



**RHODE  
ISLAND  
COLLEGE**

# BENEFITS AT A GLANCE

STUDENT HEALTH INSURANCE PLAN | PLAN YEAR 2019/2020

DESIGNED EXCLUSIVELY FOR THE STUDENTS OF:

## **RHODE ISLAND COLLEGE**

Providence, RI

("the Policyholder")

## **UNDERWRITTEN BY:**

Commercial Casualty Insurance Company | Fort Wayne, IN

("the Company")

Policy Number: CCIC1920RISHIP96

Group Number: ST0894SH

Effective: 8/15/2019 – 8/14/2020

## **ADMINISTERED BY:**

Wellfleet Group, LLC



**WELLFLEET**  
STUDENT

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## Welcome Students...

We are pleased to provide you with this summary of the 2019 – 2020 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 [www.wellfleetstudent.com](http://www.wellfleetstudent.com). If you have questions about enrollment into the Plan, please call University Health Plans at (800) 437-6448. For questions about medical benefits or claims, please call Wellfleet Student at (877) 657-5030.

## Where to Find Help

For Questions About:	Please Contact:
Enrollment Waiver	University Health Plans, a Division of Risk Strategies 15 Pacella Park Drive, Suite 130 Randolph, MA 02368 <a href="http://www.universityhealthplans.com">www.universityhealthplans.com</a> 1-800-437-6448
Insurance Benefits Claims Processing ID Cards Preferred Provider Listings ID card Requests	Wellfleet Group, LLC 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (877) 657-5030 <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a>
Preferred PPO Provider Listings	University Health Plans <a href="http://www.universityhealthplans.com">www.universityhealthplans.com</a> or PHCS <a href="http://www.phcs.com">www.phcs.com</a>
Prescription Drug Provider	Wellfleet Rx <a href="http://www.wellfleetrx.com">www.wellfleetrx.com</a>

## Am I Eligible?

### To be eligible for coverage under the policy, a Student must:

1. Meet the enrollment requirements stated in the Insurance Information Schedule; and
2. Pay the required premium; and
3. Attend classes for at least the first 31 days of the period for which premium has been paid except in the case of medical withdrawal.

As used in this section, "Attend class" means the student be present for class. Alternate methods of receiving course credit such as online courses do not meet the requirements of attending class. We maintain the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever We discover that they have not been met, our only duty is to refund premium.

All undergraduate degree students, pre-registered for nine (9) or more credit hours at the end of the initial Fall (July 15, 2019) or Spring (December 11, 2019) billing periods are automatically enrolled in this plan, and the cost of the insurance will be included on your tuition bill. Students registered for nine (9) or more credits after the initial Fall or Spring tuition billing will not be assessed the Insurance coverage. You may add the coverage by enrolling online at: [www.universityhealthplans.com](http://www.universityhealthplans.com). If your status changes to fewer than nine (9) credits after you've been assessed the insurance charge, and you do not want the insurance, you must be sure to waive out of the insurance plan prior to the deadline date.

### International Students—

All international students, carrying a minimum of 1 credit hour, are required to carry insurance and are automatically enrolled in the College's Student Health Insurance Plan, and may not waive out of it.

Part-time, non-degree and graduate students carrying a minimum of six (6) credit hours are eligible to enroll voluntarily by going to [www.universityhealthplans.com](http://www.universityhealthplans.com).

## How Do I Waive/Enroll?

### Domestic Students—

**FAILURE TO COMPLETE** the on-line Waiver Form by the deadline, September 20, 2019, will result in your mandatory purchase of the College's Student Insurance Plan for the Fall 2019 Semester without the possibility of later waiver, refund or cancellation. You will be able to waive out of the Student Health Insurance Plan by the deadline date of September 20, 2019, for either the Fall Semester or the entire academic year, if you have other insurance coverage that will insure you for the entire academic year. For the spring semester, the deadline to waive out is February 19, 2020. If you do not waive by the deadline, you will not be eligible for a refund.

**Please Note:** If your status changes to fewer than nine (9) credits after you've been assessed the insurance charge, and you do not want the insurance, you must be sure to waive out of the insurance plan prior to the deadline date. All international students are required to carry insurance and are automatically enrolled in the College's Insurance Plan.

## 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	Waiver Deadline
Annual	8/15/2019	8/14/2020	9/20/2019
Fall	8/15/2019	1/14/2020	9/20/2019
Spring	1/15/2020	8/14/2020	2/19/2020

### Plan Costs for Domestic Full-Time Undergraduate, Graduate and International Students

	Fall	Spring
Student*	\$660	\$660

\*The above plan costs include an administrative service fee.

## Preferred Provider Organization (PPO) Network

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

By enrolling in this Plan, you have the PHCS PPO Network of participating Providers. To find a complete listing of the Network's participating Providers, go to [www.phcs.com](http://www.phcs.com), or contact Wellfleet Student toll-free at (877) 657-5030, or [www.wellfleetstudent.com](http://www.wellfleetstudent.com) for assistance.

## Rhode Island College Health Insurance Benefit Summary

This is only a brief description of coverage available under Certificate form RI 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.

BENEFIT	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Policy Year Deductible</b>	\$100 Individual	\$100 Individual
<b>Out-of-Pocket Maximum</b>	\$6,350 Individual	No Maximum
<b>Coinsurance</b>	80% of Negotiated Charge (NC) 90% of the NC if Student Health Center referred	80% of Usual & Customary (U&C) 90% of U&C if Student Health Center referred
<b>Preventive Services</b>	100% of NC Deductible Waived	80% of U&C
<b>Hospital Room &amp; Board (Inpatient)</b>	80% of the NC for Covered Medical Expenses Deductible Waived if Student Health Center Referred	80% of U&C for Covered Medical Expenses Deductible Waived if Student Health Center Referred
<b>Surgery (Inpatient or Outpatient)</b>	80% of NC for Covered Medical Expenses Deductible Waived if Student Health Center Referred	80% of U&C for Covered Medical Expenses Deductible Waived if Student Health Center Referred
<b>In Office Physician Visit</b>	\$20 copayment per visit then the plan pays 100% of the NC for Covered Medical Expenses Deductible Waived	\$20 copayment per visit then the plan pays 100% of U&C for Covered Medical Expenses Deductible Waived
<b>Telemedicine or Telehealth Services</b>	\$20 copayment per visit then the plan pays 100% of the NC for Covered Medical Expenses Deductible Waived	\$20 copayment per visit then the plan pays 100% of U&C for Covered Medical Expenses Deductible Waived
<b>Emergency Services Expense</b>	\$50 copayment then the plan pays 90% of the NC for Covered Medical Expenses Deductible Waived if Student Health Center Referred	Paid the same as In-Network Provider subject to Usual and Customary Charge.
<b>Urgent Care Centers</b>	80% of the NC for Covered Medical Expenses Deductible Waived if Student Health Center Referred	80% of U&C for Covered Medical Expenses Deductible Waived if Student Health Center Referred
<b>Diagnostic Imaging Services &amp; Laboratory Procedures (Outpatient)</b>	\$15 copayment per visit then the plan pays 100% of the NC for Covered Medical Expenses Deductible Waived if Student Health Center Referred	\$15 copayment per visit then the plan pays 100% of the U&C for Covered Medical Expenses Deductible Waived if Student Health Center Referred
<b>Allergy Testing &amp; Allergy Injections/Treatment</b>	80% of the NC for Covered Medical Expenses Deductible Waived if Student Health Center Referred	80% of U&C for Covered Medical Expenses Deductible Waived if Student Health Center Referred

<b>Outpatient Prescription Drugs Copay per 30-day supply</b>	Tier 1: \$15 copayment Tier 2: \$35 copayment Tier 3: \$35 copayment Specialty: \$35 copayment Then the plan pays 100% of the NC for Covered Medical Expenses Deductible Waived	Not Covered
<b>NC = Negotiated Charge</b>		<b>U&amp;C = Usual and Customary</b>

**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. 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 per Accident.
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. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
  22. Expenses for radial keratotomy.
  23. Adult Vision unless specifically provided in the Certificate.
  24. 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.
  25. 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.
  26. Surgery or related services for cosmetic purposes to improve appearance, except to restore bodily function or correct deformity resulting from disease, or trauma.
  27. Treatment to the teeth, including orthodontic braces and orthodontic appliances, unless otherwise covered under the Pediatric Dental Care Benefit.
  28. Treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Certificate definition of same.
  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. 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.
  37. Sleep Disorders, except for the diagnosis and treatment of obstructive sleep apnea.
  38. Treatment of Acne unless Medically Necessary.
  39. 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.
  40. 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;
  - 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.
41. Non-chemical addictions.
  42. Non-physical, occupational, speech therapies (art, dance, etc.).
  43. Modifications made to dwellings.
  44. General fitness, exercise programs.
  45. Hypnosis.
  46. Rolfing.
  47. Biofeedback.



## Value Added Services

The following are not affiliated with Commercial Casualty Insurance Company and the services are not part of the Plan Underwritten by Commercial Casualty Insurance Company. These value-added options are provided by Wellfleet Student.

### VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:

[www.wellfleetstudent.com](http://www.wellfleetstudent.com)

### EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

Wellfleet Student provides access to a comprehensive program that will arrange emergency medical and travel assistance services, repatriation services and other travel assistance services when you are traveling. For general inquiries regarding the travel access assistance services coverage, please call Wellfleet Student at (877) 657-5030. **If you are traveling and need assistance in North America, call the Assistance Center toll-free at: (877) 305-1966 or if you are in a foreign country, call collect at: (715) 295-9311.** When you call, please provide your name, school name, the group number shown on your ID card, and a description of your situation. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.

### 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.