilitative Services including, Physical Therapy, and Occupational Therapy and Speech Therapy Pre-Certification Required	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Habilitative Services Maximum Visits per Policy Year for Physical Therapy, and Occupational Therapy and Combined	60	60
Maximum Visits per Policy Year for Speech Therapy	Unlimited	Unlimited
Emergency Services	\$100 Copayment then the plan pays 100% of the Negotiated Charge after Deductible for Covered Medical Expenses	Paid the same as In-Network Provider subject to Usual and Customary Charge
Urgent Care Centers	\$25 Copayment then the plan pays 100% of the Negotiated Charge after Deductible for Covered Medical Expenses	\$25 Copayment then the plan pays 80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Diagnostic Imaging Services Pre-Certification Required	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
CT Scan, MRI and/or PET Scans Pre-Certification Required	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Laboratory Procedures (Outpatient)	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Chemotherapy and Radiation Therapy Pre-Certification Required	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Infusion Therapy Pre-Certification Required	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Home Health Care Expenses Pre-Certification Required	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Hospice Care Coverage	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
OUTPATIENT MENTAL HEALTH DISORDER AND SUBSTANCE ABUSE DISORDER		
Mental Health Disorder and Substance Abuse Disorder Benefit	\$25 Copayment then the plan pays 100% of the Negotiated Charge after Deductible for Covered Medical Expenses	\$25 Copayment then the plan pays 80% of Usual and Customary Charge after Deductible for Covered Medical Expenses

<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 Abuse Disorder will be no more restrictive than those that apply to medical and surgical benefits for any other Covered Sickness.</p>		
<p>Prescription Drugs Retail Pharmacy No cost sharing applies to ACA Preventive Care medications</p>		
<p>TIER 1 (Including Enteral Formulas) For each fill up to a 30 day supply filled at a Retail pharmacy</p> <p>See the Enteral Formula and Nutritional Supplements section of this Schedule for supplements not purchased at a pharmacy</p>	<p>\$10 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>Not Covered</p>
<p>More than a 30 day supply but less than a 61day supply filled at a Retail pharmacy</p>	<p>\$20 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>Not Covered</p>
<p>More than a 60 day supply filled at a Retail pharmacy</p>	<p>\$30 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>Not Covered</p>

<p>TIER 2 (Including Enteral Formulas) For each fill up to a 30 day supply filled at a Retail pharmacy</p> <p>See the Enteral Formula and Nutritional Supplements section of this Schedule for supplements not purchased at a pharmacy</p>	<p>\$25 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>Not Covered</p>
<p>More than a 30 day supply but less than a 61 day supply filled at a Retail pharmacy</p>	<p>\$50 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>Not Covered</p>
<p>More than a 60 day supply filled at a Retail pharmacy</p>	<p>\$75 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>Not Covered</p>
<p>TIER 3 (Including Enteral Formulas) For each fill up to a 30 day supply filled at a Retail Pharmacy</p> <p>See the Enteral Formula and Nutritional Supplements section of this Schedule for supplements not purchased at a pharmacy</p>	<p>\$25 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>Not Covered</p>
<p>More than a 30 day supply but less than a 61 day supply filled at a Retail pharmacy</p>	<p>\$50 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>Not Covered</p>
<p>More than a 60 day supply filled at a Retail pharmacy</p>	<p>\$75 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses</p> <p>Deductible Waived</p>	<p>Not Covered</p>

Zero Cost Generics		
	100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	Not Covered
Specialty Prescription Drugs		
For each fill up to a 30 day supply	\$25 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	Not Covered
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	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Allergy Injections/Treatment	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Ambulance Service ground and/or air, water transportation	\$25 Copayment then the plan pays 100% of the Negotiated Charge after Deductible for Covered Medical Expenses	\$25 Copayment then the plan pays 100% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Bariatric Surgery & Morbid Obesity Benefit Pre-Certification Required	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Covered Clinical Trials Benefit for Cancer or other Life-Threatening Disease	Same as any other Covered Sickness	
Durable Medical Equipment Pre-Certification Required	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of 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.	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Dialysis Treatment	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Hearing Aids Limited to 1 hearing aid per ear up to a maximum of \$2,000 for each hearing aid per 36 month period	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Maternity Benefit	Same as any other Covered Sickness	
Non-Prescription Enteral Formulas and Nutritional Supplements See the Prescription Drug section of this Schedule when purchased at a pharmacy.	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Prosthetic and Orthotic Devices Pre-Certification Required	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Reconstructive Surgery Pre-Certification Required	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of 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) Preventive Dental Care Limited to 2 dental exams every 12 months The benefit payable amount for the following services is different from	See the Pediatric Dental Care Benefit description in the Certificate for further information. 100% of Usual and Customary Charge	

<p>the benefit payable amount for Preventive Dental Care:</p> <p>Emergency Dental</p> <p>Routine Dental Care</p> <p>Endodontic Services</p> <p>Prosthodontic Services</p> <p>Periodontic Services</p> <p>Medically Necessary Orthodontic Care</p> <p>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>80% of Usual and Customary Charge</p> <p>80% of Usual and Customary Charge</p> <p>80% of Usual and Customary Charge</p> <p>80% of Usual and Customary Charge</p> <p>80% of Usual and Customary Charge</p> <p>80% of Usual and Customary Charge</p>
<p>Pediatric Vision Care Benefit (to the end of the month in which the Insured Person turns age 19)</p> <p>Limited to 1 visit(s) per Policy Year and 1 pair of prescribed lenses and frames or contact lenses (in lieu of eyeglasses) per Policy Year</p> <p>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>100% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
<p>Adult Vision Care (age 19 and older)</p> <p>Routine Eye Exam once every 24 months</p>	<p>100% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p>

Claim forms must be submitted to us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions		
Abortion Expense	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Accidental Injury Dental Treatment maximum \$500 per Policy Year	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Sickness Dental Expense	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Chiropractic Care Benefit Pre-Certification Required	\$25 Copayment then the plan pays 100% of the Negotiated Charge after Deductible for Covered Medical Expenses	\$25 Copayment then the plan pays 80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Infertility Treatment Pre-Certification Required	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Organ Transplant Surgery travel and lodging expenses a maximum of \$2,000 per Policy Year or \$250 per day, whichever is less Pre-Certification Required	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Shots and Injections unless considered Preventive Services	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Treatment for Temporomandibular Joint (TMJ) Disorders	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Podiatry Benefit	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Tuberculosis screening, Titters, Quantiferon B tests including shots (other than covered under preventive services)	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Non-emergency Care While Traveling Outside of the United States	80% of Usual and Customary Charge after Deductible for Covered Medical Expenses Subject to Unlimited maximum per Policy Year	

Medical Evacuation Expense International Students, and Domestic Students	100% of Usual and Customary Charge for Covered Medical Expenses Deductible Waived
Repatriation Expense International Students, and Domestic Students	100% of Usual and Customary Charge for Covered Medical Expenses Deductible Waived
Mandated Benefits	
Autism Spectrum Disorder Benefit	Same as any other Covered Sickness
Cancer Treatment Benefit	Same as any other Covered Sickness, unless considered a Preventive Service
Cleft Palate and Cleft Lip Benefit	Same as any other Covered Sickness
Cytologic Screening (pap smear) and Mammographic Examination	Same as any other Covered Sickness, unless considered a Preventive Service. Subject to the limitations described in the Benefit.
Early Intervention Services	Benefits are payable at 100%
Fitness Benefit	Up to 2 months of a membership to a Fitness Facility, subject to a maximum of \$150 per Policy Year.
Hormone Replacement Therapy Services; Outpatient Contraceptive Services Same as other prescription drugs or devices	Same as any other Covered Sickness, unless considered a Preventive Service. Subject to the limitations described in the Benefit.
Human Leukocyte Testing	Same as any other Covered Sickness
Mastectomy Surgery and Rehabilitation Benefit	Same as any other Covered Sickness
Oxygen and Respiratory Therapy Benefit (for home use)	Same as any other Covered Sickness
Pediatric Specialty Care	Same as any other Covered Sickness
Treatment of Speech, Hearing and Language Disorders Benefit	Same as any other Covered Sickness
Weight Loss Program Benefit	Up to 2 months of a membership to a Fitness Facility, subject to a maximum of \$150 per Policy Year.
HIV Associated Lipodystrophy Treatment	Same as any other Covered Sickness
Early Refill of Prescription Eye Drops	Same as any other Prescription drug

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

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.

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 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.
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. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
7. 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.
8. Any expenses in excess of Usual and Customary Charges except as provided in the Certificate.
9. 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.
10. 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.
11. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate or club 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.
12. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
13. 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.
14. Services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
15. Expenses payable under any prior policy which was in force for the person making the claim.
16. 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.
17. 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.
18. Elective Surgery or Elective Treatment unless such coverage is otherwise specifically covered under the Certificate.
 19. Charges incurred for acupuncture, in any form, except to the extent provided in the Schedule of Benefits.
 20. 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.
 21. Treatment for obesity except surgery for morbid obesity (bariatric surgery). Surgery for removal of excess skin or fat.
 22. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
 23. Expenses for radial keratotomy.
 24. Adult Vision unless specifically provided in the Certificate.
 25. 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.
 26. 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.
 27. Surgery or related services for cosmetic purposes to improve appearance, except to restore bodily function or correct deformity resulting from disease, or trauma.
 28. Treatment to the teeth, including orthodontic braces and orthodontic appliances, unless otherwise covered under the Pediatric Dental Care Benefit.
 29. You are:
 - committing or attempting to commit a felony,
 - engaged in an illegal occupation, or
 - participating in a riot.
 30. Custodial Care service and supplies.
 31. Charges for hot or cold packs for personal use.
 32. Braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.
 33. Services of private duty Nurse except as provided in the Certificate.
 34. Expenses that are not recommended and approved by a Physician.
 35. 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.
 36. Sleep Disorders, except for the diagnosis and treatment of obstructive sleep apnea.
 37. Treatment of Acne unless Medically Necessary.
 38. Experimental or Investigational drugs, devices, treatments or procedures unless otherwise covered under Covered Clinical Trials or covered under clinical trials (routine patient costs). See the Other Benefits section for more information.
 39. 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 this 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;
 - 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.
40. Non-chemical addictions.
 41. Non-physical, occupational, speech therapies (art, dance, etc.).
 42. Modifications made to dwellings.
 43. General fitness, exercise programs except has provided elsewhere in this Certificate.
 44. Hypnosis.
 45. Rolfing.
 46. Biofeedback.
 47. Vocational recreation: art, dance, poetry, music, or other similar-type therapies.
 48. Pregnancy that results under a surrogate parenting agreement.
 49. Wigs, or scalp hair prosthesis when hair loss is because of male pattern baldness, female pattern baldness or natural or premature aging.
 50. Personal convenience items such as telephone consultations (audio only), missed appointments, completion of claim forms.

**Policy/Certificate
Amendment**

**Policyholder: Pine Manor College
Effective Date: August 15, 2020**

Policy Number: WI2021MASHIP112

This Amendment form is made a part of the Policy and Certificate to which it is attached as of the Effective Date shown above. This form applies only to covered expenses that occur on or after that date.

This Amendment is subject to all of the terms, limitations and conditions of the Policy and Certificate except as they are changed by it.

The following changes are made to the Schedule of Benefits:

1. The **Acupuncture Expense Benefit** appearing in the **Other Benefits** section of the **Schedule of Benefits** in the Certificate is deleted and replaced by the following:

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
OTHER BENEFITS		
Acupuncture Services Expense Benefit (Medically Necessary Treatment) for Pain Management (in lieu of opioids)	\$25 Copayment then the plan pays 100% of the Negotiated Charge after Deductible for Covered Medical Expenses	\$25 Copayment then the plan pays 80% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Acupuncture Services Expense Benefit Maximum visits per Policy Year.	5	5

2. The following **Pain Management Alternatives to Opiate Products** benefit is added to the **Mandated Benefits** section of the **Schedule of Benefits**:

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
MANDATED BENEFITS		
Pain Management Alternatives to Opiate Products	Same as any other Covered Sickness	

The following changes are made to Section IV – How the Plan Works and Description of Benefits:

1. The following provision is added to the **Preventive Services** provision appearing in **Section IV - How The Plan Works and Description of Benefits** in the Certificate:
 6. Tobacco cessation counseling and all generic FDA approved tobacco cessation products when the counseling and/or products are prescribed by a Physician.
2. The **Mental Health and Substance Abuse Disorder Benefit** appearing in the **Inpatient Benefits** section of **Section IV – How The Plan Works and Description of Benefits** in the Certificate is deleted and replaced as follows:
 8. Mental Health and Substance Abuse Disorder Benefit - We will pay for Covered expenses incurred for the diagnosis and treatment of the following Biologically-Based Mental Disorders, as described in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, referred to in this section as the DSM:
 1. schizophrenia;
 2. schizoaffective disorder;
 3. major depressive disorder;
 4. bipolar disorder;
 5. paranoia and other psychotic disorders;
 6. obsessive-compulsive disorder;
 7. panic disorder;
 8. delirium and dementia;
 9. affective disorders;
 10. eating disorders;
 11. post-traumatic stress disorder;
 12. substance abuse disorders; and
 13. Autism.

We will also pay for Covered expenses incurred for the diagnosis and treatment of rape-related mental or emotional disorders to victims of a rape or victims of an assault with intent to commit rape whenever the costs of such diagnosis and treatment exceed the maximum compensation awarded to such victims pursuant to Massachusetts law.

We will also pay for Covered expenses incurred for covered children and adolescents under the age of 19 for the diagnosis and treatment of non-biologically-based Mental Disorders or other behavioral or emotional disorders which substantially interfere with or substantially limit the functioning and social interactions of such a child or adolescent. Such interference or limitation is documented by and the referral for said diagnosis and treatment is made by the primary care provider, primary pediatrician or a licensed mental health professional of such a child or adolescent or is evidenced by conduct, including, but not limited to:

1. an inability to attend school as a result of such a disorder;

2. the need to hospitalize the child or adolescent as a result of such a disorder; or
3. a pattern of conduct or behavior caused by such a disorder which poses a serious danger to self or others.

We shall continue to provide such benefits to any adolescent who is engaged in an ongoing course of treatment beyond the adolescent's nineteenth birthday until said course of treatment, as specified in said adolescent's treatment plan, is completed and while coverage under the Policy remains in effect.

We will cover Inpatient Confinement, Intermediate Services, and Outpatient Services that shall permit active and non- custodial treatment for said mental disorders to take place in the least restrictive clinically appropriate setting. Covered services may be provided to the covered child, the child's covered parents and/or other appropriate caregivers.

We will not cover educational services to improve academic performance or developmental functioning.

For purposes of this section:

Inpatient Confinement will mean that the Insured Person must be confined in an either:

1. A general Hospital licensed to provide such services;
2. A facility under the direction and supervision of the Department of Mental Health;
3. A private mental Hospital licensed by the Department of Mental Health; or
4. A substance abuse facility licensed by the Department of Public Health.

Intermediate and Outpatient Services means a range of non-inpatient services that provide more intensive and extensive treatment interventions when Outpatient Services alone are not sufficient to meet the patient's needs. Intermediate Services include, but are not limited to:

1. Acute and other residential treatment;
2. Partial Hospitalization;
3. Day treatment;
4. Clinically managed detoxification services;
5. Intensive Outpatient Programs; and Crisis Stabilization;
6. Mobile Crisis intervention service providing short-term, on-site, face to face therapeutic service. This service is available 24 hours a day, 7 days a week to identify, assess, treat and stabilize a covered child in a behavioral crisis situation.
7. Community-based acute treatment (CBAT) services in a licensed facility. Services are provided on a 24 hour basis in a secured setting. Services include but not limited to:
 - Medication monitoring
 - Psychiatric assessments and testing
 - Nursing availability
 - Specialist's as needed
 - Individual, group and family therapy

- Case management
 - Family assessment and consultations; and
 - Discharge planning.
8. Intensive community based treatment (ICBAT) services in a licensed facility. Services are provided on a 24 hour basis in a secure setting. Treatment is at a higher level than those received at a CBAT facility including frequent psychiatric and psychopharmacological evaluation/treatment and intensive staffing/service delivery.
 9. Intensive Care Coordination (ICC) services providing case management. Services include assessments, individual care plans, referrals, monitoring and coordination of care with other service/social support agencies.
 10. In-home services rendered in the covered child's home, foster home, therapeutic foster home or community setting. Services include the following:
 - Therapy services including therapeutic clinical intervention, ongoing therapeutic training and support;
 - Behavioral services including monitoring and management therapy.
 11. Family support and training provided in the covered child's home, foster home, therapeutic foster home or community setting. Coverage includes Medically Necessary services provided to a parent or other caregiver of a covered child to improve the capacity of the parent or caregiver to ameliorate or resolve the covered child's emotional or behavioral needs. Family support and training may include:
 - Educating parents/caregivers about the covered child's behavioral health needs and resiliency factors;
 - Teaching parents/caregivers how to navigate services on behalf of the covered child; and
 - How to identify formal and informal services and supports in their communities, including parent support and self-help groups.
 12. Therapeutic mentoring services provided to a covered child in the covered child's home, foster home, therapeutic foster home or community setting. Therapeutic mentoring may also be provided in a community setting such as school, childcare centers, respite settings, and other culturally and linguistically appropriate community settings, to allow the covered child to practice desired skills in appropriate settings. Coverage includes Medically Necessary services provided to the covered child that are designed to:
 - Support age-appropriate social functioning; or
 - Ameliorate deficits in the covered child's age-appropriate social functioning resulting from a DSM diagnosis.

The services may include supporting, coaching, and training the covered child in:

- Age-appropriate behaviors;
- Interpersonal communication;
- Problem solving;
- Conflict resolution; and
- Relating appropriately to other children and adolescents and to adults.

Outpatient Services means care or treatment that is provided:

1. by a licensed Hospital;

2. by a mental health or substance abuse clinic licensed by the Department of Public Health;
3. by an approved (by the Department of Mental Health) community mental health center or other mental health clinic or day care center which furnishes mental health services; or
4. Consultations or diagnostic or treatment sessions, provided in a professional office or home-based services provided, however, that such services are rendered by a licensed mental health professional including a licensed Physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed mental health counselor, a licensed nurse mental health clinical specialist or a licensed marriage and family therapist within the lawful scope of practice for such therapist.

For the purposes of this Benefit, psychopharmacological services and neuropsychological assessment services shall be treated as a medical benefit and shall be on the same basis as any other Covered Sickness. Coverage will also include Medically Necessary clinical stabilization services for 14 consecutive days for Inpatient Substance Abuse Disorders.

Services do not include programs that:

- Are non- individualized treatment plans, which are activity or meeting based.
- Focus solely on improving interpersonal or other skills
- Tuition based educational, vocational, recreational or personal development activities such as: therapeutic schools, camps or wilderness programs
- Provide custodial care services

3. The **Tobacco cessation prescription and over-the-counter drugs** benefit appearing under **Prescription Drugs** in the **Outpatient Benefits** section of **Section IV – How The Plan Works and Description of Benefits** in the Certificate is deleted and replaced by the following:

- I. **Tobacco cessation prescription and over-the-counter drugs** – Coverage is provided for FDA-approved tobacco cessation products (including both prescription and OTC medications) when prescribed by a Physician. All generic FDA-approved tobacco cessation products will be covered with no cost sharing when prescribed by a Physician. The Insured Person will have access to at least one (1) tobacco cessation product without prior authorization. For details on the current list of generic FDA-approved tobacco cessation products (prescription and OTC medications) covered with no cost sharing, refer to the Formulary posted on Our website www.wellfleetstudent.com or call 1- 877-657-5030.

4. The **Acupuncture Services** benefit appearing in the **Other Benefits** section of **Section IV - How The Plan Works and Description of Benefits** in the Certificate is deleted and replaced by the following:

30. **Acupuncture Services Expense Benefit** when services are Medically Necessary for Pain Management (in lieu of opioids) and provided by a Physician licensed to perform such services.

5. The following **Pain Management Alternatives to Opiate Products** benefit is added to the **Mandated Benefits** section of **Section IV - How The Plan Works and Description of Benefits** in the Certificate:

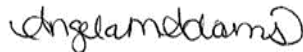
Pain Management Alternatives to Opiate Products include non-medication treatment modalities such as chiropractic care, individual behavioral therapy, including biofeedback and training on meditative practices to alleviate pain, and pain management injections, including trigger point and fascia injections. Refer to the Schedule of Benefits to determine whether Pre-Certification is required for these services and follow the Pre-Certification Process if applicable. To locate an In-Network Provider in Your area that provides these services, consult Your Provider Directory or call toll free 1- 877-657-5030 or visit Our website at www.wellfleetstudent.com . Non-opiate medication options to treat pain include non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, and topical anesthetics that are covered under the Prescription Drug Formulary.

This amendment makes no other changes to the Policy or Certificate.

SIGNED FOR WELLFLEET INSURANCE COMPANY



Andrew M. DiGiorgio, President



Angela Adams, Secretary

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

Effective: August 01, 2019

This Notice of Privacy Practices (“ Notice”) applies to **Wellfleet Insurance Company** and **Wellfleet New York Insurance Company**’s (together, “ w e”, “us” or “ our”) insured health benefits plans. We are required to provide you with this Notice.

Personal Information is information that identifies you as an individual, such as your name and Social Security Number, as well as financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with insurance coverage.

Protected Health Information (your “Health Information”) is information that identifies you as related to your physical or mental health, your health care, or payment for your healthcare.

Our Responsibilities

We are required by law to maintain the privacy of the Health Information we hold and to provide you with this Notice and to follow the duties and privacy practices described in this Notice. We are required to abide by the terms of this Notice currently in effect.

We utilize administrative, technical, and physical safeguards to protect your information against unauthorized access and against threats and hazards to its security and integrity. We comply with all applicable state and federal rules pertaining to the security and confidentiality of your information.

We will promptly inform you if a breach has occurred that may have compromised the privacy or security of your Health Information.

Overview of this Notice

This Notice describes how certain information about you may be used and disclosed and how you can get access to this information. This Notice addresses three primary areas:

- An overview of Your Health Information. This section addresses how we collect your information, how we use it to run our business, and the reasons we share it.
- Your Rights. This section gives an overview of the rights you have with respect to your information we have in our records.
- How to Contact Us. In case you have any questions, requests, or even if you feel you need to make a complaint, we want to make sure you are in contact with the right person.

YOUR HEALTH INFORMATION

How We Acquire Your Information

In order to provide you with insurance coverage, we need Personal Information about you. We gather this information from a variety of sources including your employer, your health care provider, your school, other insurers, and third party administrators (TPAs). This information is necessary to properly administer your health plan benefits.

How We use Your Health Information

Below are some examples of how we use and disclose your Health Information. Broadly, we will use and disclose your Health Information for Treatment, Payment and Health Care Operations.

Treatment refers to the health care treatment you receive. We do not provide treatment, but we may disclose certain information to doctors, dentists, pharmacies, hospitals, and other health care providers who will take care of you. For example, a doctor may send us information about your diagnosis and treatment so we can develop a health care plan and arrange additional services.

Payment refers to activities involving the collection of premiums, payment of claims, and determining covered services. For example, we may review your Health Information to determine if a particular treatment is medically necessary and what that payment for the services should be.

Health Care Operations refers to the business functions necessary for us to operate, such as audits, complaints responses and quality assurance activities. For example, we would use your Health Information (but not genetic information) for underwriting and calculating rates, or we may use your Health Information to detect and investigate fraud.

Additionally:

- We may **confirm enrollment** in the health plan with the appropriate party.
- If you are a **dependent** of someone on the plan, we may disclose certain information to the plan's subscriber, such as an explanation of benefits for a service you may have received.
- We may share enrollment information, payment information, or other Health Information in order to coordinate treatment or other services you may need.

We may disclose your information when instructed to do so, including:

- **Health oversight activities** may require that we disclose your information to governmental, licensing, auditing and accrediting agencies;
- **Legal proceedings** may require disclosure of your Health Information in response to a court order or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other valid process;
- **Law enforcement activities** might require disclosure of certain Health Information to local, state or federal law enforcement, so long as the release is authorized or required by law;
- **As required by law** or to avert a serious threat to safety or health; and,
- To **certain government agencies**, such as the Department of health and Human Services or the Office of Civil Rights if they are conducting an investigation or audit.

Authorizations

Occasionally we may receive a request to share your information in a manner outside of how we normally use your Health Information, as described above. In those cases, we will ask you for your authorization before we share your Health Information.

YOUR RIGHTS

You have the **right to request restrictions** on certain uses and disclosures of your Health Information, including the uses and disclosures listed in this Notice and disclosures permitted by law. You also have the **right to request that we communicate with you in certain ways**.

- We will accommodate reasonable requests;
- We are not required to agree to a request to restrict a disclosure unless you have paid for the cost of the health care item or service in full (i.e., the entire sum for the procedure performed) and disclosure is not otherwise required by law; and,
- If you are a minor, depending on the state you reside in, you may have the right in certain circumstances to block parental access to your Health Information. For example, a minor may have the rights of an adult with respect to diagnosis and care of conditions such as STDs, drug dependency, and pregnancy.

You have the **right to inspect and copy your Health Information** in our records. Please note that there are exceptions to this, such as:

- Psychotherapy notes;
- Information compiled in reasonable anticipation, or for use in, a civil, criminal or administrative action or proceeding;
- Health Information that is subject to a law prohibiting access to that information; or,
- If the Health Information was obtained from someone other than us under a promise of confidentiality and the access request would be reasonably likely to reveal the source of the information.

We may deny your request to inspect and copy your Health Information if:

- A licensed health care professional has determined your requested access is reasonably likely to endanger your life or physical safety of another;
- The Health Information makes reference to another person and a licensed health care professional has determined that access requested is reasonably likely to cause substantial harm to another; or,
- A licensed health care professional has determined that access requested by your personal representative is likely to cause substantial harm to you or another person.

You have the **right to request an amendment** to your Health Information if you believe the information we have on file is incomplete or inaccurate. Your request must be in writing and must include the reason for the request. If we deny your request, you may file a written statement of disagreement.

You have the right to know who we have provided your information to - - this is known as an **accounting of disclosures**. A request for an accounting of disclosures must be submitted in writing to the address below. The accounting will not include disclosures made for treatment, payment, health care operations, for law enforcement purposes, or as otherwise permitted or required by law. If you request

an accounting of disclosures more than once in a twelve (12) month period we may charge a reasonable fee to process, compile and deliver the information to you this second time.

You have a **right to receive a paper copy of this Notice**. Simply call the customer service line indicated on your ID card and request a paper copy be mailed to you. You may also submit a written request to us at the address below.

You will receive a notice of a breach of your Health Information. You have the **right to be notified of a breach** of unsecure Health Information.

Finally, you have the **right to file a complaint** if you feel your privacy rights were violated. You may also file a complaint with the Secretary of Health and Human Services.

CONTACT

For all inquiries, requests and complaints, please contact:

Privacy and Security Officer
Wellfleet Insurance Company/
Wellfleet New York Insurance Company
c/o Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115-5369

In California
c/o Wellfleet Group, LLC
dba Wellfleet Administrators, LLC
PO Box 15369
Springfield, MA 01115-5369

This Notice is Subject to Change

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of your Health Information we maintain, as well as any information we may receive or maintain in the future.

Please note that we do not destroy your Health Information when you terminate your coverage with us. It may be necessary to use and disclose this information for the purposes described above even after our coverage terminates, although policies and procedures will remain in place to protect against inappropriate use and disclosure.

Gramm-Leach-Bliley (“GLB”) Privacy Notice

We understand your privacy is important. We value our relationship with you and are committed to protecting the confidentiality of *nonpublic personal information* (“NPI”). This notice explains why we collect NPI, what we do with NPI and how we protect your privacy.

COLLECTING YOUR INFORMATION

We collect NPI about our customers to provide them with insurance products and services. This may include your name, Social Security number, telephone number, address, date of birth, gender, work/school enrollment history, and health history. We may receive NPI from your completing the following forms:

- Claims forms
- Enrollment forms
- Beneficiary designation/Assignment forms
- Any other forms necessary to effectuate coverage, administer coverage, or administer and pay your claims

We also collect information from others that is necessary for us to properly process a claim, underwrite coverage, or to otherwise complete a transaction requested by a customer, policyholder or contract holder.

SHARING YOUR INFORMATION

We share the types of NPI described above primarily with people who perform insurance, business and professional services for us, such as helping us pay claims and detect fraud. We may share NPI with medical providers for insurance and treatment purposes. We may share NPI with an insurance support organization such as a policyholder’s or contract holder’s broker, a third-party administrator, reinsurer, employer, school, or plan sponsor. We may also share NPI when otherwise required or permitted by law, such as sharing with governmental or other legal authorities. When legally necessary, we ask your permission before sharing NPI about you. Our practices apply to our former, current and future customers.

We do not share your health NPI to market any product or service. We also do not share any NPI to market non-financial products and services.

When other companies help us conduct business, we expect them to follow applicable privacy laws. We do not authorize them to use or share NPI except when necessary to conduct the work they are performing for us or to meet regulatory or other governmental requirements.

HEALTH INFORMATION

We will not share any of your protected health information (“PHI”) unless allowed by law, and/or you have provided us with the appropriate authorization. Additional information on how we protect your PHI can be found in the Notice of Privacy Practices.

SAFEGUARDING YOUR INFORMATION

We have physical, electronic and procedural safeguards that protect the confidentiality and security of NPI. We give access only to employees or authorized individuals who need to know the NPI to provide insurance products or services to you. Our employees are continually trained on how to keep information safe.

ACCESSING YOUR INFORMATION

You may request access to certain NPI we collect to provide you with insurance products and services. You must make your request in writing and send it to the address below. The letter should include your full name, address, telephone number and policy number if we have issued a policy. If you request, we will send copies of the NPI to you. If the NPI includes health information, we may provide the health information to you through a health care provider you designate. We will also send you information related to disclosures. We may charge a reasonable fee to cover our processing costs.

This section applies to NPI we collect to provide you with coverage. It does not apply to NPI we collect in anticipation of a claim or civil or criminal proceeding.

CORRECTING YOUR INFORMATION

If you believe the NPI we have about you is incorrect, please write to us. Your letter should include your full name, address, telephone number and policy number if we have issued a policy. Your letter should also explain why you believe the NPI is inaccurate. If we agree with you, we will correct the NPI and notify you of the correction. We will also notify any person who may have received the incorrect NPI from us in the past two (2) years if you ask us to contact that person.

If we disagree with you, we will tell you we are not going to make the correction. We will give you the reason(s) for our refusal. We will also tell you that you may submit a statement to us. Your statement should include the NPI you believe is correct. It should also include the reason(s) why you disagree with our decision not to correct the NPI in our files. We will file your statement with the disputed NPI. We will include your statement any time we disclose the disputed NPI. We will also give the statement to any person designated by you if we may have disclosed the disputed NPI to that person in the past two (2) years.

CONTACTING US

If there are any questions concerning this notice, please feel free to write us at:

Privacy and Security Officer
Wellfleet Insurance Company
c/o Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115-5369

In California
c/o Wellfleet Group, LLC
dba Wellfleet Administrators, LLC
PO Box 15369
Springfield, MA 01115-5369

NOTICE OF NON-DISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

The Company complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Company does not exclude people or treat them worse because of their race, color, national origin, age, disability, or sex.

The Company provides free aids and services to people with disabilities to communicate effectively with us, such as:

1. Qualified sign language interpreters
2. Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose first language is not English when needed to communicate effectively with us, such as:

1. Interpreters
2. information translated into other languages

If you need these services, contact Betsy M. Stevens and John Kelley Civil Rights Coordinators.

If you believe that Wellfleet Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Betsy M. Stevens and John Kelley Civil Rights Coordinators,
PO Box 15369
Springfield, MA 01115-5369
(413)-733-4540; (413)-733-4612
Bstevens@wellfleetinsurance.com, or Jkelley@wellfleetinsurance.com.

You can file a grievance in person, by mail, fax, or email. If you need help filing a grievance Betsy M. Stevens and John Kelley of Civil Rights Coordinators are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
800-8681019; 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

ADVISORY NOTICE TO POLICYHOLDERS

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Policyholder Notice provides information concerning possible impact on your insurance coverage due to the directives issued by OFAC and possibly by the U.S. Department of State. **Please read this Policyholder Notice carefully.**

OFAC of the U.S. Department of Treasury administers and enforces economic and trade sanctions policy on Presidential declarations of "National Emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers

as *Specially Designated Nationals* and *Blocked Persons*. This list can be found on the U.S. Department of Treasury's website (www.treas.gov/ofac)

In accordance with OFAC regulations, or any applicable regulation promulgated by the U.S. Department of State, if it is determined that you or another insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is identified by OFAC as a *Specially Designated National* or *Blocked Person*, this insurance will be considered a blocked or frozen contract and all provisions of this insurance will be immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, neither payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

Women's Health & Cancer Rights Act

If you have had or are going to have a Mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). If you are receiving Mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and patient for:

- a. Reconstruction of the breast on which the Mastectomy was performed;
- b. Reconstruction of the other breast to produce a symmetrical appearance;
- c. Prosthesis;
- d. Treatment of physical complications from all stages of Mastectomy, including lymphedemas.

Coverage will be subject to the same plan limitations, copays, deductible and coinsurance provisions that currently apply to Mastectomy coverage and will be provided in consultation with you and your attending physician.

LANGUAGE ASSISTANCE PROGRAM

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call (877) 657-5030.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al (877) 657-5030.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請致電：(877) 657-5030。

XIN LŪU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi (877) 657-5030.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. (877) 657-5030번으로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa (877) 657-5030.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по номеру (877) 657-5030.

هيبنت: اذا تنك ثدحتت **تبيرعلا (Arabic)**، نإف تامدخ ددعاسملا تيوغلا تينا جملا تحاتم كالم. عاجرلا لاصتلاً ب (877) 657-5030.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan (877) 657-5030.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le (877) 657-5030.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer (877) 657-5030.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para (877) 657-5030.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero (877) 657-5030.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie (877) 657-5030 an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。(877) 657-5030 にお電話ください。

ی سراف امشد نابز رگا: هجوت (**Farsi**) دشاب ی م امشد رایتخا رد ن انگیار روط هج ی نابز دادما تامدخ، ت سا. (877) 657-5030 تمس ا بیگرید.

कृपा ध्या दः यद आप हंद (Hindi) भाषी ह तो आपके लए भाषा सहायता सेवाएं: शुल् उपलब् ह। कृपा पर काल कर (877) 657-5030

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau (877) 657-5030.

ប្រយ័ត្ន: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាកម្មភាសាជំនួយឥតគិតថ្លៃមានសម្រាប់អ្នក។ សូមទូរស័ព្ទមកលេខ (877) 657-5030 ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti (877) 657-5030.

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí kohjí' (877) 657-5030 hodílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac (877) 657-5030

ગુજરાતી (Gujarati) યુ ના: જો તમે જરાતી બોલતા હો, તો િન:લુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છે. ફોન કરો (877) 657-5030

λληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε (877) 657-5030

Українська (Ukrainian) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером (877) 657-5030

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደው (877) 657-5030

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਿਦਓ: ਜੇ ਤੁਸ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ (877) 657-5030

ພາສາລາວ (Lao) ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ (877) 657-5030