

We are pleased to provide you with this overview of the University of Vermont (UVM) Student Health Insurance Plan (SHIP). This SHIP is underwritten by Wellfleet Insurance Company and administered by Wellfleet Group, LLC. has contracted with Cigna for the plan's provider network of hospitals, physicians, and other health care providers.

Students should consider UVM's Center for Health & Wellbeing (CHWB) their first stop. CHWB can provide many of the routine health services you need most often at no expense to you. You may also visit any licensed health care provider for covered services by using the Cigna PPO network.

Your plan also offers the following value-added services:

- Davis Vision Discount Program
- Travel Guard Medical Travel Assistance
- 24/7 toll-free nurse hotline
- 24/7 Behavioral Health Hotline/CareConnect

BENEFIT SUMMARY*

Aggregate Benefit Maximum	Unlimited	
BENEFIT**	IN-NETWORK	OUT-OF-NETWORK
Deductible (Per Person) This Deductible does not apply to Emergency Room Services	\$300, waived with a referral from the University of Vermont Center for Health & Wellbeing (CHWB)	
Medical Out-of-Pocket Maximum	\$8,700 Individual/ \$17,400 Family Max	No Maximum
RX Out of Pocket Limit	\$1,350 Individual/ \$2,700 Family	Not Covered
Coinurance	80% of NC	70% of U&C
Preventive Care-Student Benefits are covered only when services are received at UVM Center for Health and Wellbeing. Preventive services not provided at UVM Center for Health and Wellbeing, will be paid the same as Preventive Care Services for Dependents.	100% of NC Deductible does not apply	70% of U&C Deductible does not apply
Preventive Care-Dependents	100% of NC Deductible does not apply	70% of U&C Deductible does not apply
Inpatient Hospital Expense	80% of NC	70% of U&C
Physician's Office Visit	80% of NC	70% of U&C
Emergency Room Expense Co-pay is waived if admitted	80% of NC after \$100 co-pay per visit Deductible does not apply	80% of U&C after \$100 co-pay per visit + waiver of Deductible
X-Ray and Laboratory Expenses	80% of NC	70% of U&C
Prescription Drug Benefits www.wellfleetstudent.com co-pay per 30-day supply; Deductible does not apply	Tier 1: \$20 copay then 100% NC Tier 2: 90% of NC Tier 3: 90% of NC Tier 4: 90% of NC	Not Covered

NC= Negotiated Charge

U&C = Usual & Customary

*This summary is provided as a courtesy and is not meant to replace or override the terms and conditions detailed in the insurance policy/brochure. Please refer to the policy/brochure to verify medical coverage, eligibility, exclusions, limitations, and for more detailed information.

**Precertification is required for Inpatient Hospital, Surgery, and selected Outpatient Services.

University of Vermont Insurance Requirements

All undergraduate and graduate students taking nine (9) or more credit hours are automatically enrolled in the UVM insurance plan, subject to the waiver requirements.

Part-time undergraduate and continuing educational students taking at least six (6) credit hours, and graduate students taking at least five (5) credit hours, may enroll at their option. Part-time students opting to enroll must also pay the health fee.

All international students will be required to purchase the University of Vermont Student Health Insurance Plan.

Insured students may also enroll their eligible dependents. Go to www.universityhealthplans.com for more information.

2025/2026 Waiver Deadlines

Participation in this Student Health Insurance Plan can be waived if the student has comparable coverage currently in force. A Waiver/Decision Form can be accessed online at www.uvm.edu/health/insurance. Follow the links to complete the waiver/decision form. The student can either: (a) purchase the University of Vermont Student Health Insurance Plan, or (b) decline the insurance by identifying comparable coverage currently in force with another insurance company. The online waiver process will be available but will not accept a decision past the published deadlines.

For Questions About:	Contact:
Waiver Process Health Services	The University of Vermont Student Health Insurance Office Center for Health and Wellbeing (802) 656-0602 Email: StudentInsurance@uvm.edu
Enrollment Dependent Enrollment	University Health Plans, Inc. P O Box 818078 Cleveland OH 44181 Phone: (833) 251-1119 Fax: (617) 472-6419 www.universityhealthplans.com Email: info@univhealthplans.com
Insurance Benefits Preferred Provider Listings Claims Processing	Wellfleet Group, LLC. PO Box 15369 Springfield, MA 01115-5369 (877) 657-5030, TYY 711 www.wellfleetstudent.com Email: customerservice@wellfleetstudent.com
Preferred Provider Listings	Cigna PPO www.cigna.com
Find a Prescription Drug Provider	Wellfleet Rx/ESI www.wellfleetstudent.com

Cost and Period of Coverage			
	Annual 8/1/2025- 7/31/2026	Fall 8/1/2025- 12/31/2025	Spring 1/1/2026- 7/31/2026
Student*	\$5,088	\$2,132	\$2,956
Spouse, Civil Union or Domestic Partner	\$4,940	\$2,070	\$2,870
Each Child	\$4,940	\$2,070	\$2,870

*Rates Include an administrative fee.

Exclusions and Limitations

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care Act or any state-imposed requirements will be administered to comply with the requirements of the federal or state guideline, whichever is more favorable to You.

The Certificate does not cover Loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the Certificate and as shown in the Schedule of Benefits.

General Exclusions

- **International Students Only** – Covered Medical Expenses received within Your Home Country or country of origin that are covered under Your governmental or national health plan.
- Treatment, service or supply which is not Medically Necessary for the diagnosis, care or Treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by Your attending Physician or dentist.
- Medical services rendered by a provider employed for or contracted with the Policyholder, including team Physicians or trainers, except as specifically provided in the Schedule of Benefits.
- Professional services rendered by an Immediate Family Member or anyone who lives with You.
- Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services covered by Student Health Fees.
- Any expenses in excess of Usual and Customary Charges except as provided in the Certificate.
- Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which You are required to pay.
- Services that are duplicated when provided by both a certified Nurse midwife and a Physician.
- Expenses paid under any prior policy which was in force for the person making the claim.
- Loss resulting from war or any act of war, whether declared or not, or Loss sustained while in the armed forces of any country or international authority.
- Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
- Expenses incurred after:
 - The date insurance terminates as to an Insured Person, except as specified in the extension of benefits provision; and
 - The end of the Policy Year specified in the Policy.
- Elective Surgery or Elective Treatment unless such coverage is otherwise specifically covered under the Certificate.
- You are:
 - committing or attempting to commit a felony,
 - or
 - participating in a riot.
- Custodial Care service and supplies.
- Charges for hot or cold packs for personal use.
- Services of private duty Nurse except as provided in the Certificate.
- Expenses that are not recommended and approved by a Physician.
- Experimental or Investigational drugs, devices, Treatments or procedures.
- Routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, donor services if the recipient is not an Insured Person under this plan, or services for or related to the transplantation of animal or artificial organs or tissues.
- Non-chemical addictions.
- Outpatient non-physical, occupational, speech therapies (art, dance, etc.).
- Modifications made to dwellings.
- General fitness, exercise programs.
- Hypnosis.
- Rolfing.
- Biofeedback.
- Sleep Disorders, except for the diagnosis and Treatment of obstructive sleep apnea including testing performed in a home or outpatient setting.
- Routine foot care, unless determined to be Medically Necessary

Activities Related

- Braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.

Weight Management/Reduction

- Weight management. Weight reduction. Nutrition programs. This does not apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Services benefit, or otherwise specifically covered under the Certificate.
- Treatment for obesity except surgery for morbid obesity (bariatric surgery). Surgery for removal of excess skin or fat.

Family Planning

- Infertility Treatment (male or female)-this includes but is not limited to:
 - Genetic counseling and genetic testing;
 - Impotence, organic or otherwise;
 - Injectable infertility medication, including but not limited to menotropins, hCG and GnRH agonists;
 - In vitro fertilization, gamete intrafallopian tube transfers or zygote intrafallopian tube transfers;
 - Costs for an ovum donor or donor sperm;
 - Sperm storage costs;
 - Cryopreservation and storage of eggs or embryos;
 - Ovulation induction and monitoring;
 - Ovulation predictor kits;
 - Reversal of tubal ligations;
 - Reversal of vasectomies;
 - Costs for and relating to surrogate motherhood if the individual is not an Insured Person under the Certificate;
 - Cloning; or
 - Medical and surgical procedures that are Experimental or Investigative, unless Our denial is overturned by an External Appeal Agent.

Vision

- Expenses for radial keratotomy.
- Adult Vision unless specifically provided in the Certificate.
- Charges for office visit exam for the fitting of prescription contact lenses, duplicate spare eyeglasses, lenses or frames, non-prescription lenses or contact lenses that are for cosmetic purposes.

Dental

- Treatment to the teeth, including orthodontic braces and orthodontic appliances, unless otherwise covered under the Pediatric Dental Care Benefit.

Hearing

- Charges for cochlear implants.

Cosmetic

- Treatment of Acne unless Medically Necessary.
- Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
- Surgery or related services for cosmetic purposes to improve appearance, except to restore bodily function or correct deformity resulting from disease, or trauma.

Prescription Drugs

- Any drug or medicine which does not, by federal or state law, require a prescription order, i.e., over-the-counter drugs, even if a prescription is written, except as specifically provided under Preventive Services or in the Prescription Drug Benefit section of this Certificate. Insulin and OTC preventive medications required under ACA are exempt from this exclusion;
- Drugs with over-the-counter equivalents except as specifically provided under Preventive Services;
- Allergy sera and extracts administered via injection;
- Vitamins, and minerals, except as specifically provided under Preventive Services;
- Food supplements, dietary supplements; except as specifically provided in the Certificate;
- Cosmetic drugs or medicines including, but not limited to, products that improve the appearance of wrinkles or other skin blemishes;
- Refills in excess of the number specified or dispensed after 1 year of date of the prescription;
- Drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
- Any drug or medicine purchased after coverage under the Certificate terminates;
- Any drug or medicine consumed or administered at the place where it is dispensed;

- If the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
- Prescription digital therapeutics;
- Bulk chemicals;
- Non-insulin syringes, surgical supplies, Durable Medical Equipment/medical devices, except as specifically provided in the Prescription Drug Benefit section of the Certificate;
- Repackaged products;
- Blood components except factors;
- Medical marijuana, cannabis, or other supplies and/or services rendered at a cannabis dispensary. This does not include synthetic pharmaceutical products approved by the FDA and included on the Formulary;
- Any drug or medicine for the purpose of weight control;
- Fertility drugs;
- Sexual enhancements drugs;
- Vision correction products