BENEFITS AT A GLANCE

STUDENT HEALTH PLAN | PLAN YEAR 2021/2022

DESIGNED EXCLUSIVELY FOR THE STUDENTS

SARAH LAWRENCE COLLEGE
Bronxville, NY
(“the Policyholder”)

Policy Number: WNY2122NYSHIP07
Group Number: ST0778SH
Effective: 8/15/2021 – 8/14/2022

UNDERWRITTEN BY:

Wellfleet New York Insurance Company | New York, NY
(“the Company”)

ADMINISTERED BY:

Wellfleet Group, LLC

WELLFLEET STUDENT

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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, 2021 to August 14, 2022. 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 2021 - 2022 Academic Year who determine that they have existing comparable coverage will need to complete and submit the online Waiver Form by July 15, 2021. 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 July 15, 2021, 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 psychiatrists, psychologists, and clinical social workers. Individual and group therapy is available 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. The psychiatrist is available for psychiatric medication evaluation, prescriptions, and medication management. Health & Wellness staff is able to facilitate referrals for students seeking 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.

Where to Find Help

For Questions About:	Please Contact:
Servicing Agent **Enrollment** **Waiver**	**University Health Plans, a Risk Strategies Company** 15 Pacella Park Drive Randolph, MA 02368 Phone: (833) 251-1139 Fax: (617) 472-6419 www.universityhealthplans.com or email us at info@univhealthplans.com University Health Plans, Inc. A RISK STRATEGIES COMPANY
Insurance Benefits **Claims Processing** **ID Cards** **Preferred Provider Listings** **ID card Requests**	**Wellfleet Group, LLC** **PO Box 15369** **Springfield, Massachusetts 01115-5369** **(877) 657-5030, TTY 711** www.wellfleetstudent.com

Preferred PPO Provider Listings	**Wellfleet Student** **www.wellfleetstudent.com** or **www.cigna.com**
Cigna Claims:	**Send Cigna claim forms to:** **CIGNA** **PO Box 188061** **Chattanooga, TN 37422 – 8061** **Electronic Payor ID: 62308**
Prescription Drug Provider	**For information about the Wellfleet Rx/ESI Prescription Drug Program, please visit www.wellfleetstudent.com**

Am I Eligible?

Sarah Lawrence College is making available a Student Health Plan, underwritten by Wellfleet New York Insurance Company of Flushing, NY and administered by Wellfleet Group, LLC, to all registered students of Sarah Lawrence College (SLC). If You are a registered student, You are eligible for coverage and will be automatically enrolled in and charged for coverage under the Plan unless You provide proof of comparable coverage and complete an online waiver form at https://www.universityhealthplans.com/secure/waiver.cgi?group_id=104 by the applicable waiver deadline date listed below.

How Do I Waive/Enroll?

New and returning students for the 2021 - 2022 Academic Year who determine that they have existing comparable coverage will need to complete and submit the online Waiver Form by July 15, 2021. 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 July 15, 2021, you will be automatically enrolled in the Student Health Plan and charged for the coverage.**

Effective Dates & Costs

All time periods begin at 12:00 A.M. local time and end at 11:59 P.M. local time at the Policyholder's address.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Annual	8/15/2021	8/14/2022	7/15/2021
Fall (available to December Graduating students only)	8/15/2021	12/31/2021	7/15/2021
Spring (available to new students to the College in the Spring only)	1/1/2022	8/14/2022	1/6/2022

Insurance Premiums

	Annual	Fall	Spring
Student	$3,181	$1,211	$1,970

Broker Fees			
	Annual	**Fall**	**Spring**
Student*	$98	$37	$61

Total Plan Costs (Premiums + Fees) for all registered Students			
	Annual	**Fall (available to December Graduating students only)**	**Spring (available to new students to the College in the Spring only)**
Student*	$3,279	$1,248	$2,031

***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 Student Health Plan, you have the Cigna PPO Network of participating Providers. To find a complete listing of the Network's participating Providers, go to www.cigna.com, or contact Wellfleet Student toll-free at (877) 657-5030, TTY 711, or www.wellfleetstudent.com for assistance.

Sarah Lawrence College Schedule of Benefits

This is only a brief description of coverage available under Certificate form NY SHIP CERT (2021). 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.

SARAH LAWRENCE COLLEGE SCHEDULE OF BENEFITS
Gold Metal Level
Actuarial Value 85.63%
Sarah Lawrence College

Policy Number: WNY2122NYSHIP08
Group/Plan Number: ST0778SH
Policyholder Effective Date: August 15, 2021
Policyholder Termination Date: August 14, 2022

COST-SHARING	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	
Medical Deductible • Individual	$150	$150	

Out-of-Pocket Limit • Individual **Accidental Death and Dismemberment Benefits** $10,000 **Annual Maximum.**	$6,350	None 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	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	$15 Copayment 20% Coinsurance after Deductible	$15 Copayment 40% Coinsurance after Deductible	See benefit for description
Specialist Office Visits (or Home Visits)	$15 Copayment 20% Coinsurance with Student Health Services Referral after Deductible $15 Copayment 30% Coinsurance without Student Health Services Referral after Deductible	$15 Copayment 40% Coinsurance after Deductible	See benefit for description

PREVENTIVE CARE	**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	Covered in full	30% Coinsurance not subject to Deductible	

Breast Cancer • Sterilization Procedures for Women* • Vasectomy • Bone Density Testing* • Screening for Prostate Cancer • All other preventive services required by USPSTF and HRSA. *When preventive services are not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA.	Covered in full Covered in full Covered in full Covered in full Covered in full Use Cost-Sharing for appropriate service (Primary Care Office Visit Specialist Office Visit Diagnostic Radiology Services Laboratory Procedures and Diagnostic Testing)	30% Coinsurance not subject to Deductible 30% Coinsurance not subject to Deductible 30% Coinsurance not subject to Deductible 30% Coinsurance not subject to Deductible 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)	
EMERGENCY CARE	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
Pre-Hospital Emergency Medical Services (Ambulance Services)	0% Coinsurance not subject to Deductible	0% Coinsurance not subject to Deductible	See benefit for description
Non-Emergency Ambulance Services	0% Coinsurance not subject to Deductible	0% Coinsurance not subject to Deductible	See benefit for description
Emergency Department Copayment waived if Hospital admission	$100 Copayment 20% Coinsurance not subject to Deductible Health care forensic examinations performed under Public Health Law § 2805-I are not subject to Cost-Sharing	$100 Copayment 20% Coinsurance not subject to Deductible	See benefit for description
Urgent Care Center	20% Coinsurance after Deductible	40% Coinsurance after Deductible	See benefit for description

PROFESSIONAL SERVICES and OUTPATIENT CARE	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
Advanced Imaging Services			See benefit for description
• Performed in a Specialist Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Performed in a Freestanding Radiology Facility	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Performed as Outpatient Hospital Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
Preauthorization Required			
Allergy Testing and Treatment			See benefit for description
• Performed in a PCP Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Performed in a Specialist Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
Ambulatory Surgical Center Facility Fee	20% Coinsurance after Deductible	40% Coinsurance after Deductible	See benefit for description
Anesthesia Services (all settings)	20% Coinsurance after Deductible	40% Coinsurance after Deductible	See benefit for description
Autologous Blood Banking	20% Coinsurance after Deductible	40% Coinsurance after Deductible	See benefits for description
Cardiac and Pulmonary Rehabilitation			See benefits for description
• Performed in a Specialist Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Performed as Outpatient Hospital Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Performed as Inpatient Hospital Services	Included as part of inpatient Hospital service Cost-Sharing	Included as part of inpatient Hospital service Cost-Sharing	

Chemotherapy and Immunotherapy • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services **Preauthorization Required**	 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
Chiropractic Services **Preauthorization Required**	$15 Copayment 20% Coinsurance after Deductible	$15 Copayment 40% 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	 40% Coinsurance after Deductible 40% Coinsurance after Deductible 40% 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	 40% Coinsurance after Deductible 40% Coinsurance after Deductible 40% Coinsurance after Deductible 40% Coinsurance after Deductible 40% Coinsurance after Deductible	See benefit for description

Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) **Preauthorization Required**	20% Coinsurance after Deductible	40% Coinsurance after Deductible	Unlimited visits
Home Health Care **Preauthorization Required**	20% Coinsurance after Deductible	40% Coinsurance after Deductible	40 visits per Plan Year
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			See benefit for description
• Performed in a PCP Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Performed in Specialist Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Performed as Outpatient Hospital Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Home Infusion Therapy **Preauthorization Required**	20% Coinsurance after Deductible	40% Coinsurance after Deductible	Home infusion counts toward home health care visit limits
Inpatient Medical Visits	20% Coinsurance after Deductible	40% Coinsurance after Deductible	See benefit for description
Interruption of Pregnancy			
• Medically Necessary Abortions	Covered in full	30% Coinsurance not subject to Deductible	Unlimited
• Elective Abortions	20% Coinsurance after Deductible	40% Coinsurance after Deductible	One (1) procedure per Plan Year
Laboratory Procedures			See benefit for description
• Performed in a PCP Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Performed in a Specialist Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Performed in a Freestanding Laboratory Facility	20% Coinsurance after Deductible	40% Coinsurance after Deductible	

• Performed as Outpatient Hospital Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
Maternity and Newborn Care			See benefit for description
• Prenatal Care provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA	Covered in full	20% Coinsurance not subject to Deductible	
• Prenatal Care that is 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)	One (1) home care visit is covered at no Cost-Sharing if mother is discharged from Hospital early
• Inpatient Hospital Services and Birthing Center	20% Coinsurance after Deductible	40% Coinsurance after Deductible	Covered for duration of breast feeding
• Physician and Midwife Services for Delivery	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Breastfeeding Support, Counseling and Supplies, Including Breast Pumps	Covered in full	30% Coinsurance not subject to Deductible	
• Postnatal Care	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
Outpatient Hospital Surgery Facility Charge	20% Coinsurance after Deductible	40% Coinsurance after Deductible	See benefit for description
Preadmission Testing	20% Coinsurance after Deductible	40% Coinsurance after Deductible	See benefit for description
Prescription Drugs Administered in Office or Outpatient Facilities			See benefit for description
• Performed in a PCP Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Performed in Specialist Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Performed in Outpatient Facilities	20% Coinsurance after Deductible	40% Coinsurance after Deductible	

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	 40% Coinsurance after Deductible 40% Coinsurance after Deductible 40% Coinsurance after Deductible 40% 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	 40% Coinsurance after Deductible 40% Coinsurance after Deductible 40% Coinsurance after Deductible	See benefit for description
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) **Preauthorization Required**	20% Coinsurance after Deductible	40% Coinsurance after Deductible	Unlimited visits
Second Opinions on the Diagnosis of Cancer, Surgery and Other	0% Coinsurance not subject to Deductible	30% Coinsurance not subject to 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			See benefit for description
• Inpatient Hospital Surgery	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Outpatient Hospital Surgery	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Surgery Performed at an Ambulatory Surgical Center	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
• Office Surgery **Preauthorization Required**	20% Coinsurance after Deductible	40% Coinsurance after Deductible	
ADDITIONAL SERVICES, EQUIPMENT and DEVICES	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
ABA Treatment for Autism Spectrum Disorder	$15 Copayment 20% Coinsurance after Deductible	$15 Copayment 40% Coinsurance after Deductible	See benefit description
Assistive Communication Devices for Autism Spectrum Disorder	$15 Copayment 20% Coinsurance after Deductible	$15 Copayment 40% Coinsurance after Deductible	See benefit for description
Diabetic Equipment, Supplies and Self-Management Education			
• Diabetic Equipment, Supplies and Insulin (up to a 90 day supply)	See the Prescription Drug Cost-Sharing but not more than $100 in Cost-Sharing for a 30-day supply for an insulin drug	See the Prescription Drug Cost-Sharing but not more than $100 in Cost-Sharing for a 30-day supply for an insulin drug	See benefit for description See Prescription Drug benefit
• Diabetic Education	$15 Copayment 20% Coinsurance after Deductible	$15 Copayment 40% Coinsurance after Deductible	
Durable Medical Equipment and Braces **Preauthorization Required**	20% Coinsurance after Deductible	40% Coinsurance after Deductible	See benefit for description

External Hearing Aids	20% Coinsurance after Deductible	40% Coinsurance after Deductible	Single purchase once every 3 years
Cochlear Implants **Preauthorization Required**	20% Coinsurance after Deductible	40% 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 Five (5) visits for family bereavement counseling
Medical Supplies	20% Coinsurance after Deductible	40% Coinsurance after Deductible	See benefit for description
Prosthetic Devices • External • Internal **Preauthorization Required**	 20% Coinsurance after Deductible 20% Coinsurance after Deductible	 40% Coinsurance after Deductible 40% Coinsurance after Deductible	
Shoe Inserts	20% Coinsurance after Deductible	40% Coinsurance after Deductible	See benefit for description
INPATIENT SERVICES and FACILITIES	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
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	40% Coinsurance after Deductible	See benefit for description

Observation Stay	20% Coinsurance after Deductible	40% Coinsurance after Deductible	See benefit for description
Skilled Nursing Facility (including Cardiac and Pulmonary Rehabilitation) **Preauthorization Required**	20% Coinsurance after Deductible	40% 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	40% Coinsurance after Deductible	Unlimited days See benefit for description
Inpatient Rehabilitation Services (Physical Speech and Occupational Therapy) **Preauthorization Required**	20% Coinsurance after Deductible	40% 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 for a continuous confinement when in a Hospital (including Residential Treatment) **Preauthorization Required. However, Preauthorization is not required for emergency admissions or for admissions at Participating OMH-licensed Facilities for Members under 18.**	20% Coinsurance after; not subject to Deductible	40% 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 **Except for Office Visits, Preauthorization Required**	 20% Coinsurance after Deductible 20% Coinsurance after Deductible	 20% Coinsurance after Deductible 20% Coinsurance after Deductible	See benefit for description
Inpatient Substance Use Services for a continuous confinement when in a Hospital (including Residential Treatment) **Preauthorization Required. However, Preauthorization is Not Required for Emergency Admissions or for Participating OASAS-certified Facilities.**	20% Coinsurance after Deductible	20% Coinsurance after Deductible	See benefit for description
Outpatient Substance Use Services (including Partial Hospitalization, Intensive Outpatient Program Services, and Medication Assisted Treatment) • Office Visits • All Other Outpatient Services **Except for Office Visits, Preauthorization Required. However, Preauthorization is not required for Participating OASAS-certified Facilities.**	 20% Coinsurance after Deductible 20% Coinsurance after Deductible	 20% Coinsurance after Deductible 20% Coinsurance after Deductible	Up to 20 visits per Plan Year may be used for family counseling See benefit for description

PRESCRIPTION DRUGS ***Certain 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	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
Retail Pharmacy			
30-day supply			See benefit for description
Tier 1	$20 Copayment 20% Coinsurance not subject to Deductible	$20 Copayment 20% Coinsurance not subject to Deductible	
Tier 2	$30 Copayment 20% Coinsurance not subject to Deductible	$30 Copayment 20% Coinsurance not subject to Deductible	
Tier 3 Preauthorization is not required for a Covered Prescription Drug used to treat a substance use disorder, including a Prescription Drug to manage opioid withdrawal and/or stabilization and for opioid overdose reversal.	$30 Copayment 20% Coinsurance not subject to Deductible	$30 Copayment 20% Coinsurance not subject to Deductible	
Up to a 90-day supply for Maintenance Drugs			See benefit for description
Tier 1	$50 Copayment 20% Coinsurance not subject to Deductible	$50 Copayment 20% Coinsurance not subject to Deductible	
Tier 2	$75 Copayment 20% Coinsurance not subject to Deductible	$75 Copayment 20% Coinsurance not subject to Deductible	
Tier 3	$75 Copayment 20% Coinsurance not subject to Deductible	$75 Copayment 20% Coinsurance not subject to Deductible	

Enteral Formulas Tier 1 Tier 2 Tier 3	 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	See benefit for description
WELLNESS BENEFITS	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	
Gym 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 • Preventive Dental Care • Routine Dental Care • Major Dental (Endodontics, Periodontics, Oral Surgery and Prosthodontics) • Orthodontics **Orthodontics and Major Dental Require Preauthorization**	 Covered in Full 30% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible	 Covered in Full 30% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible	 One (1) dental exam and cleaning per six (6)-month period Full mouth x-rays or panoramic x-rays at 36 month intervals and bitewing x-rays at six (6) month intervals
Pediatric Vision Care • 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
Non-emergency Care While Traveling Outside of the United States	40% coinsurance of - Actual Cost after Deductible		Unlimited

Emergency Medical Evacuation	0% coinsurance of - Actual Cost not subject to Deductible		Unlimited Combined with Repatriation Benefit.
Repatriation of Remains	0% coinsurance of - Actual Cost not subject to Deductible		Unlimited Combined with Medical Evacuation Benefit.
Accidental Death and Dismemberment Benefits	N/A	N/A	$10,000 Annual Maximum

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.

Preauthorization

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.

Exclusions and Limitations

No coverage is available under this Policy 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 any 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 Policy. 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 Policy 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 Policy.

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 a rare disease or patient costs for a Member's participation in a clinical trial as described in the Outpatient and Professional Services section of this Policy, 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 a Member to receive the treatment, the costs of managing the research, or costs that would not be Covered under this Policy for non-investigational treatments. See the Utilization Review and External Appeal sections of this Policy for a further explanation of Member's Appeal rights.

G. Felony Participation.

We do not Cover any illness, treatment or medical condition due to a Member's 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 a Member's 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 a Member has a specific medical condition or disease resulting in circulatory deficits or areas of decreased sensation in the Member's 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 Policy.

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).

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 the Member does not make a proper or timely claim for the benefits available to him or her under a mandatory no-fault policy.

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

O. Services Provided by a Family Member.
We do not Cover services performed by a member of the Member's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister or brother of the Member or the Member'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 Policy.

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.

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.

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:
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, 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.

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.