Benefits at a Glance

Student Health Insurance Plan (2026/2027)

Designed exclusively for the students of:

SARAH LAWRENCE COLLEGE
Bronxville, NY
("the policyholder")
Policy Number: WNY2627NYSHIP07
Group Number: ST0778SH
Effective: 08/15/2026 – 08/14/2027

Underwritten by: Wellfleet Insurance Company
Fort Wayne, IN
("the Company")
Administered by: Wellfleet Group, LLC

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Welcome Students…

We are pleased to provide you with this summary of the 2026 – 2027 Student Health Insurance Plan ("Plan"), which is fully compliant with the Affordable Care Act. This is only a brief description of the coverage(s) available under Certificate form NY SHIP Cert (2026). The Certificate will contain reductions, limitations, exclusions, and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

"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**.

This is not an insurance Policy and your receipt of this document does not constitute the insurance or delivery of a policy of insurance. Any provisions of the Policy, as described in this Summary, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

The information contained in this Summary is accurate at the time of publication, but may change in accordance with state and federal insurance regulations during the course of the Policy year. The most current version of this document will be posted online. In the case of a discrepancy between two versions of the Summary, the most recent will apply.

School Letter to Students and Parents

Dear Students and Parents:

Sarah Lawrence College is committed to promoting good health and meeting the medical needs of its students. A health insurance plan allows students to know that they can receive the services they need in the event of a sickness or injury.

The College requires all students to carry adequate medical insurance to help cover the extra expenses of medical treatment that are not covered at the Health and Wellness Center. The Student Health Plan ("Plan") provides coverage to students for a 12-month period, August 15, 2026 to August 14, 2027. The Plan includes a local and national network of Participating Providers and is designed to be an affordable option. Sarah Lawrence College urges you to enroll in the Plan for several reasons.

To assist you in making an informed decision regarding your student's health insurance needs, here are some general questions to ask your current health plan to ensure that it provides adequate coverage:

- Does your current health plan provide coverage while in the area of the Sarah Lawrence College campus? Some HMO plans provide coverage for Emergency Treatment only, while out of area of the local HMO.
- Does your current health plan cover the student as long as they are a registered student at Sarah Lawrence College?
- Does your current health plan cover mental health services?
- Does your current health plan provide coverage anywhere in the world, including medical evacuation and repatriation benefits, while the student is away from campus for academics, research, work, or vacation? Some employer-sponsored plans will only provide coverage while in the United States, and some do not include any medical evacuation or repatriation benefits.
- Does your current health plan include a nationwide network of Participating Providers, guaranteeing acceptance of your insurance plan, and reducing the student's out-of-pocket expenses? Some employer-sponsored plans are managed-care type plans, with a regionally-based participating provider network.
- Does your current health plan include Prescription Drug coverage, and a nationwide network of member pharmacies? Some employer sponsored plans do not provide prescription drug coverage, or only very limited benefits available at certain local pharmacies.
- Does your current health plan include coverage for Intercollegiate Sports? It is possible that some employer-sponsored health plans exclude coverage for all Intercollegiate Sports related injuries.

While the majority of students' health issues can be met by Health and Wellness Center, there are times when outside specialists or additional consultation is warranted. At such times, the Student Health Plan endorsed by Sarah Lawrence College provides coverage worldwide and allows students to seek care from any licensed provider, once the referral from Sarah Lawrence College Health Services is made. Students also have access to a nationwide Participating Provider Network, as well as a national network of member pharmacies.

When students use a participating provider, their out-of-pocket expenses can be limited as students' coinsurance expenses are based on negotiated Participating Provider fees. The Plan provides coverage for expenses relating to injury or sickness including diagnostic testing, lab and x-ray services, doctor visits, and prescription drugs.

New and returning students for the 2026 - 2027 Academic Year who determine that they have existing comparable coverage will need to complete and submit the online Waiver Form by September 18, 2026. It is your responsibility to carefully compare your current insurance plan with that offered by SLC to ensure that the coverage is truly comparable. By signing the waiver, you are attesting to the fact that you are familiar with both plans and will be responsible for providing for your student's medical and/or mental health needs should your own insurance prove insufficient. **If you do not have comparable health insurance, or do not submit the online Waiver Form by September 18, 2026, you will be required to purchase the Student Health Plan and will automatically be enrolled.**

We encourage you to read "Benefits at a Glance" and take the time to make an informed decision regarding your health coverage. If you have questions regarding the Student Health Plan, please contact Wellfleet Student at (877) 657-5030, TTY 711 or **www.wellfleetstudent.com**.

Yours truly,
Mary Hartnett R.N.
Director of Medical Services

Sarah Lawrence College Health and Wellness Center

Lyles House	Monday through Friday
(914) 395-2350	**9:00 a.m. to 5:00 p.m.**

Sarah Lawrence College Health and Wellness Center provides compassionate, informative and confidential care for their students' medical and mental health concerns. Regular services on campus for routine care, particular health problems and for short-term, outpatient treatment are provided at no cost.

Services Include:

- Medical and mental health coverage during the school year for routine, preventive and urgent care for the Sarah Lawrence College undergraduate and graduate student population.
- Educational programs on a variety of medical and mental health issues relevant to college students.
- Referrals for long-term medical and psychological treatment with off-campus specialists, whenever warranted.

Physical Health

The Sarah Lawrence College Health and Wellness Center staff is specially trained to understand and treat problems that relate to college-age students and their lifestyles. Health Services is staffed primarily by Family Nurse Practitioners (FNPs) and Nurses while the College is in session. A local physician who is affiliated with New York Presbyterian Lawrence Hospital provides consultation to the Nurses and Nurse Practitioners.

The Nurse Practitioners can:

- Diagnose and treat short-term physical illnesses and minor injuries.
- Prescribe common medications for acute illness.
- Give vaccinations and perform routine lab work.
- Test and treat sexually transmitted diseases including HIV testing.
- Provide birth control and sexual protection to both men and women, including emergency contraception (morning-after pill) for women, depot (DMPA) contraceptive injections and prescriptions for oral contraceptives.

Psychological Services

The staff includes licensed mental health clinicians trained to provide brief individual and group therapy to all students at the College. Common student concerns treated by the Sarah Lawrence College Health and Wellness Center staff include depression, anxiety, relationship and family issues. Health & Wellness staff is able to facilitate referrals for students seeking on-going care off-campus.

Health Education

One of the primary missions of Health and Wellness Center is health education and outreach. By being well informed, students can make more educated and responsible choices for healthy living. A variety of educational programs and workshops are held throughout the year. Topics include mind-body health, self-care, sleep, nutrition, managing stress and adjusting to college, as well as topics relevant to current issues on campus.

Appointments

The Health and Wellness Center is located in Lyles House, near the Westland's Gate, at Mead Way and Boulder Trail. The Sarah Lawrence College Health and Wellness Center Offices are open for appointments Monday through Friday from 9 a.m. to 5 p.m. when the College is in session. Appointments for medical and mental health services can be made online at **https://my.slc.edu/health**. For questions about appointments or services offered please call the Health and Wellness Center receptionist at (914) 395-2350. Same-Day Appointments for Medical and Mental Health Services are available weekdays when the College is in session.

After Hours

When the Health and Wellness Center is closed, students can call Westland's desk at (914) 395-2222 for urgent medical and mental health needs. If hospitalization is required, students will be transported to New York Presbyterian Lawrence Hospital in Bronxville, NY, or St. Joseph's Hospital in Yonkers, NY.

Confidentiality

The Health and Wellness Center professional staff conforms to standard professional, ethical and state-mandated procedures of confidentiality. Maintenance of records is in accordance with professional and legal guidelines. The student may authorize the release of confidential information to others by signing a standard release form available at the Health and Wellness Center.

Exceptions to the standard procedures of confidentiality occur when a student is assessed to be a danger to him/herself or others, when records are subpoenaed, or in reporting abuse (e.g., abuse or neglect of a minor) as required by law. In such cases, the student would be informed, if possible, and only the necessary information would be released.

Fees for Service

There are no fees for any of the regular services provided by the Health and Wellness Center staff. In-clinic lab tests, vaccinations and some medications are provided for a fee to cover costs. Any medications not available at the Health and Wellness Center may be purchased at a local pharmacy and might be covered by insurance, depending on students' insurance plans. Special diagnostic services such as laboratory tests, X-rays and diagnostic procedures are provided off campus.

Consultations with specialists in the community, as well as off-campus diagnostic procedures, are covered according to the Sarah Lawrence College Student Health Plan only after a referral is made by Sarah Lawrence College Health and Wellness Center staff.

(Please refer to the Certificate for any details regarding referral requirements.) Students who waive participation in the Sarah Lawrence College Student Health Plan should check with their own insurance companies regarding coverage.

Important Contact Information & Resources

Contact Us

Wellfleet Group, LLC
PO Box 15369
Springfield, Massachusetts 01115-5369
(877) 657-5030, TTY 711

Plan Administration

Enrollment, Eligibility, & Waivers

Servicing Agent

Risk Strategies Education, University Health Plans
Po Box 818078
Cleveland, OH 44181
Phone: (833) 251-1139
Fax: (617) 472-6419
www.universityhealthplans.com/sls
or email us at info@univhealthplans.com

Benefits, Claim Status, & ID Cards

Wellfleet Group, LLC
PO Box 15369
Springfield, Massachusetts 01115-5369
(877) 657-5030, TTY 711
www.wellfleetstudent.com
Monday–Thursday, 8:30 a.m. to 7:00 p.m. Eastern Time

Friday, 9:00 a.m. to 5:00 p.m. Eastern Time

Claims

Cigna
PO Box 188061
Chattanooga, Tennessee 37422-8061
Electronic Payor ID: 62308

PPO Network

Cigna

Cigna
www.mycigna.com

Pharmacy Benefits Manager

For information about the Wellfleet Rx/ESI Prescription Drug Program, please visit **www.wellfleetrx.com/students**.

Your plan includes Wellfleet Rx – offering over 40 generics at a $0 copay. Please ask your health care provider to review our formulary to see if these medications are right for you. Click here http://wellfleetrx.com/students/formularies/ for more information.

Member Pharmacy Help

(877) 640-7940

Telehealth Service

Your plan includes access to virtual healthcare advice by phone, video, or app.

- Scheduled mental health services – 7 days a week

Register at
https://www.teladoc.com/wellfleetstudent/

- In addition, your plan includes virtual physical therapy and other musculoskeletal services from Hinge Health
- Register at https://hinge.health/wellfleet

For further information about your plan please use the QR code below.

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General Information

Am I Eligible

All SLC students in an Undergraduate or Graduate credit bearing degree or certificate program and enrolled in a credit bearing class where they are required to be in-person, are eligible for the Student Health Insurance. Students who are eligible for coverage and will be automatically enrolled in and charged for coverage under the Plan unless proof of comparable coverage is provided and an online waiver is completed at www.universityhealthplans.com/slc by the applicable waiver deadline date.

Dependents

Dependents are not eligible.

How Do I Waive?

New and returning students for the 2026 - 2027 Academic Year who determine that they have existing comparable coverage will need to complete and submit the online Waiver Form by September 18, 2026.

Students, it is your responsibility to carefully compare your current insurance plan with that offered by SLC to ensure that the coverage is truly comparable. By signing the waiver, you are attesting to the fact that you are familiar with both plans and will be responsible for providing for your medical and/or mental health needs should your own insurance prove insufficient. **If you do not have comparable health insurance, or do not submit the online Waiver Form by September 18, 2026, you will be automatically enrolled in the Student Health Plan and charged for the coverage.**

NOTE: Paper copies of the waiver form are available at the Sarah Lawrence College Health and Wellness Center.

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	08/15/2026	08/14/2027	09/18/2026
Fall (available to December Graduating students only)	08/15/2026	12/31/2026	09/18/2026
Spring (available to new students to the College in the Spring only)	01/01/2027	08/14/2027	02/09/2027

Insurance Premiums

	Annual	Fall (available to December Graduating students only)	Spring (available to new students to the College in the Spring only)
Student*	$4,714	$1,795	$2,919

Broker Fees

	Annual	Fall (available to December Graduating students only)	Spring (available to new students to the College in the Spring only)
Student*	$149	$57	$92

Total Plan Costs (Premiums + Fees)

	Annual	Fall (available to December Graduating students only)	Spring (available to new students to the College in the Spring only)
Student*	$4,863	$1,852	$3,011

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

Plan Benefits

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

Preauthorization is required for inpatient hospital, surgery and selected outpatient services. For inpatient hospital, preauthorization is not required for emergency admissions or services provided in a neonatal intensive care unit of a hospital certified pursuant to Article 28 of the Public Health Law.

Key Plan Benefits

BENEFIT	PARTICPATING PROVIDER	NON-PARTICIPATING PROVIDER
Plan Year Deductible Individual	$250	$250
Out-of-Pocket Limit Individual	$9,200	None
Coinsurance	20% of the Allowed Amount	50% of the Allowed Amount
Preventive Care	Covered in full	30% Coinsurance not subject to Deductible
Primary Care Office Visits (or Home Visits)	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Specialist Office Visits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Emergency Department	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Urgent Care Center	20% Coinsurance after Deductible	20% Coinsurance after Deductible

Schedule of Benefits

SARAH LAWRENCE COLLEGE SCHEDULE OF BENEFITS
Gold Metal Level
Actuarial Value 84.98%
Sarah Lawrence College

Policy Number: WNY2627NYSHIP07
Group/Plan Number: ST0778SH
Policyholder Effective Date: August 15, 2026
Policyholder Termination Date: August 14, 2027

COST-SHARING	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	
Medical Deductible • Individual	$250	$250	
Out-of-Pocket Limit • Individual	$9,200	None	
Accidental Death and Dismemberment Benefits $10,000 **Annual Maximum.**		See the Cost-Sharing Expenses and Allowed Amount section of the Certificate for a description of how We calculate the Allowed Amount. Any charges of a Non-Participating Provider that are in excess of the Allowed Amount do not apply towards the Deductible or Out-of-Pocket Limit. You must pay the amount of the Non-Participating Provider's charge that exceeds Our Allowed Amount.	
OFFICE VISITS *Cost-Sharing for Covered Services with a primary diagnosis of Mental Health or Substance Use Disorder may be lower than the Cost-Sharing listed below in order to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description

Specialist Office Visits (or Home Visits)	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description
PREVENTIVE CARE *Cost-Sharing for Covered Services with a primary diagnosis of Mental Health or Substance Use Disorder may be lower than the Cost-Sharing listed below in order to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
• Well Child Visits and Immunizations*	Covered in full	30% Coinsurance not subject to Deductible	See benefit for description
• Adult Annual Physical Examinations*	Covered in full	30% Coinsurance not subject to Deductible	
• Adult Immunizations*	Covered in full	30% Coinsurance not subject to Deductible	
• Routine Gynecological Services/Well Woman Exams*	Covered in full	30% Coinsurance not subject to Deductible	
• Mammograms, Screening and Diagnostic Imaging for the Detection of Breast Cancer	Covered in full	30% Coinsurance not subject to Deductible	
• Sterilization Procedures for Women*	Covered in full	30% Coinsurance not subject to Deductible	
• Vasectomy	Covered in full	30% Coinsurance not subject to Deductible	
• Bone Density Testing*	Covered in full	30% Coinsurance not subject to Deductible	
• Prostate Cancer Screening	Covered in full	30% Coinsurance not subject to Deductible	
• Colon Cancer Screening	Covered in full	30% Coinsurance not subject to Deductible	
• All other preventive services required by USPSTF and HRSA.	Covered in full	30% Coinsurance not subject to Deductible	

*When preventive services are not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA.	Use Cost-Sharing for appropriate service (Primary Care Office Visit Specialist Office Visit Diagnostic Radiology Services Laboratory Procedures and Diagnostic Testing)	Use Cost-Sharing for appropriate service (Primary Care Office Visit Specialist Office Visit Diagnostic Radiology Services Laboratory Procedures and Diagnostic Testing)	
EMERGENCY CARE *Cost-Sharing for Covered Services with a primary diagnosis of Mental Health or Substance Use Disorder may be lower than the Cost-Sharing listed below in order to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
Emergency Ambulance Transportation (Pre-Hospital Emergency Medical Services and Emergency Transportation including Air Ambulance)	0% Coinsurance not subject to Deductible	0% Coinsurance not subject to Deductible	See benefit for description
Non-Emergency Ambulance Services (Ground and Air Ambulance)	0% Coinsurance not subject to Deductible	0% Coinsurance not subject to Deductible	See benefit for description
Emergency Department Copayment waived if admitted to Hospital	20% Coinsurance after Deductible Health care forensic examinations performed under Public Health Law § 2805-I are not subject to Cost-Sharing	20% Coinsurance after Deductible Health care forensic examinations performed under Public Health Law § 2805-I are not subject to Cost-Sharing	See benefit for description
Urgent Care Center	20% Coinsurance after Deductible	20% Coinsurance after Deductible	See benefit for description
PROFESSIONAL SERVICES and OUTPATIENT CARE *Cost-Sharing for Covered Services with a primary diagnosis of Mental Health or Substance Use Disorder may be lower than the Cost-Sharing listed below in order to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
Advanced Imaging Services • Performed in a Specialist Office	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description

• Performed in a Freestanding Radiology Facility • Performed as Outpatient Hospital Services **Preauthorization Required**	20% Coinsurance after Deductible 20% Coinsurance after Deductible	50% Coinsurance after Deductible 50% Coinsurance after Deductible	
Allergy Testing and Treatment • Performed in a PCP Office • Performed in a Specialist Office	 20% Coinsurance after Deductible 20% Coinsurance after Deductible	 50% Coinsurance after Deductible 50% Coinsurance after Deductible	See benefit for description
Ambulatory Surgical Center Facility Fee	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description
Anesthesia Services (all settings)	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description
Cardiac and Pulmonary Rehabilitation • Performed in a Specialist Office • Performed as Outpatient Hospital Services • Performed as Inpatient Hospital Services	 20% Coinsurance after Deductible 20% Coinsurance after Deductible Included as part of inpatient Hospital service Cost-Sharing	 50% Coinsurance after Deductible 50% Coinsurance after Deductible Included as part of inpatient Hospital service Cost-Sharing	See benefits for description
Chemotherapy and Immunotherapy • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services • Scalp Cooling Systems **Preauthorization Required**	 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible	See benefit for description
Chiropractic Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description
Clinical Trials	Use Cost-Sharing for appropriate service.	Use Cost-Sharing for appropriate service.	See benefit for description

Diagnostic Testing • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible	See benefit for description
Dialysis • Performed in a PCP Office • Performed in a Specialist Office • Performed in a Freestanding Center • Performed as Outpatient Hospital Services • Performed at Home	 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible	See benefit for description
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	20% Coinsurance after Deductible	50% Coinsurance after Deductible	60 visits per condition, per Plan Year combined therapies The visit limit does not apply to Habilitation Services for a Mental Health or Substance Use Disorder.
Home Health Care **Preauthorization Required**	20% Coinsurance after Deductible	50% Coinsurance after Deductible	
Infertility Services **Preauthorization Required**	Use Cost-Sharing for appropriate service (Office Visit Diagnostic Radiology Services Surgery Laboratory & Diagnostic Procedures)	Use Cost-Sharing for appropriate service (Office Visit Diagnostic Radiology Services Surgery Laboratory & Diagnostic Procedures)	See benefit for description
Infusion Therapy • Performed in a PCP Office • Performed in Specialist Office	 20% Coinsurance after Deductible 20% Coinsurance after Deductible	 50% Coinsurance after Deductible 50% Coinsurance after Deductible	See benefit for description

• Performed as Outpatient Hospital Services • Home Infusion Therapy **Preauthorization Required**	20% Coinsurance after Deductible 20% Coinsurance after Deductible	50% Coinsurance after Deductible 50% Coinsurance after Deductible	
Inpatient Medical Visits	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description
Interruption of Pregnancy • Abortion Services	 Covered in full	 30% Coinsurance not subject to Deductible	See benefit for description
Laboratory Procedures • Performed in a PCP Office • Performed in a Specialist Office • Performed in a Freestanding Laboratory Facility • Performed as Outpatient Hospital Services	 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible	See benefit for description
Maternity and Newborn Care • Prenatal Care ○ Prenatal Care provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA • Prenatal Care that is not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA • Inpatient Hospital Services and Birthing Center • Physician and Midwife Services for Delivery • Breastfeeding Support, Counseling and Supplies, Including Breast Pumps	 Covered in full Use Cost-Sharing for appropriate service (Primary Care Office Visit, Specialist Office Visit, Diagnostic Radiology Services, Laboratory Procedures and Diagnostic Testing) 20% Coinsurance after Deductible 20% Coinsurance after Deductible Covered in full	 30% Coinsurance not subject to Deductible Use Cost-Sharing for appropriate service (Primary Care Office Visit, Specialist Office Visit, Diagnostic Radiology Services, Laboratory Procedures and Diagnostic Testing) 50% Coinsurance after Deductible 50% Coinsurance after Deductible 30% Coinsurance not subject to Deductible	See benefit for description One (1) home care visit is covered at no Cost-Sharing if mother is discharged from Hospital early Covered for duration of breast feeding

• Postnatal Care ○ Postnatal Care provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA ○ Postnatal Care that is not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA ○ Outpatient Donor Breast Milk	Covered in full 20% Coinsurance after Deductible 20% Coinsurance after Deductible	30% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible	
Outpatient Hospital Surgery Facility Charge	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description
Preadmission Testing	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description
Prescription Drugs Administered in Office or Outpatient Facilities • Performed in a PCP Office • Performed in Specialist Office • Performed in Outpatient Facilities	 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	 40% Coinsurance after Deductible 40% Coinsurance after Deductible 40% Coinsurance after Deductible	See benefit for description
Diagnostic Radiology Services • Performed in a PCP Office • Performed in a Specialist Office • Performed in a Freestanding Radiology Facility • Performed as Outpatient Hospital Services **Preauthorization Required**	 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible	See benefit for description

Therapeutic Radiology Services • Performed in a Specialist Office • Performed in a Freestanding Radiology Facility • Performed as Outpatient Hospital Services **Preauthorization Required**	20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible	See benefit for description
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	20% Coinsurance after Deductible	50% Coinsurance after Deductible	60 visits per condition, per Plan Year combined therapies The visit limit does not apply to Rehabilitation Services for a Mental Health or Substance Use Disorder.
Second Opinions on the Diagnosis of Cancer, Surgery and Other	20% Coinsurance after Deductible	50% Coinsurance after Deductible Second opinions on diagnosis of cancer are Covered at participating Cost-Sharing for non-participating Specialist when a Referral is obtained.	See benefit for description
Surgical Services (including Oral Surgery Reconstructive Breast Surgery Other Reconstructive and Corrective Surgery; and Transplants • Inpatient Hospital Surgery • Outpatient Hospital Surgery • Surgery Performed at an Ambulatory Surgical Center • Office Surgery **Preauthorization Required**	20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible	See benefit for description

Telemedicine Program Behavioral Health Conditions Physical Therapy	$0 Copayment then 0% Coinsurance not subject to Deductible $0 Copayment then 0% Coinsurance not subject to Deductible		See benefit for description
ADDITIONAL SERVICES, EQUIPMENT and DEVICES *Cost-Sharing for Covered Services with a primary diagnosis of a Mental Health or Substance Use Disorder may be lower than the Cost-Sharing listed below in order to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
Diabetic Equipment, Supplies and Self-Management Education • Diabetic Equipment and Supplies (up to a 90 day supply) • Diabetic Insulin (30 day supply) • Diabetic Education	 See the Prescription Drug Cost-Sharing Covered in full 20% Coinsurance after Deductible	 See the Prescription Drug Cost-Sharing See the Prescription Drug Cost-Sharing 50% Coinsurance after Deductible	See benefit for description See Prescription Drug benefit
Durable Medical Equipment and Braces **Preauthorization Required**	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description
External Hearing Aids • Prescription Hearing Aids	20% Coinsurance after Deductible	50% Coinsurance after Deductible	Single purchase once every 3 years
Cochlear Implants **Preauthorization Required**	20% Coinsurance after Deductible	50% Coinsurance after Deductible	One per ear per time Covered
Hospice Care • Inpatient • Outpatient	 0% Coinsurance after Deductible 0% Coinsurance after Deductible	 0% Coinsurance after Deductible 0% Coinsurance after Deductible	210 days per Plan Year Unlimited visits for family bereavement counseling The visit limit does not apply to Hospice Care for a Mental Health or Substance Use Disorder.

Medical Supplies	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description
Prosthetic Devices • External • Internal **Preauthorization Required**	 20% Coinsurance after Deductible 20% Coinsurance after Deductible	 50% Coinsurance after Deductible 50% Coinsurance after Deductible	One (1) prosthetic device, per limb, per lifetime, with coverage for repairs and replacements Unlimited See benefit for description
Shoe Inserts	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description
INPATIENT SERVICES *Cost-Sharing for Covered Services with a primary diagnosis of a Mental Health or Substance Use Disorder may be lower than the Cost-Sharing listed below in order to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
Autologous Blood Banking	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefits for description
Inpatient Hospital for a Continuous Confinement (including an Inpatient Stay for Mastectomy Care, Cardiac and Pulmonary Rehabilitation, and End of Life Care) **Preauthorization Required. However, Preauthorization is not required for emergency admissions or services provided in a neonatal intensive care unit of a Hospital certified pursuant to Article 28 of the Public Health Law.**	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description
Observation Stay	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description
Skilled Nursing Facility (including Cardiac and Pulmonary Rehabilitation) **Preauthorization Required**	20% Coinsurance after Deductible	50% Coinsurance after Deductible	200 days per Plan Year See benefit for description

Inpatient Habilitation Services (Physical Speech and Occupational Therapy) **Preauthorization Required**	20% Coinsurance after Deductible	50% Coinsurance after Deductible	Unlimited days See benefit for description
Inpatient Rehabilitation Services (Physical Speech and Occupational Therapy) **Preauthorization Required**	20% Coinsurance after Deductible	50% Coinsurance after Deductible	Unlimited days See benefit for description
MENTAL HEALTH and SUBSTANCE USE DISORDER SERVICES	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
Inpatient Mental Health Care for a continuous confinement when in a Hospital or Residential Facility **Preauthorization Required. However, Preauthorization is not required for emergency admissions or for admissions at participating Hospitals or crisis residence Facilities licensed or operated by OMH.**	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description
Outpatient Mental Health Care (including Partial Hospitalization and Intensive Outpatient Program Services) • Office Visits • All Other Outpatient Services **Preauthorization Required for surgical services.**	20% Coinsurance after Deductible 20% Coinsurance after Deductible	20% Coinsurance after Deductible 20% Coinsurance after Deductible	See benefit for description
ABA Treatment for Autism Spectrum Disorder	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit description
Assistive Communication Devices for Autism Spectrum Disorder	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description
Inpatient Substance Use Services for a continuous confinement when in a Hospital (including Residential Treatment)	20% Coinsurance after Deductible	50% Coinsurance after Deductible	See benefit for description

Preauthorization Required. However, Preauthorization is not required for emergency admissions or for participating Facilities licensed, certified or otherwise authorized by OASAS.			
Outpatient Substance Use Services (including Partial Hospitalization, Intensive Outpatient Program Services, and Medication Assisted Treatment) • Office Visits • All Other Outpatient Services • Opioid Treatment Programs	 20% Coinsurance after Deductible 20% Coinsurance after Deductible Covered in full	 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	Unlimited days per Plan Year may be used for family counseling See benefit for description
PRESCRIPTION DRUGS *Prescription Drugs are not subject to Cost-Sharing when provided in accordance with the comprehensive guidelines supported by HRSA or if the item or service has an "A" or "B" rating from the USPSTF and obtained at a participating pharmacy. *Cost-Sharing for Covered Services with a primary diagnosis of a Mental Health or Substance Use Disorder may be lower than the Cost-Sharing listed below in order to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
Retail Pharmacy			
30-day supply Tier 1 Tier 2	 20% Coinsurance not subject to Deductible 20% Coinsurance not subject to Deductible	 20% Coinsurance not subject to Deductible 20% Coinsurance not subject to Deductible	See benefit for description

Tier 3 Preauthorization is not required for Covered antiretroviral Prescription Drugs for the treatment or prevention of HIV or AIDS and Prescription Drugs used to treat a substance use disorder, including a Prescription Drug to manage opioid withdrawal and/or stabilization and for opioid overdose reversal. If You purchase a Prescription Drug from a Non-Participating Pharmacy, You must pay for the Prescription Drug at the time it is dispensed and then file a claim for reimbursement with Us. We will not reimburse You for the difference between what You pay the Non-Participating Pharmacy and Our price for the Prescription Drug. In most cases, You will pay more if You purchase Prescription Drugs from a Non-Participating Pharmacy.	20% Coinsurance not subject to Deductible	20% Coinsurance not subject to Deductible	
Up to a 90-day supply for Maintenance Drugs Tier 1 Tier 2 Tier 3 If You purchase a Prescription Drug from a Non-Participating Pharmacy, You must pay for the Prescription Drug at the time it is dispensed and then file a claim for reimbursement with Us.	 20% Coinsurance not subject to Deductible 20% Coinsurance not subject to Deductible 20% Coinsurance not subject to Deductible	 20% Coinsurance not subject to Deductible 20% Coinsurance not subject to Deductible 20% Coinsurance not subject to Deductible	See benefit for description

We will not reimburse You for the difference between what You pay the Non-Participating Pharmacy and Our price for the Prescription Drug. In most cases, You will pay more if You purchase Prescription Drugs from a Non-Participating Pharmacy.			
Enteral Formulas Tier 1 Tier 2 Tier 3 If You purchase a Prescription Drug from a Non-Participating Pharmacy, You must pay for the Prescription Drug at the time it is dispensed and then file a claim for reimbursement with Us. We will not reimburse You for the difference between what You pay the Non-Participating Pharmacy and Our price for the Prescription Drug. In most cases, You will pay more if You purchase Prescription Drugs from a Non-Participating Pharmacy.	 20% Coinsurance not subject to Deductible 20% Coinsurance not subject to Deductible 20% Coinsurance not subject to Deductible	 20% Coinsurance not subject to Deductible 20% Coinsurance not subject to Deductible 20% Coinsurance not subject to Deductible	See benefit for description
WELLNESS BENEFITS	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	
Exercise Facility Reimbursement	Up to $200 per six (6) month period	Up to $200 per six (6) month period	See Benefit description
PEDIATRIC DENTAL and VISION CARE	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
Pediatric Dental Care for Members through the end of the month in which the Member turns 19 years of age • Preventive Dental Care	 0% Coinsurance after Deductible	 0% Coinsurance after Deductible	Two (2) dental exams and cleanings per Plan Year Full mouth x-rays or panoramic x-rays at 36 month intervals and bitewing x-rays at six (6) month intervals

• Routine Dental Care • Major Dental (Endodontics, Periodontics, Oral Surgery and Prosthodontics) • Orthodontics	30% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible	30% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible	
Pediatric Vision Care for Members through the end of the month in which the Member turns 19 years of age • Exams • Lenses and Frames • Contact Lenses	20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	One (1) exam per Plan Year One (1) prescribed lenses and frames per Plan Year
Accidental Injury Dental Treatment	20% Coinsurance after Deductible	50% Coinsurance after Deductible	
Non-emergency Care While Traveling Outside of the United States	50% coinsurance of - Actual Cost after Deductible		Unlimited
Emergency Medical Evacuation	0% coinsurance of - Actual Cost not subject to Deductible		Unlimited
Repatriation of Remains	0% coinsurance of - Actual Cost not subject to Deductible		Unlimited
Accidental Death and Dismemberment Benefits	N/A	N/A	$10,000 Annual Maximum

Contact Us at the number on Your ID card for information on Your financial responsibility when You receive Covered Services with a primary diagnosis of a Mental Health or Substance Use Disorder.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If, as the result of a covered Accident, You sustain any of the following losses, We will pay the benefit shown. The loss must occur within 365 days of the Accident.

	Percentage of Maximum Amount
Loss of Life	100%
Loss of Hand	50%
Loss of Foot	50%
Loss of either one hand, one foot or sight of one eye	50%
Loss of more than one of the above losses due to one Accident	100%

Accident means a sudden, unforeseeable external event which directly and from no other cause, results in loss of life, hand, foot or sight.

Loss of hand or foot means the complete severance through or above the wrist or ankle joint. Loss of eye means the total permanent loss of sight in the eye. The maximum amount is the largest amount payable under this benefit for all losses resulting from any one Accident.

Exclusions and Limitations

No coverage is available under this Certificate for the following:

A. Aviation.
We do not Cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

B. Convalescent and Custodial Care.
We do not Cover services related to rest cures, custodial care or transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered Services determined to be Medically Necessary.

C. Conversion Therapy.
We do not Cover conversion therapy. Conversion therapy is any practice by a mental health professional that seeks to change the sexual orientation or gender identity of a Member under 18 years of age, including efforts to change behaviors, gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include counseling or therapy for an individual who is seeking to undergo a gender transition or who is in the process of undergoing a gender transition, that provides acceptance, support and understanding of an individual or the facilitation of an individual's coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, provided that the counseling or therapy does not seek to change sexual orientation or gender identity.

D. Cosmetic Services.
We do not Cover cosmetic services, Prescription Drugs, or surgery, unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. We also Cover services in connection with reconstructive surgery following a mastectomy, as provided elsewhere in this Certificate. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeal sections of this Certificate unless medical information is submitted.

E. Dental Services.
We do not Cover dental services except for: care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or dental care or treatment specifically stated in the Outpatient and Professional Services and Pediatric Dental Care sections of this Certificate.

F. Experimental or Investigational Treatment.
We do not Cover any health care service, procedure, treatment, device, or Prescription Drug that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial as described in the Outpatient and Professional Services section of this Certificate, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under this Certificate for non-

investigational treatments. See the Utilization Review and External Appeal sections of this Certificate for a further explanation of Your Appeal rights.

G. Felony Participation.
We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection. This exclusion does not apply to Coverage for services involving injuries suffered by a victim of an act of domestic violence or for services as a result of Your medical condition (including both physical and mental health conditions).

H. Foot Care.
We do not Cover routine foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. However, We will Cover foot care when You have a specific medical condition or disease resulting in circulatory deficits or areas of decreased sensation in Your legs or feet.

I. Government Facility.
We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

J. Medically Necessary.
In general, We will not Cover any health care service, procedure, treatment, test, device or Prescription Drug that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test, device or Prescription Drug for which coverage has been denied, to the extent that such service, procedure, treatment, test, device or Prescription Drug is otherwise Covered under the terms of this Certificate.

K. Medicare or Other Governmental Program.
We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid). When you are enrolled in Medicare, We will reduce Our benefits by the amount Medicare pays for Covered Services. Benefits for Covered Services will not be reduced if We are required by federal law to pay first or if You are not enrolled in premium-free Medicare.

L. Military Service.
We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

M. No-Fault Automobile Insurance.
We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.

N. Services Not Listed.
We do not Cover services that are not listed in this Certificate as being Covered.

O. Services Provided by a Family Member.
We do not Cover services performed by Your immediate family member. “Immediate family member” means a child, stepchild, spouse, parent, stepparent, sibling, stepsibling, parent-in-law, child-in-law, sibling-in-law, grandparent, grandparent’s spouse, grandchild, or grandchild’s spouse.

P. Services Separately Billed by Hospital Employees.
We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.

Q. Services With No Charge.
We do not Cover services for which no charge is normally made.

R. Vision Services.
We do not Cover the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the Pediatric Vision Care section of this Certificate.

S. War.
We do not Cover an illness, treatment or medical condition due to war, declared or undeclared.

T. Workers' Compensation.
We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

CONTRACTED PROVIDERS FOR TELEMEDICINE/TELEHEALTH

The right care when you need it most
Your Wellfleet health plan gives you access to virtual healthcare by phone, video, or app.

Teladoc gives you access to board-certified physicians for **Mental Health (at no additional cost to you)** services. Whether you are at school, home or traveling, Teladoc can diagnose and treat most minor medical conditions wherever and whenever you need treatment.

Register your account today and request a visit at https://www.teladochealth.com/benefits/wellfleetstudent or call (800)-Teladoc (835-2362).

Hinge Health gives you access to licensed physical therapists and health coaches for personalized musculoskeletal services including **virtual physical therapy** to help alleviate pain concerns.

Whether you are at school, home, or traveling, Hinge Health can assist in providing exercise therapy wherever and whenever you need treatment at **no additional cost to you**.

Register your account today and start your exercise therapy at https://hinge.health/wellfleet.

VALUE ADDED SERVICES

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

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, TTY 711.

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.

How to Access Services

If you require medical assistance or you need assistance with a non-medical situation, such as lost luggage, lost documents or other travel issues, follow these steps:

- Inside the U.S. and Canada: Dial toll-free **(877) 305-1966.**
- Outside the U.S. and Canada:
  - **a)** Request an international operator.
  - **b)** Request the operator to place a collect call to the U.S. at **+1 (715) 295-9311**.

Please provide the following information when you call:

- Policy number or school name
- Nature of your call and/or emergency
- Current location
- Contact phone number and email address
- Secondary point of contact
- Date of birth

24/7 Nurseline

You have **free** access to the 24/7 Nurseline by calling (800) 634-7629. This 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
- an office or telehealth visit with a healthcare provider
- Or a visit to an urgent care center or emergency room.

Calls are answered 24/7/365 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.

CareConnect
BY WELLFLEET

24/7 Telehealth Counseling for Mental Health

CareConnect is an integrated behavioral health program offering students easy access to licensed mental health clinicians 24/7/365 via telephone (888) 857-5462 and website access to expert mental health and emotional wellbeing resources.
The CareConnect hotline is available at **no additional cost to you**, and you also have free access to courses, articles, and short videos that support mental health and wellbeing by visiting https://careconnect.mysupportportal.com/welcome.

Ameritas

Your Wellfleet Student health plan gives you access to purchase voluntary Dental and/or Vision plans through our partnership with Ameritas. For more information and to enroll, visit https://myplan.ameritas.com/id/b5e91fc0. Please enter the zip code of your resident address during your college placement. Note: voluntary dental plans are not available in MA, and voluntary vision plans are not available in MD.