BENEFITS AT A GLANCE

STUDENT HEALTH INSURANCE PLAN | PLAN YEAR 2019/2020

DESIGNED EXCLUSIVELY FOR THE STUDENTS OF:

SALVE REGINA UNIVERSITY

Newport, RI

("the Policyholder")

Policy Number: CCIC1920RISHIP93
Group Number: ST0903SH
Effective: 08/15/2019 – 08/14/2020

UNDERWRITTEN BY:

Commercial Casualty Insurance Company | Fort Wayne, IN

("the Company")

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**. 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:
Insurance Benefits **Enrollment** **Waiver**	**University Health Plans, a Risk Strategies Company** **15 Pacella Park Drive** **Randolph, MA 02368** **Phone: (800) 437-6448** **Fax: (617) 472-6419** **www.universityhealthplans.com** or email us at **info@univhealthplans.com**
Claims Processing **ID Cards** **Preferred Provider Listings** **ID card Requests**	**Wellfleet Group, LLC** **2077 Roosevelt Avenue** **Springfield, Massachusetts 01104** **(877) 657-5030** **www.wellfleetstudent.com**
Preferred PPO Provider Listings	**Wellfleet Student** **www.wellfleetstudent.com** or **PHCS** **www.phcs.com**
Prescription Drug Provider	**WellfleetRx** **www.wellfleetstudent.com**

Am I Eligible?

All registered full-time Undergraduate students and part-time resident students taking credits are required to have health insurance coverage, either through the Plan or through another individual or family plan. Students are automatically enrolled in the Plan at registration and the premium is added to the student's tuition fees unless proof of comparable coverage is provided by completing the waiver.

How Do I Waive?

If You are eligible to be covered under the Plan, You will be automatically enrolled and charged the premium, unless You waive coverage. Students who do not want to be enrolled in the Student Health Plan can waive coverage if they can document proof of comparable coverage in another health insurance plan that will be in effect from 12:00 A.M. on August 15, 2019 through 11:59 P.M. on August 14, 2020. Recognizing that health insurance situations may change, students will be required to provide proof of comparable coverage each academic year in order to waive participation in the Plan. To document proof of comparable coverage, students need to complete the online Waiver Form and submit it by the deadline. Go to www.universityhealthplans.com to submit the online Waiver Form.
The online Waiver process is the only accepted process for waiving participation in the Plan. The deadline for processing the online waiver is August 1, 2019 for students enrolling in the annual or fall coverage period and January 15, 2020 for students newly enrolling at the University in the spring term. Students who do not submit the online Waiver Form by the deadline will be automatically enrolled in the Plan and the fee will remain on their student account bill.

Eligible Students who DO NOT WANT to be enrolled in the Plan must submit an online Waiver Form documenting proof of comparable coverage in another health insurance plan prior to the posted waiver deadline date.

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	8/1/2019
Fall	8/15/2019	1/14/2020	8/1/2019
Spring (students new to the University for the spring term)	1/15/2020	8/14/2020	1/15/2020

Plan Costs for Full-Time Undergraduate and Part-time Resident Students

	Annual	Fall	Spring (students new to the University for the Spring term only)
Student*	$2,079	$889	$1,220

***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,** or contact Wellfleet Student toll-free at (877) 657-5030, or www.wellfleetstudent.com for assistance.

Salve Regina University 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
Policy Year Deductible	$0 Individual	$0 Individual
Out-of-Pocket Maximum	$6,350 Individual	$6,350 Individual
Coinsurance	100% of Negotiated Charge (NC) for Covered Medical Expenses up to $5,000 then 80% of Negotiated Charge (NC)	100% of Usual & Customary (U&C) for Covered Medical Expenses unless otherwise stated below up to $5,000 then 80% of Usual & Customary Charge (U&C)
Preventive Services	100% of NC Deductible Waived	100% of Usual & Customary (U&C) for Covered Medical Expenses up to $5,000 then the plan pays 80% of Usual & Customary Charge (U&C)
Hospital Room & Board (Inpatient)	80% of the NC for Covered Medical Expenses	80% of U&C for Covered Medical Expenses
Surgery (Inpatient or Outpatient)	80% of NC for Covered Medical Expenses	80% of U&C for Covered Medical Expenses
In Office Physician Visit	$20 copayment per visit then the plan pays 80% of the NC for Covered Medical Expenses	$20 copayment per visit then the plan pays 80% of U&C for Covered Medical Expenses
Telemedicine or Telehealth Services	$20 copayment per visit then the plan pays 80% of the NC for Covered Medical Expenses	$20 copayment per visit then the plan pays 80% of U&C for Covered Medical Expenses
Emergency Services Expense	$100 copayment per visit then the plan pays 80% of the NC for Covered Medical Expenses	Paid the same as In-Network Provider subject to Usual and Customary Charge.
Urgent Care Centers	$75 copayment per visit then the plan pays 80% of the NC for Covered Medical Expenses	$75 copayment per visit then the plan pays 80% of U&C for Covered Medical Expenses
Diagnostic Imaging Services & Laboratory Procedures (Outpatient)	80% of NC for Covered Medical Expenses	80% of U&C for Covered Medical Expenses
Allergy Testing & Allergy Injections/Treatment	80% of the NC for Covered Medical Expenses	80% of U&C for Covered Medical Expenses
Specialist Consultant/ Physician Services	$20 copayment per visit then the plan pays 80% of the NC for Covered Medical Expenses	$20 copayment per visit then the plan pays 80% of U&C for Covered Medical Expenses
Outpatient Prescription Drugs Copay per 30-day supply **Out-of-Network Provider benefits provided on a reimbursement basis.**	Tier 1: $10 Copayment Tier 2: $20 Copayment Tier 3: $20 Copayment Specialty: $20 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses	Tier 1: $10 Copayment Tier 2: $20 Copayment Tier 3: $20 Copayment Specialty: $20 Copayment then the plan pays 100% of Actual charge for Covered Medical Expenses
NC = Negotiated Charge		**U&C = Usual and Customary**

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 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 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 in excess of $1,500 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. 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. Charges for hearing exams, hearing screening, or cochlear implants except as specifically provided in the Certificate.
27. 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.
28. Surgery or related services for cosmetic purposes to improve appearance, except to restore bodily function or correct deformity resulting from disease, or trauma.
29. Treatment to the teeth, including orthodontic braces and orthodontic appliances, unless otherwise covered under the Pediatric Dental Care Benefit.
30. You are:
    - committing or attempting to commit a felony,
    - engaged in an illegal occupation, or
    - participating in a riot.
31. Elective abortions.
32. Custodial Care service and supplies.
33. Braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.
34. Services of private duty Nurse except as provided in the Certificate.
35. Expenses that are not recommended and approved by a Physician.
36. 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.
37. 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.
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

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

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.

CareConnect
Integrated Behavioral Health from Wellfleet Student

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.