



BENEFITS AT A GLANCE

STUDENT HEALTH INSURANCE PLAN | PLAN YEAR 2021/2022



DESIGNED EXCLUSIVELY FOR THE STUDENTS

UNIVERSITY OF VERMONT

Burlington, VT
("the Policyholder")

Policy Number: WI2122VTSHIP79
Group Number: ST0951SH
Effective: 08/01/2021 – 07/31/2022

UNDERWRITTEN BY:

Wellfleet Insurance Company | Fort Wayne, IN
("the Company")

ADMINISTERED BY:

Wellfleet Group, LLC.



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Where to Find Help

For Questions About:	Please Contact:
Waiver Process Health Services	The University of Vermont Student Health Insurance Office Center for Health and Wellbeing (802) 656-0602 Website: www.uvm.edu/health/insurance Email: StudentInsurance@uvm.edu
Enrollment Dependent Enrollment	University Health Plans, Inc. 15 Pacella Park Drive Randolph, MA 02368 Phone : (833) 251-1119 Fax : (617) 472-6419 www.universityhealthplans.com or Email: info@univhealthplans.com
Claims Processing ID Cards Preferred Provider Listings ID card Requests	Wellfleet Group, LLC. PO Box 15369 Springfield, Massachusetts 01115-5369 (877) 657-5030, TYY 711 www.wellfleetstudent.com or customerservice@wellfleetinsurance.com
Preferred PPO Provider Listings Cigna claim	Wellfleet Student www.wellfleetstudent.com or Cigna www.cigna.com Send Cigna claim 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 Your plan includes Wellfleet Rx – offering over 40 generics at a \$0 copay. Please ask your health care provider to review our <u>formulary</u> to see if these medications are right for you. Click here http://wellfleetrx.com/students/formularies/ for more information.

Am I Eligible?

All registered Undergraduate and Graduate students taking at least 9 credits are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan. Students are automatically enrolled in the UVM insurance plan, subject to the waiver requirements.

All registered part-time undergraduate and continuing educational students taking at least six (6) credit hours, and part-time 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 registered International students taking at least 1 credit are required to have health insurance coverage. All international students will be required to pay the semester Health Fee and purchase the University of Vermont Student Health Insurance Plan. International Students will automatically be billed for the insurance premium and are not eligible to waive participation in the Plan. If you have questions regarding this requirement, please contact the Student Insurance Office at (802) 656-0602.

You are eligible for Coverage under the Certificate. Coverage includes an option for Dependent coverage.

An eligible student must attend classes at the Policyholder's school for the first 31 days of the period for which he or she is enrolled and/or pursuant to his or her visa requirements for the period for which coverage is elected.

Except in the case of withdrawal from school due to Sickness or Injury, any student who withdraws from the Policyholder's school during the first 31 days of the period for which he or she is enrolled shall not be covered under the insurance plan. A full refund of Premium will be made, minus the cost of any claim benefits paid by the Certificate. A student who graduates or withdraws after such 31 days of the period for which he or she is enrolled will remain covered under the Certificate for the term purchased and no refund will be allowed.

A student withdrawing due to a medical withdrawal due to a Sickness or Injury, must submit documentation or certification of the medical withdrawal to Us at least 30 days prior to the medical leave of absence from the school, if the medical reason for the absence and the absence are foreseeable, or 30 days after the date of the medical leave from school. The student withdrawing due to a medical withdrawal due to a Sickness or Injury will remain covered under the Certificate for the term purchased and no refund will be allowed.

All International Students are required to have a J-1, F-1 or M-1 and their eligible Dependents (who are not U.S. citizens) are required to have a J-2 F-2 or M-2 Visa to be eligible for this insurance plan.

We maintain the right to investigate eligibility status and attendance records to verify that the Certificate eligibility requirements have been and continue to be met. If We discover that the Certificate eligibility requirements have not been met, Our only obligation is refund of premium less any claims paid.

Eligibility requirements must be met each time premium is paid to continue Coverage.

Who is Eligible

All registered International students taking at least 1 credit hour are required to have health insurance coverage. Students are automatically enrolled in the Student Health Insurance Plan at registration and the premium is added to the student's tuition fees and do not have the option to waive coverage.

All registered Undergraduate and Graduate students taking at least 9 credit hours are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan. Students are automatically enrolled in the Student Health Insurance Plan unless proof of comparable coverage is provided by completing the waiver.

All registered Undergraduate and Continuing Educational students taking at least 6 credit hours are eligible to enroll in this Student Health Insurance Plan on a voluntary basis. Please visit www.wellfleetstudent.com for enrollment information.

All registered Graduate students taking at least 5 credit hours are eligible to enroll in this Student Health Insurance Plan on a voluntary basis. Please visit www.wellfleetstudent.com for enrollment information.

Dependents are eligible for coverage under this plan.

Your Dependent may become eligible for coverage under the Certificate only when You become eligible; or within 60 days of a Qualifying Life Event.

Coverage for Dependents

Eligible individuals may also insure, on a Voluntary Participation Basis, their eligible Dependents. Individuals who enroll their dependents must enroll them within (31) days of the Insured Student's enrollment in the plan with the exception of adopted children or newborn children (see the Policy provision entitled **Dependent Child Coverage**). They will be enrolled for the same term of coverage for which the Insured Student enrolls. Dependents of an **Eligible International Student** must possess a valid passport and a proper Visa (either an F-2, J-2 or M-2 visa).

How Do I Waive/Enroll?

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 the University of Vermont will not accept a decision past the published deadlines.

Category	Open Enrollment/Waiver Deadline Date
Students enrolling for the Fall Semester	September 15, 2021
Students enrolling for the Spring Semester	February 15, 2022

Please note: International Students are not able to waive this coverage. If you have questions regarding this requirement, please contact the Student Insurance Office at (802) 656-0602.

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

Recognizing that health insurance situations may change, students will be required to provide proof of comparable coverage each academic year in order to waive participation in the Student Health Insurance Plan.

Please note: The Company issuing the policy, used to waive inclusion in the Student Health Insurance Plan, must be wholly based in the United States. International or travel insurance plans are not acceptable insurance alternatives to the UVM plan.

Special Enrollment - Qualifying Life Event

You, and Your Spouse or Child can also enroll for coverage within 60 days of the loss of coverage in a health plan if coverage was terminated because You, Your Spouse or Child are no longer eligible for coverage under the other health plan due to:

1. Involuntary termination of the other health plan;
2. Death of the Spouse;
3. Legal separation, divorce or annulment;
4. A Child no longer qualifies for coverage as a Child under the other health plan.

You, Your Spouse or Child can also enroll 60 days from exhaustion of Your COBRA or continuation coverage or if You gain a Dependent or become a Dependent through marriage, birth, adoption or placement for adoption.

We must receive notice and Premium payment within 60 days of the loss of coverage. The effective date of Your coverage will depend on when We receive proof of Your loss of coverage under another health plan and appropriate premium payment. Your coverage shall take effect on the latest of the following dates: (1) this Policy Effective Date; (2) the day after the date for which you lose your coverage providing premium for Your coverage has been paid; (3) the date the Policyholder's term of coverage begins; or (4) the date You become a member of an eligible class of persons.

In addition, You, and Your Spouse or Child, can also enroll for coverage within 60 days of the occurrence of one of the following event:

1. You or Your Spouse or Child lose eligibility for Medicaid or a state child health plan.
2. You or Your Spouse or Child become eligible for Medicaid or a state child health plan.

We must receive notice and Premium payment within 60 days of the loss of coverage. The effective date of Your coverage will depend on when We receive Your completed enrollment information and required premium.

Late Waiver/Waiver Appeal Process

After the deadline, The University of Vermont Student Health Insurance Plan may not be waived/cancelled, except as provided by policy guidelines. Call the Student Health Insurance Office for more information.

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	8/1/2021	7/31/2022	9/15/2021
Fall	8/1/2021	12/31/2021	9/15/2021
Spring/Summer	1/1/2022	7/31/2022	2/15/2022

Plan Costs for Domestic and International Students and their Dependents***
 The plan costs for Dependents are in addition to the plan costs for student.

	Annual	Fall	Spring/Summer
Student*	\$2746	\$1151	\$1595
Spouse	\$2598	\$1089	\$1509
Each Child	\$2598	\$1089	\$1509
3 or more Children	\$7794	\$3267	\$4527

*** Please note for any students not withdrawing within the time frames required by your school, coverage will be provided for the term purchased and no refund will be allowed. This does not apply for full withdrawals due to a sickness or injury.

*The above plan costs include an administrative service fee.

Effective Dates: Insurance under the Certificate will become effective on the later of:

1. The Policy Effective Date;
2. The beginning date of the term for which premium has been paid;
3. The day after the Enrollment Form (if applicable) and premium payment is received by the Company, its authorized agent or the School;
4. The day after the date of postmark if the Enrollment Form is mailed; or

- For International Students or scholars, the departure date to his or her Home Country to travel to the Country of Assignment. The scheduled arrival in the Country of Assignment must be not more than 48 hours later than the departure from the Home Country.

Dependent's coverage, becomes effective on the later of:

- The date Your coverage becomes effective; or
- The date Your Dependent is enrolled for coverage, provided premium is paid when due.
- The day after the date of postmark when the Enrollment Form is mailed; or
- The beginning date of the term for which premium has been paid; or
- The day after the date the required individual Enrollment Form and premium payment are received by Us or Our authorized agent. This applies only when premium payment is made within 31 days of Your enrollment in the School's insurance plan; or
- The Policy Effective Date.

Termination of Benefits

Termination Dates: Your insurance will terminate on the earliest of:

- The date the Certificate terminates; or
- The end of the period of coverage for which premium has been paid; or
- The date You cease to be eligible for the insurance; or
- The date You enter military service or
- For International Students, the date they cease to meet Visa requirements; or
- For International Students, the date they depart the Country of Assignment for his/her Home Country (except for scheduled school breaks); or
- On any premium due date the Policyholder fails to pay the required premium for You except as the result of an inadvertent error and subject to any Grace Period provision.

Your Dependent's insurance will terminate on the earliest of:

- The date Your insurance ends; or
- The date Your Dependent cease to be eligible for the insurance; or
- The end of the period of coverage for which premium has been paid.

Refund of Premium

Premiums received by Us are fully earned upon receipt. Refund of premium will be considered only:

- If a student ceases to be eligible for the insurance and coverage is terminated prior to the next premium due date, a pro rata refund of Premium (less any claims paid) will be made for such person. [Insurance for the student's covered Dependent(s) will end when insurance for the student ends.
- For an Insured Student entering the Armed Forces of any country. Such a student will not be covered under the Certificate as of the date of his/her entry into the service. A pro rata refund of Premium (less any claims paid) will be made upon written request received by Us within 90 days of withdrawal from school. Insurance for the student's covered Dependent(s) will end when insurance for the student ends.
- For an Insured International Student, Scholar departing school to return to his or her Home Country on a permanent basis. We will refund a pro rata refund of Premium (less any claims paid) when written request is received by Us within 60 days of such departure. Insurance for the student's covered Dependent(s) will end when insurance for the student ends.

Extension of Benefits

Coverage under the Certificate ceases on the Termination Date. However, coverage for You will be extended as follows:

1. If You are Hospital Confined for Covered Injury or Covered Sickness on the date Your insurance terminates, we will continue to pay benefits for up to 90 days from the Termination Date while such Confinement continues; or
2. If You are Totally Disabled due to Covered Injury or Covered Sickness, for which benefits were paid before the Termination Date, the coverage for that condition will be extended for up to twelve (12) months from the Termination Date or until the date the disability ends, whichever is earlier.

Dependents that are newly acquired during the Your Extension of Benefits period are not eligible for benefits under this provision.

Definitions

These are key words used in the Certificate. They are used to describe the Policyholder's rights as well as Ours. Reference should be made to these words as the Certificate is read.

Accident means an unexpected, and unintended, event which You have no control.

Actual Charge means the charge for the Treatment by the provider who furnishes it.

Ambulance Service means transportation to or from a Hospital by a licensed Ambulance whether ground, air or water Ambulance, in a Medical Emergency.

Ambulatory Surgical Center means a facility which meets licensing and other legal requirements and which:

1. Is equipped and operated to provide medical care and Treatment by a Physician;
2. Does not provide services or accommodations for overnight stays;
3. Has a medical staff that is supervised full-time by a Physician;
4. Has full-time services of a licensed registered nurse at all times when patients are in the facility;
5. Has at least one operating room and one recovery room and is equipped to support any surgery performed;
6. Has x-ray and laboratory diagnostic facilities;
7. Maintains a medical record for each patient; and
8. Has a written agreement with at least one Hospital for the immediate transfer of patients who develop complications or need Confinement.

Anesthetist means a Physician or Nurse who administers anesthesia during a surgical procedure. He or she may not be an employee of the Hospital where the surgical procedure is performed.

Assistant Surgeon means a Physician who assists the Surgeon who actually performs a surgical procedure.

Brand-Name Prescription Drug means a Prescription Drug whose manufacture and sale is controlled by a single company as a result of a patent or similar right. Refer to the Formulary for the tier status.

Certificate: The Certificate issued by Us, including the Schedule of Benefits and any attached riders.

Coinsurance means the percentage of Covered Medical Expenses that We pay. The Coinsurance percentage is stated in the Schedule of Benefits. The Coinsurance is separate and not part of the Deductible and Copayment.

Complications of Pregnancy means conditions that require Hospital Confinements before the pregnancy ends and whose diagnoses are distinct from but caused or affected by pregnancy. These conditions are acute nephritis or nephrosis, cardiac decompensation, missed abortion, or similar conditions as severe as these.

Complications of Pregnancy also include non-elective cesarean section, termination of an ectopic pregnancy, and spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.)

Complications of Pregnancy do not include false labor, occasional spotting or Physician prescribed rest during the period of pregnancy, morning Sickness, preeclampsia, and similar conditions not medically distinct from a difficult pregnancy.

Confinement/Confined means an uninterrupted stay following admission to a health care facility. The readmission to a health care facility for the same or related condition, within a 7 day period, will be considered a continuation of the Confinement. Confinement does not include observation, which is a review or assessment of 48 hours or less, of a condition that does not result in admission to a Hospital or health care facility.

Copayment means a specified dollar amount You must pay for specified Covered Medical Expenses. Any Copayment amounts are shown in the Schedule of Benefits.

Country of Assignment means the country in which an Eligible International Student, scholar or visiting faculty member is:

1. Temporarily residing; and
2. Actively engaged in education or educational research related activities sponsored by the National Association for Foreign Student Affairs or its Member Organizations.

Covered Injury/Injury means a bodily injury due to an , external event which results in bodily infirmityAll injuries sustained in any one Accident, all related conditions and recurrent symptoms of these injuries are considered a single Injury.

Covered Medical Expense means those Medically Necessary charges for any Treatment, service, or supplies that are:

1. Not in excess of the Usual and Customary Charge therefore;
2. Not in excess of the charges that would have been made in the absence of this insurance;
3. Not in excess of the Negotiated Charge; and
4. Incurred while Your Certificate is in force, except with respect to any expenses payable under the Extension of Benefits Provision.

Covered Sickness means an illness, disease or condition including pregnancy and Complications of Pregnancy that impairs Your normal function of mind or body and which is not the direct result of an Injury which results in Covered Medical Expenses. Covered Sickness includes Mental Health Disorders and Substance Use Disorders.

Custodial Care means care that is mainly for the purpose of meeting non-medical personal needs. This includes help with activities of daily living and taking medications. Activities of daily living include: bathing, dressing or grooming, eating, toileting, walking and getting in and out of bed. Custodial Care can usually be provided by someone without professional and medical skills or training.

Deductible means the dollar amount of Covered Medical Expenses You must pay before benefits are payable under the Certificate. The amount of the Deductible, if any, will be shown in the Schedule of Benefits.

Dental provider means any individual legally qualified to provide dental services or supplies.

Dependent means:

1. An Insured Student's lawful Spouse, civil union or lawful domestic partner;
2. An Insured Student's dependent biological or adopted child or stepchild under age 26; and
3. An Insured Student's biological or adopted child or stepchild who has reached age 26 and who is:
 - a. primarily dependent upon the Insured Student for support and maintenance; and
 - b. incapable of self-sustaining employment by reason of intellectual disability, mental illness or disorder or physical handicap.

Proof of the child's incapacity or dependency must be furnished to Us for an already enrolled child who reaches the age limitation, or when an Insured Student enrolls a new disabled child under the plan.

Durable Medical Equipment means a device which:

1. Is primarily and customarily used for medical purposes, is specially equipped with features and functions that are generally not required in the absence of Sickness or Injury and is able to withstand repeated use;
2. Is used exclusively by You;
3. Is routinely used in a Hospital but can be used effectively in a non-medical facility;
4. Can be expected to make a meaningful contribution to treating Your Sickness or Injury; and
5. Is prescribed by a Physician and the device is Medically Necessary for rehabilitation.

Durable Medical Equipment does not include:

1. Comfort and convenience items
2. Equipment that can be used by Immediate Family Members other than You;
3. Health exercise equipment; and
4. Equipment that may increase the value of Your residence.

Effective Date means the date coverage becomes effective.

Elective Surgery or Elective Treatment means those health care services or supplies not Medically Necessary for the care and Treatment of a Covered Injury or Covered Sickness. Elective surgery does not include Plastic, Cosmetic, or Reconstructive Surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

Eligible Student means a student who meets all eligibility requirements of the School named as the Policyholder.

Emergency Medical Condition means a the sudden and, at the time, unexpected onset of an Illness or medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by the prudent layperson, who possess an average knowledge of health and medicine to result in

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

Emergency Services means, with respect to an Emergency Medical Condition: transportation services, including but not limited to ambulance services, and inpatient and outpatient Hospital services furnished by a Hospital or Physician qualified to furnish those services that are needed to evaluate or Stabilize an Emergency Medical Condition.

Essential Health Benefits mean benefits that are defined in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes the following categories of Covered Services:

1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and Substance Use Disorder services, including behavioral health Treatment;
6. Prescription drugs;
7. Rehabilitative and Habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

Experimental/Investigative means the health care items or services that are:

1. Not generally accepted by informed health care providers in the United States as effective in treating the condition, illness or diagnosis for which their use is proposed; or are
2. Not proven by medical or scientific evidence to be effective in treating the condition, illness or diagnosis for

which their use is proposed.

Inpatient Rehabilitation Facility means a licensed institution devoted to providing medical and nursing, care over a prolonged period, such as during the course of the rehabilitation phase after an acute sickness or injury.

Formulary means a list of medications designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost-effective medications. The Formulary indicates the type of drug, tier status and limitations of coverage.

Generic Prescription Drug means any Prescription Drug that is not a Brand-Name Prescription Drug. Refer to the Formulary for the tier status.

Habilitation/Habilitative Services means health care services that help You keep, learn, or improve skills and functions for daily living. Habilitative Services may include such services as Physical Therapy, occupational therapy, and speech therapy.

Home Country means Your country of citizenship. If You have dual citizenship, Your Home Country is the country of the passport You used to enter the United States. Your Home Country is considered the Home Country for any International Dependent of Yours while insured under the Certificate.

Home Health Care Agency means an agency that:

1. Is constituted, licensed and operated under the provision of Title XVIII of the Federal Social Security Act, or qualified to be so operated if application was made, and certified by the jurisdiction in which the Home Health Care plan is established; and
2. Is engaged primarily in providing skilled nursing facility services and other therapeutic services in Your Home under the supervision of a Physician or a Nurse; and
3. Maintains clinical records on all patients.

Home Health Care means the continued care and treatment if:

1. Your institutionalization would have been required if Home Health Care was not provided; and
2. Your Physician establishes and approves in writing the plan of treatment covering the Home Health Care service; and
3. Home Health Care is provided by:
 - a. a Hospital that has a valid operating certificate and is certified to provide Home Health Care services; or
 - b. a public or private health service or agency that is licensed as a Home Health Agency under title 19, subtitle 4 of the General Health Article to provide coordinated Home Health Care.

Hospice: means a coordinated plan of home and Inpatient care which treats the terminally ill patient and family as a unit. It provides care to meet the special needs of a family unit during the final stages of a terminal illness and during the bereavement. Care is provided by a team of: trained medical personnel, homemakers, and counselors. The team acts under an independent Hospice administration. It helps the family unit cope with: physical, psychological, spiritual, social, and economic stresses.

Hospital: A facility which provides diagnosis, treatment, and care of persons who need acute Inpatient Hospital care under the supervision of Physicians and provides 24-hour nursing service by Registered Nurses on duty or call. It must be licensed as a general acute care Hospital according to state and local laws. Hospital shall also include a psychiatric health facility for the treatment of mental or psychoneurotic disorders. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

Hospital also includes an Ambulatory Surgical Center or ambulatory medical center; and a birthing facility certified and licensed as such under the laws where located. It shall also include Rehabilitative facilities if such is specifically required for Treatment of physical disability.

Facilities primarily treating drug addiction or Alcoholism that are licensed to provide these services are also included in this definition. Hospital does not include a place primarily for rest, the aged, a place for educational or Custodial Care or Hospice.

Immediate Family Member means You and Your spouse or the parent, child, brother or sister of You or Your spouses.

In-Network Providers are Physicians, Hospitals and other healthcare providers who have contracted with Us to provide specific medical care at negotiated prices.

Insured Person means an Insured Student or Dependent of an Insured Student while insured under the Certificate.

Insured Student means a student of the Policyholder who is eligible and insured for coverage under the Certificate.

International Student means an international student:

1. With a current passport and a student Visa;
2. Who is temporarily residing outside of his or her Home Country; and
3. Is actively engaged as a student or in educational research activities through the Policyholder.

In so far as the Certificate is concerned, permanent residents or those who have applied for Permanent Residency Status are not considered to be an International Student.

Loss means medical expense caused by an Injury or Sickness which is covered by the Certificate.

Medically Necessary or Medical Necessity means health care services including diagnostic testing, preventive services and aftercare that are appropriate, in terms of type, amount, frequency, level, setting and duration to the member's diagnosis or condition. Medically necessary care must be informed by generally accepted medical or scientific evidence and consistent with generally accepted practice parameters as recognized by health care professionals in the same specialties as typically provide the procedure or treatment, or diagnosis or manage the medical condition and must be informed by the unique needs of each individual patient and each presenting situation and:

1. Help restore or maintain the member's health; or
2. Prevent deterioration of or palliate the member's condition; or
3. Prevent the reasonably likely onset of a health problem or detect an incipient problem.

The fact that any particular Physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Mental Health Disorder means a condition or disorder that substantially limits the life activities of an Insured Person with the disorder. Mental Health Disorders must be listed in the most recent version of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization.

Negotiated Charge means the amount an In-Network Provider will accept as payment in full for Covered Medical Expenses.

Non-Preferred Drug means a Formulary drug that may have a higher out-of-pocket cost.

Nurse means a licensed Registered Nurse (R.N.) or Licensed Practical Nurse (L.P.N.) who:

1. Is properly licensed or certified to provide medical care under the laws of the state where the Nurse practices; and
2. Provides medical services which are within the scope of the Nurse's license or certificate who does not ordinarily reside in Your home or is not related to You by blood or marriage.

Organ Transplant means the moving of an organ from one (1) body to another or from a donor site to another location of the person's own body, to replace the recipient's damaged, absent or malfunctioning organ.

Out-of-Network Providers are Physicians, Hospitals and other healthcare providers who have not agreed to any pre-arranged fee schedules.

Out-of-Pocket Maximum means the most You will pay during a Policy Year before Your Coverage begins to pay 100% of the allowed amount. Refer to the Out-of-Pocket Maximum in the Description of Benefits section for details on how the Out-of-Pocket Maximum applies. This limit will never include Premium, balance-billed charges or health care the Certificate does not cover.

Physical Therapy means any form of the following:

1. Physical or mechanical therapy;
2. Diathermy;
3. Ultra-sonic therapy;
4. Heat Treatment in any form; or
5. Manipulation or massage.

Physician means a health care professional practicing within the scope of his or her license and is duly licensed by the appropriate state regulatory agency to perform a particular service which is covered under the Certificate, and who is not:

1. You;
2. An Immediate Family Member; or
3. A person employed or retained by You.

Policy Year means the period of time measured from the Policy Effective Date to the Policy Termination Date.

Preadmission Testing means tests done in conjunction with and within 5 days of a scheduled surgery where an operating room has been reserved before the tests are done.

Preferred Drug means a Formulary Brand-Name Prescription Drug that may have a lower out-of-pocket cost.

Qualifying Life Event means an event that qualifies a Student to apply for coverage for him/herself or for the Insured Student's Dependent due to a Qualifying Life Event under the Certificate.

Rehabilitative means the process of restoring Your ability to live and work after a disabling condition by:

1. Helping You achieve the maximum possible physical and psychological fitness;
2. Helping You regain the ability to care for Yourself;
3. Offering assistance with relearning skills needed in everyday activities, with occupational training and guidance with psychological readjustment.

Reservist means a member of a reserve component of the Armed Forces of the United States. Reservists also includes a member of the State National Guard and the State Air National Guard.

School or College means the college or university attended by the Insured Student.

Skilled Nursing Facility means a facility, licensed, and operated as set forth in applicable state law, which:

1. Mainly provides inpatient care and Treatment for persons who are recovering from an illness or injury;
2. Provides care supervised by a Physician;
3. Provides 24 hour per day nursing care supervised by a full-time Registered Nurse;
4. Is not a place primarily for the care of the aged, Custodial or Domiciliary Care, or Treatment of alcohol or drug dependency; and
5. Is not a rest, educational, or custodial facility or similar place.

Sound, Natural Teeth means natural teeth. The major portion of a tooth must be present, regardless of fillings, and not carious, abscessed or defective. Sound, Natural Teeth will not include capped teeth.

Spouse means an eligible individual who is legally married to the Insured Student under the laws of the state or jurisdiction in which the marriage was performed. A Spouse also includes a civil union partner; and A Spouse

also includes the Insured Student's domestic partner with whom an affidavit of domestic partnership has been established, attesting to the relationship with another person.

Stabilize means, with respect to an Emergency Medical Condition, to provide such medical Treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

Student Health Center or Student Infirmary means an on-campus facility or a designated facility by the Policyholder that provides:

1. Medical care and Treatment to Sick or Injured students; and
2. Nursing services.

A Student Health Center or Student Infirmary does not include:

1. Medical, diagnostic and Treatment facilities with major surgical facilities on its premises or available on a pre-arranged basis; or
2. Inpatient care.

Substance Use Disorder means any condition or disorder that substantially limits the life activities of an Insured Person with the disorder. Substance Use Disorders must be listed in the most recent version of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization.

Surgeon means a Physician who actually performs surgical procedures.

Telemedicine means the practice by a contracted Telemedicine provider of health care delivery, diagnosis, consultation, Treatment, transfer of medical data, and education using interactive audio, video, or data communications involving a real time (synchronous) or near real time (asynchronous) two-way transfer of medical data and information. Neither a telephone conversation nor an electronic messaging between a Physician and You constitutes "Telemedicine".

Total Disability or Totally Disabled, as it applies to the Extension of Benefits provision, means:

- 1) With respect to You, who otherwise would be employed:
 - a) Your complete inability to perform all the substantial and material duties of Your regular occupation;
 - b) With care and Treatment by a Physician for the Covered Injury or Covered Sickness caused the inability.
- 2) With respect to You who is not otherwise employed:
 - a) Your inability to engage in the normal activities of a person of like age and sex; with
 - b) Care and Treatment by a Physician for the Covered Injury or Covered Sickness causing the inability; or
 - c) His or her Hospital Confinement or home Confinement at the direction of his or her Physician due to a Covered Injury or a Covered Sickness, except for visits to receive medical Treatment.

Treatment means the medical care of a Covered Injury or Covered Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation, and/or the taking of drugs or medicines or the prescriptions thereof.

Urgent Care means short-term medical care performed in an Urgent Care Facility for non-life-threatening conditions that can be mitigated or require care within 48 hours of onset.

Urgent Care Facility means a Hospital or other licensed facility which provides diagnosis, Treatment, and care of persons who need acute care under the supervision of Physicians.

Usual and Customary Charge is the amount of an Out-of-Network provider's charge that is eligible for coverage. You are responsible for all amounts above what is eligible for coverage.

The Usual and Customary Charge depends on the geographic area where You receive the service or supply. The table below shows the method for calculating the Usual and Customary Charge for specific services or supplies:

Service or Supply	Usual and Customary Charge
Professional services and other services or supplies not mentioned below	The Reasonable amount rate

Special terms used

- Geographic area is normally based on the first 3 digits of the U.S. Postal Service zip codes. If We determine We need more data for a particular service or supply, We may base rates on a wider geographic area such as an entire state.
- “Reasonable amount rate” means Your plan has established a reasonable rate amount as follows:

Service or Supply	Reasonable Amount Rate
Professional services and Inpatient and outpatient charges of hospitals	The lesser of: <ol style="list-style-type: none"> 1. The billed charge for the services. 2. An amount determined using current publicly-available data which is usual and customary when compared with the charges made for a) similar services and supplies and b) to persons having similar medical conditions in the geographic area where service is rendered. 3. An amount based on information provided by a third party vendor, which may reflect 1 or more of the following factors: 1) the complexity or severity of treatment; 2) level of skill and experience required for the treatment; or 3) comparable providers’ fees and costs to deliver care.

Our reimbursement policies

Our reimbursement policies may affect the Usual and Customary Charge. These policies consider:

- The duration and complexity of a service
- When multiple procedures are billed at the same time, whether additional overhead is required
- Whether an assistant surgeon is necessary for the service
- If follow-up care is included
- Whether other characteristics modify or make a particular service unique
- When a charge includes more than one claim line, whether any services described by a claim line are part of or related to the primary service provided
- The educational level, licensure or length of training of the provider

Our reimbursement policies are based on our review of:

- The Centers for Medicare and Medicaid Services’ (CMS) National Correct Coding Initiative (NCCI) and other external materials that say what billing and coding practices are and are not appropriate
- Generally accepted standards of medical and dental practice
- The views of Physicians and dentists practicing in the relevant clinical areas

We use commercial software to administer some of these policies. The policies may be different for professional services and facility services.

No payment will be made under the Certificate for any expenses incurred which, are in excess of Usual and Customary Charges.

You, or Your(s) means an Insured Person, Insured Student, or Dependent of an Insured Student while insured under the Certificate.

Visa means the document issued by the United States Government that permits an individual to participate in the educational activities of a college, university or other institution of higher learning either as a student or in another academic capacity. An International Student must have and maintain a valid visa, either an F-1 (Academic), J-1 (Exchange) or M-1(Vocational) in order to continue as a student in the United States.

We, Us, or Our means Wellfleet Insurance Company or its authorized agent. Also referred to as the Company.

Student Health Center Referral

Where available, the student should first use the resources of the Student Health Center (SHC) where Treatment may be administered, or a referral may be issued that verifies that the services were not available at the SHC. You are then free to seek services outside the SHC. Covered services that receive prior approval or referral will not be subject to the Deductible. A referral issued by the SHC must accompany the claim when submitted.

A SHC referral for outside care is not necessary ONLY under the following conditions:

1. For an Emergency Medical Condition. The student must return to the SHC for necessary follow-up care;
2. When the SHC is closed;
3. For medical care received when the student is more than 50 miles from campus;
4. For medical care obtained when a student is no longer able to use the SHC due to a change in student status.
5. For maternity care;
6. When service is rendered at another facility during break or vacation period.

Additionally, no authorization or referral requirement will apply to obstetrical or gynecological care provided by in-network providers.

The applicable Deductible(s); Coinsurance and Copayment(s) shall apply to all of the exceptions to the referral requirement shown above.

A written referral from the SHC is recommended for any follow-up care, with a Provider other than the SHC, after Emergency services. An SHC referral does not constitute a guarantee of Benefits when Treatment is provided outside the SHC.

Dependent spouses and children are not eligible to use the SHC and are exempt from the above limitation and requirements.

Preferred Provider Organization (PPO) Network

By enrolling in this 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.

Preferred Provider Organization

If You use an In-Network Provider, the Certificate will pay the Coinsurance percentage of the Negotiated Charge for Covered Medical Expenses shown in the Schedule of Benefits for Covered Medical Expenses.

If an Out-of-Network Provider is used, the Certificate will pay the percentage of the Usual and Customary Charge for Covered Medical Expenses shown in the Schedule of Benefits. The difference between the provider fee and the Coinsurance amount paid by Us will be Your responsibility.

Note, however, that We will pay at the In-Network level for Treatment by an Out-of-Network Provider and will calculate Your cost sharing amount at the In-Network Provider level if:

1. there is no In-Network Provider in the service area available to treat You for a specific Covered Injury or Covered Sickness; or
2. there is an Emergency Medical Condition and You cannot reasonably reach an In-Network Provider.

We will respond to, defend against and resolve any request or claim by a Out-of-Network Provider of Emergency Services for payment in excess of the amount paid or reimbursed by Us. You may contact Us if you receive any such request from an Out-of-Network Provider.

You should be aware that In-Network Hospitals may be staffed with Out-of-Network Providers. Receiving services from an In-Network Hospital does not guarantee that all charges will be paid at the In-Network Provider level of benefits. It is important that You verify that Your Physicians are In-Network Providers each time You call for an appointment or at the time of service.

Travel and Waiting Time Standards Travel times for Insured Students to Preferred Providers, under normal conditions, from their residence, place of business, or School, generally should not exceed the following:

1. Thirty (30) minutes to a primary care provider;
2. Thirty (30) minutes to routine, office-based Mental Health and Substance Abuse services;
3. Sixty (60) minutes for Outpatient Physician specialty care; intensive Outpatient, partial hospital, residential or Inpatient Mental Health and Substance Abuse services; Laboratory; Pharmacy; general Optometry; Inpatient Imaging and Inpatient Medical Rehabilitation services.
4. Ninety (90) minutes for major trauma treatment; neonatal intensive care; and tertiary-level cardiac services, including procedures such as cardiac catheterization and cardiac surgery; and
5. Reasonable accessibility for other specialty services, including major burn care, Organ Transplantation, and specialty pediatric care.

Waiting times for Insured Students to obtain care or appointment with Preferred Providers, should generally not exceed the following:

1. Immediate access to Emergency care for conditions that meet the definition of Emergency Medical Condition;
2. Twenty-four (24) hours or a time frame consistent with the medical urgency of the condition for Urgent Care (for the purposes of this provision, Outpatient Mental Health and Substance Abuse care designated by the Insured Student or provider as non-urgent is not considered to be Urgent Care);
3. Two (2) weeks for non-emergency, non-urgent care;
4. Ninety (90) days for Preventive Services (including routine physical examinations); and
5. Thirty (30) days for routine laboratory, imaging, general optometry, and all other routine services.

Pre-certification Process

In-Network - Your In-Network Provider is responsible for obtaining any necessary Pre-certification before You receive the care. If Your In-Network Provider does not obtain the required Pre-Certification You will not be penalized. Please read below regarding review and notification.

Out-of-Network - You or Your Out-of-Network Provider are responsible for calling Us at the phone number found on the back of Your ID card and starting the Pre-Certification process. For Inpatient services the call must be made at least 5 working days prior to Hospital Confinement. For Outpatient services, the call must be made at least 5 working days prior to the start of the Outpatient service. In the case of an emergency, the call must take place as soon as reasonably possible.

The following Inpatient and Outpatient services or supplies require Pre-Certification:

1. All Inpatient admissions, including length of stay, to a Hospital, Skilled Nursing Facility, a facility established primarily for the Treatment of a substance use disorder, or a residential Treatment facility;
2. All Inpatient maternity care after the initial 48/96 hours;
3. Durable Medical Equipment over \$500;
4. Surgery;

5. Transplant Services;
6. Infusion therapy when administered in the home as part of home health care;
7. Botox Injections;
8. Prosthetics;
9. Physical Therapy (Outpatient) precertification required after the 12th visit;
10. Occupational Therapy (Outpatient) precertification required after the 12th visit;
11. Chiropractic Services (Outpatient) precertification required after the 12th visit.

Pre-Certification is not required for an Emergency Medical Condition or Urgent Care or Hospital Confinement for the initial 48/96 hours of maternity care.

Additionally, no authorization requirement will apply to obstetrical or gynecological care provided by In-Network Providers.

Pre-Certification is not a guarantee that Benefits will be paid.

Your Physician will be notified of Our decision as follows:

1. For elective (non-emergency) admissions to a health care facility, We will notify the Physician and the health care facility by telephone and/or in writing of the number of Inpatient days, if any, approved;
2. For Confinement in a health care facility longer than the originally approved number of days, the treating Physician or the health care facility must contact Us before the last approved day. We will review the request for continued stay to determine Medical Necessity and notify the Physician or the health care facility of Our decision in writing or by telephone;
3. For any other covered services requiring Pre-Certification, We will contact the Provider in writing or by telephone regarding Our decision.

Our agent will make this determination within 24 hours for an urgent request and 2 business days for non-urgent requests following receipt of all necessary information for review. Notice of an Adverse Benefit Determination made by Our agent will be in writing and will include:

1. The reasons for the Adverse Benefit Determination including the clinical rationale, if any.
2. Instructions on how to initiate an appeal.
3. Notice of the availability, upon Your request or Your Authorized Representative, of the clinical review criteria relied upon to make the Adverse Benefit Determination. This notice will specify what, if any additional necessary information must be provided to, or obtained by, Our agent in order to render a decision on any requested appeal.

Failure by Our agent to make a determination within the time periods prescribed shall be deemed to be an Adverse Benefit Determination subject to an appeal.

If You have any questions about Your Pre-Certification status, You should contact Your Provider.

University of Vermont Schedule of Benefits

This is only a brief description of coverage available under Certificate form VT SHIP CERT (2019). The Certificate will contain full details of coverage, coinsurance, limitations, exclusions, and termination provisions. If there are any conflicts between this document and the Certificate, the Certificate governs in all cases.

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

SCHEDULE OF BENEFITS**Preventive Services:**

In-Network Provider: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of the Negotiated Charge when services are provided through an In-Network Provider.

Out-of-Network Provider: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 70% of the Usual and Customary Charge.

Medical Deductible*

Combined In-Network Provider and Out-of-Network Provider

Individual: \$200

***Deductible** is waived if Covered Medical Expenses are incurred at the Student Health Center

Cost sharing You incur for Covered Medical Expenses that is applied to the Out-of-Network Deductible will be applied to satisfy the In-Network Deductible. Cost sharing You incur for Covered Medical Expenses that is applied to the In-Network Deductible will be applied to satisfy the Out-of-Network Provider Deductible.

Out-of-Pocket Maximum:	In-Network Provider	Individual:	\$6,850
		Family:	\$13,700
	Out-of-Network Provider	Individual	No maximum
		Family	No maximum

Cost sharing You incur for Covered Medical Expenses that is applied to the Out-of-Network Provider Out-of-Pocket Maximum will not be applied to satisfy the In-Network Provider Out-of-Pocket Maximum and cost sharing You incur for Covered Medical expenses that is applied to the In-Network Provider Out-of-Pocket Maximum will not be applied to satisfy the Out-of-Network Provider Out-of-Pocket Maximum.

Prescription Drug Out-of-Pocket Maximum*:

In-Network Provider	Individual	\$1,350
	Family	\$2,700

*The Prescription Drug Out-of-Pocket Maximum counts toward the overall Out-of-Pocket Maximum.

Coinsurance Amounts:

In-Network Provider: 80% of the Negotiated Charge for Covered Medical Expenses unless otherwise stated below.

Out-of-Network Provider: 70% of the Usual and Customary Charge (U&C) for Covered Medical Expenses unless otherwise stated below.

Medical Benefit Payments for In-Network Providers and Out-of-Network Providers

The Certificate provides benefits based on the type of health care provider You and Your Covered Dependent selects. The Certificate provides access to both In-Network Providers and Out-of-Network Providers. Different benefits may be payable for Covered Medical Expenses rendered by In-Network Providers versus Out-of-Network Providers, as shown in the Schedule of Benefits.

Dental and Vision Benefit Payments

For dental and vision benefits, You may choose any dental or vision provider.

For dental, different benefits may be payable based on the type of service, as shown in the Schedule of Benefits.

Preferred Provider Organization:

To locate an In-Network Provider in Your area, consult Your Provider Directory or call toll free 877-657-5030 or visit Our website at www.wellfleetstudent.com.

THE COVERED MEDICAL EXPENSE FOR AN ISSUED CERTIFICATE WILL BE:

1. **THOSE LISTED IN THE COVERED MEDICAL EXPENSES PROVISION;**
2. **ACCORDING TO THE FOLLOWING SCHEDULE OF BENEFITS; AND**
3. **DETERMINED BY WHETHER THE SERVICE OR TREATMENT IS PROVIDED BY AN IN-NETWORK OR OUT-OF-NETWORK PROVIDER.**
4. **UNLESS OTHERWISE SPECIFIED BELOW THE MEDICAL PLAN DEDUCTIBLE WILL ALWAYS APPLY.**

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Inpatient Benefits		
<p>Hospital Care Includes hospital room & board expenses and miscellaneous services and supplies. Subject to Semi-Private room rate unless intensive care unit is required.</p> <p>Room and Board includes intensive care.</p> <p>Pre-Certification Required</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>	<p>70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>
<p>Preadmission Testing</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>	<p>70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>
<p>Physician’s Visits while Confined: Limited to 1 visit per day of Confinement per provider</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>	<p>70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>
<p>Inpatient Surgery: Pre-Certification Required</p> <p style="padding-left: 40px;">Surgeon Services</p> <p style="padding-left: 40px;">Anesthetist</p> <p style="padding-left: 40px;">Assistant Surgeon</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p> <p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p> <p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>	<p>70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p> <p>70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p> <p>70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>
<p>Registered Nurse Services for private duty nursing while Confined</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>	<p>70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>

Physical Therapy while Confined (inpatient)	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Skilled Nursing Facility Benefit Pre-Certification required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Inpatient Rehabilitation Facility Expense Benefit Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
INPATIENT MENTAL HEALTH DISORDER AND SUBSTANCE USE DISORDER		
Mental Health Disorder and Substance Use Disorder Benefit Pre-Certification Required In accordance with the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), the cost sharing requirements, day or visit limits, and any Pre-certification requirements that apply to a Mental Health Disorder and Substance Use Disorder will be no more restrictive than those that apply to medical and surgical benefits for any other Covered Sickness.	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Outpatient Benefits		
Outpatient Surgery: Pre-Certification required		
Surgeon Services	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Anesthetist	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Assistant Surgeon	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred

Outpatient Surgery Facility and Miscellaneous expenses for services & supplies, such as cost of operating room, therapeutic services, oxygen, oxygen tent, and blood & plasma	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Physician's Office Visits	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Specialist/Consultant Physician Services	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Telemedicine or Telehealth Services	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Cardiac Rehabilitation	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Pulmonary Rehabilitation	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Rehabilitation Therapy including, Physical Therapy, and Occupational Therapy and Speech Therapy Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Habilitative Services including, Physical Therapy, and Occupational Therapy and Speech Therapy Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Emergency Services in an emergency department (includes Urgent Care for Emergency Medical Conditions)	\$100 Copayment per visit then the plan pays 80% of the Negotiated Charge for Covered Medical Expenses Deductible Waived Copayment waived if admitted	Paid the same as In-Network Provider subject to Usual and Customary Charge.
Urgent Care Centers for non-life-threatening conditions	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred

Diagnostic Imaging Services Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
CT Scan, MRI and/or PET Scans Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Laboratory Procedures (Outpatient)	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Chemotherapy and Radiation Therapy Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Infusion Therapy Pre-Certification Required only when administered in the home as part of home health care	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Home Health Care Expenses Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Hospice Care Coverage	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Maximum Social Services visits per lifetime	6 visits	6 visits
Maximum Bereavement visits per lifetime	2 visits	2 visits
Outpatient Private Duty Nursing Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred

OUTPATIENT MENTAL HEALTH DISORDER AND SUBSTANCE USE DISORDER		
<p>Mental Health Disorder and Substance Use Disorder Benefit Pre-Certification Required except for office visits</p> <p>Physician’s Office Visits including, but not limited to, physician visits; individual and group therapy; medication management</p> <p>All Other Outpatient Services including, but not limited to, Intensive Outpatient Programs (IOP); partial hospitalization; Electronic Convulsive Therapy (ECT); Repetitive Transcranial Magnetic Stimulation (rTMS); psychiatric and neuropsych testing</p> <p>In accordance with the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), the cost sharing requirements, day or visit limits, and any Pre-Certification requirements that apply to a Mental Health Disorder and Substance Use Disorder will be no more restrictive than those that apply to medical and surgical benefits for any other Covered Sickness.</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p> <p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>	<p>70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p> <p>70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>
<p>Prescription Drugs Retail Pharmacy No cost sharing applies to ACA Preventive Care medications filled at a participating network pharmacy or Student Health Center.</p> <p>You will be notified of any changes in prescription drug coverage and can access the preferred drug list at www.wellfleetstudent.com</p>		
<p>TIER 1 Generic (Including Enteral Formulas) For each fill up to a 30 day supply filled at a Retail pharmacy</p> <p>See the Enteral Formula and Nutritional Supplements section of this Schedule for supplements not purchased at a pharmacy.</p>	<p>\$20 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived</p>	<p>Not Covered</p>
<p>More than a 30 day supply but less than a 61 day supply filled at a Retail pharmacy</p>	<p>\$40 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived</p>	<p>Not Covered</p>

More than a 60 day supply filled at a Retail pharmacy	\$60 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	Not Covered
TIER 2 Preferred Drug (Including Enteral Formulas) For each fill up to a 30 day supply filled at a Retail pharmacy See the Enteral Formula and Nutritional Supplements section of this Schedule for supplements not purchased at a pharmacy.	\$40 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	Not Covered
More than a 30 day supply but less than a 61 day supply filled at a Retail pharmacy	\$80 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	Not Covered
More than a 60 day supply filled at a Retail pharmacy	\$120 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	Not Covered
TIER 3 Non-Preferred (Including Enteral Formulas) For each fill up to a 30 day supply filled at a Retail Pharmacy See the Enteral Formula and Nutritional Supplements section of this Schedule for supplements not purchased at a pharmacy.	\$60 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	Not Covered
More than a 30 day supply but less than a 61 day supply filled at a Retail pharmacy	\$120 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	Not Covered
More than a 60 day supply filled at a Retail pharmacy	\$180 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	Not Covered
Zero Cost Generics		
	100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	Not Covered
Specialty Prescription Drugs		
Specialty Prescription Drugs For each fill up to a 30 day supply	\$60 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	Not Covered

More than a 30 day supply but less than a 61 day supply filled at a Retail pharmacy	\$120 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	Not Covered
More than a 60 day supply	\$180 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	Not Covered
Orally administered anti-cancer prescription drugs (including specialty drugs)		
Benefit	Greater of: <ul style="list-style-type: none"> • Chemotherapy Benefit; or • Infusion Therapy Benefit 	
Diabetic Supplies (for Prescription supplies purchased at a pharmacy)		
Benefit	Paid the same as any other Retail Pharmacy Prescription Drug Fill	
Other Benefits		
Allergy Testing	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Allergy Injections/Treatment	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Emergency Ambulance Service ground and/or air, water transportation	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	Paid the same as In-Network Provider subject to Usual and Customary Charge
Non-Emergency Ambulance Service ground and/or air, water transportation	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Bariatric Surgery Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Covered Cancer Clinical Trials	Same as any other Covered Sickness	

Durable Medical Equipment Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Diabetic services and supplies (including equipment and training) Refer to the Prescription Drug provision for diabetic supplies covered under the Prescription Drug benefit.	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Dialysis Treatment	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Maternity Benefit	Same as any other Covered Sickness	
Enteral Formulas and Nutritional Supplements Treatment shall be at least \$2,500 during any continuous period of 12 months for any Insured Person. See the Prescription Drug section of this Schedule when purchased at a pharmacy.	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Prosthetic Devices Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Reconstructive Surgery Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred

<p>Pediatric Dental Care Benefit (to the end of the month in which the Insured Person turns age 21)</p> <p>Preventive Dental Care Limited to 2 dental exams every 12 months</p> <p>The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care:</p> <ul style="list-style-type: none"> Emergency Dental Routine Dental Care Endodontic Services Prosthodontic Services Periodontic Services Medically Necessary Orthodontic Care <p>Claim forms must be submitted to us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions.</p>	<p>See the Pediatric Dental Care Benefit description in the Certificate for further information.</p> <p>100% of Usual and Customary Charge</p> <p>50% of Usual and Customary Charge</p> <p>50% of Usual and Customary Charge</p> <p>50% of Usual and Customary Charge</p> <p>50% of Usual and Customary Charge</p> <p>50% of Usual and Customary Charge</p> <p>50% of Usual and Customary Charge</p>	
<p>Pediatric Vision Care Benefit (to the end of the month in which the Insured Person turns age 21)</p> <p>Limited to 1 visit(s) per Policy Year and 1 pair of prescribed lenses and frames or contact lenses (in lieu of eyeglasses) per Policy Year</p> <p>Claim forms must be submitted to us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions.</p>	<p>100% of Usual and Customary Charge for Covered Medical Expenses per benefit period per Policy Year</p>	
<p>Adult Vision Care (age 21 and older)</p> <p>Routine Eye Exam once every 12 months</p> <p>Claim forms must be submitted to us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions</p>	<p>100% of Usual and Customary Charge for Covered Medical Expenses</p>	
<p>Abortion Expense</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>	<p>70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred</p>
<p>Acupuncture Expense Benefit (Medically Necessary Treatment only)</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>70% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p>

	Deductible Waived if Student Health Center Referred	Deductible Waived if Student Health Center Referred
Acupuncture Expense Benefit Maximum visits per Policy Year.	Unlimited	Unlimited
Accidental Injury Dental Treatment	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Sickness Dental Expense	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Chiropractic Care Benefit Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Gender Affirmation Services Benefit Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Organ Transplant Surgery travel and lodging expenses a maximum of \$2,000 per Policy Year or \$250 per day, whichever is less while at the transplant facility. Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Shots and Injections unless considered Preventive Services	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Treatment for Temporomandibular Joint (TMJ) Disorders	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Tuberculosis screening, Titters, Quantiferon B tests including shots (other than covered under preventive services)	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred
Sports Accident Expense - incurred as the result of the play or practice of Intercollegiate or club sports	80% of the Negotiated Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred Intercollegiate, sports payable at 100% of the Negotiated Charge up to \$1,500 then 80% of the Negotiated Charge for Covered	70% of Usual and Customary Charge after Deductible for Covered Medical Expenses Deductible Waived if Student Health Center Referred Intercollegiate, sports payable at 100% of Usual and Customary Charge

	Medical Expenses combined maximum In-Network Provider and Out-of-Network Provider, then payable as any other injury.	up to \$1,500 then 70% of Usual and Customary Charge for Covered Medical Expenses combined maximum In-Network Provider and Out-of-Network Provider, then payable as any other injury.
Non-emergency Care While Traveling Outside of the United States	70% of Actual Charge after Deductible for Covered Medical Expenses	
Medical Evacuation Expense	100% of Actual Charge for Covered Medical Expenses Deductible Waived Subject to Unlimited maximum per Policy Year	
Repatriation Expense	100% of Actual Charge for Covered Medical Expenses Deductible Waived Subject to Unlimited maximum per Policy Year	
Mandated Benefits		
Athletic Trainer	Same as any other Physician	
Autism Spectrum Disorders for Children	Same as any other Covered Sickness	
Chemotherapy Treatment	Same as any other Covered Sickness	
Colorectal Cancer Screening for Insured Persons (50) years of age or older	Same as any other Preventive Service	
Contraceptive Services	Same as any other Preventive Service	
Craniofacial Disorders	Same as any other Covered Sickness	
Dental Coverage for Anesthesia and Hospitalization Benefit	Same as any other Covered Sickness	
Mammography Screening	Same as any other Preventive Service	
Midwife and Home Birth Coverage	Paid the same as any other Provider	
Naturopathic Physician	Same as any other Physician	
Prostate Screening	Same as any other Preventive Service	
Tobacco Cessation Medications	Same as any other Covered Sickness	

Exclusions and Limitations

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

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

1. **International Students Only** - Eligible expenses within Your Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which You could be eligible.
2. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by Your

- attending Physician or dentist.
3. Medical services rendered by a provider employed for or contracted with the Policyholder, including team physicians or trainers, except as specifically provided in the Schedule of Benefits.
 4. Professional services rendered by an Immediate Family Member or anyone who lives with You.
 5. Routine foot care, including the paring or removing of corns and calluses, or trimming of nails, unless these services are determined to be Medically Necessary because of Injury, infection or disease.
 6. Infertility treatment (male or female)-this includes but is not limited to:
 - Procreative counseling (except for the evaluation to determine if and why a couple is infertile)
 - Premarital examinations;
 - 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 embryos;
 - Ovulation induction and monitoring;
 - Artificial insemination;
 - Hysteroscopy;
 - Laparoscopy;
 - Laparotomy;
 - Ovulation predictor kits;
 - Reversal of tubal ligations;
 - Reversal of vasectomies
 - Costs for and relating to surrogate motherhood (maternity services are Covered for Members acting as surrogate mothers);
 - Cloning; or
 - Medical and surgical procedures that are experimental or investigational, unless Our denial is overturned by an External Appeal Agent.
 7. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
 8. 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.
 9. Any expenses in excess of Usual and Customary Charges except as provided in the Certificate.
 10. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
 11. 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.
 12. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
 13. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which You are required to pay.
 14. Services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
 15. Expenses paid under any prior policy which was in force for the person making the claim.
 16. 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.
 17. Elective Surgery or Elective Treatment unless such coverage is otherwise specifically covered under the Certificate.
 18. 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.

19. Treatment for obesity except surgery for morbid obesity (bariatric surgery). Surgery for removal of excess skin or fat.
20. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
21. Expenses for radial keratotomy.
22. Adult Vision unless specifically provided in the Certificate.
23. 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.
24. Charges for hearing exams, hearing screening, hearing aids and the fitting or repair or replacement of hearing aids or cochlear implants except as specifically provided in the Certificate.
25. Surgery or related services for cosmetic purposes to improve appearance, except to restore bodily function or correct deformity resulting from disease, or trauma.
26. Treatment to the teeth, including orthodontic braces and orthodontic appliances, unless otherwise covered under the Pediatric Dental Care Benefit.
27. You are:
 - committing or attempting to commit a felony,
 - engaged in an illegal occupation, or
 - participating in a riot.
28. Custodial Care service and supplies.
29. Braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.
30. Services of private duty Nurse except as provided in the Certificate.
31. Expenses that are not recommended and approved by a Physician.
32. 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.
33. Treatment of Acne unless Medically Necessary.
34. Experimental or Investigational drugs, devices, treatments or procedures unless otherwise covered under Covered Cancer Clinical Trials or covered under clinical trials (routine patient costs). See the Other Benefits section for more information.
35. Under the Prescription Drug Benefit shown in the Schedule of Benefits:
 - any drug or medicine which does not, by federal or state law, require a prescription order, i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided under Preventive Services or in the Prescription Drug Benefit section of the 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;
 - fertility drugs;
 - sexual enhancements drugs;
 - vitamins, and minerals, except as specifically provided under Preventive Services;
 - food supplements, dietary supplements; except as specifically provided in the Certificate;
 - cosmetic drugs or medicines, including but not limited to, products that improve the appearance of wrinkles or other skin blemishes;
 - refills in excess of the number specified or dispensed after 1 year of date of the prescription;
 - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
 - any drug or medicine purchased after coverage under the Certificate terminates;
 - any drug or medicine consumed or administered at the place where it is dispensed;
 - if the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
 - bulk chemicals;
 - non-insulin syringes, surgical supplies, durable medical equipment/medical devices, except as specifically provided in the Prescription Drug Benefit section of the Certificate;
 - repackaged products;
 - blood components except factors;
 - immunology products.
36. Non-chemical addictions.
37. Non-physical, occupational, speech therapies (art, dance, etc.).

38. Modifications made to dwellings.
39. General fitness, exercise programs.
40. Hypnosis.
41. Rolfing.
42. Biofeedback.

Third Party Refund

When:

1. You are injured through the negligent act or omission of another person (the "third party"); and
2. benefits are paid under the Certificate as a result of that Injury,

We are entitled to a refund by the Insured Person of all Certificate benefits paid as a result of the Injury.

The refund must be made to the extent that You receives payment for the Injury from the third party or that third party's insurance carrier. We may file a lien against that third-party payment. Reasonable pro rata charges, such as legal fees and court costs, may be deducted from the refund made to Us. You must complete and return the required forms to Us upon request.

Coordination of Benefits

The Coordination of Benefits ("COB") provision applies when a person has health care coverage under more than one Plan. Plan is defined below.

The order of benefit determination rules govern the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary plan. The Primary plan must pay benefits in accordance with its Certificate terms without regard to the possibility that another Plan may cover some expenses. The Plan that pays after the Primary plan is the Secondary plan. The Secondary plan may reduce the benefits it pays so that payments from all Plans does not exceed 100% of the total Allowable expense.

Right of Recovery

If the amount of payments made by Our Agent or Us is more than it should have paid under this COB provision, it may recover the excess from one or more of the persons it has paid or for whom it has paid, or any other person or organization that may be responsible for the benefits or services provided for the Insured Person. The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

Claim Procedures

In the event of either an Injury or a Sickness:

1. Report to a Physician, Hospital or the School's Student Health Services.
2. Written notice of a claim must be submitted to the address below within thirty (30) days after the date of Injury or commencement of Sickness covered by the Policy, or as soon thereafter as is reasonably possible.
3. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, Social Security number or student ID number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.

Bills should be received by the Company within ninety (90) days of service.

CIGNA
PO Box 188061
Chattanooga, TN 37422 – 8061
Electronic Payor ID: 62308

For information about the Wellfleet Rx/ESI Prescription Drug Program please visit www.wellfleetstudent.com.

Claim Appeal Process

A written appeal for a first level review, along with any additional information or comments, must be sent within 180 days after notice of an Adverse Determination. You do not have the right to attend, or have an authorized representative in attendance at the first level review. However, in preparing the appeal, You or Your authorized representative may:

- a. review all documents related to the claim and submit written comments and issues related to the denial; and
- b. submit written comments, documents, records or other materials related to the request for benefits for the reviewer(s) to consider.

We will provide You with the contact person who is coordinating the first level review within 3 days of the date of receipt of the grievance.

Please submit all **Claim Appeal** requests to:

Claims Administrator
Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115-5369
Toll Free (877) 657-5030, TYY 711
www.wellfleetstudent.com
Group Number: ST0951SH

This Student Health Insurance Plan is underwritten by:
Wellfleet Insurance Company
Fort Wayne, IN
As Policy form: VT SHIP CERT (2019)

For a copy of the Company's privacy notice you may go to:
<https://wellfleetinsurance.com/legalnotices/>
(Please indicate the school you attend with your written request)

Representations of the Plan must be approved by the Company.

This is not the Certificate. Rather, it is a brief description of the benefits and other provisions of the Certificate. The Certificate is governed by the laws and regulations of the state in which it is issued and is subject to any necessary State approvals. Any provisions of the Certificate, as described in this brochure, 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.

Value Added Services

The following are not affiliated with Wellfleet Insurance Company and the services are not part of the Plan Underwritten by Wellfleet 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.