

Beloit College
2023-2024 Student Health Plan
 Group No: ST0807SH
 Policy No: WI2324WISHIP18

Dear Students:

We are pleased to provide you with this summary of the Student Health Plan for Beloit College. This plan is fully compliant with the Affordable Care Act.

Who is Eligible to Enroll

All domestic and international students taking at least 1 unit of study and student athletes. Dependents are not eligible to enroll in this plan.

How Do I Enroll

Students are required to have insurance coverage. You are automatically enrolled in the insurance plan at the time of registration and the premium is added to your student account.

How Do I Waive Coverage

Domestic students can waive coverage by providing proof of other comparable medical insurance coverage. Go to website www.wellfleetstudent.com and complete the online waiver by the waiver deadline date below.

If you are an international student, you do not have the option to waive coverage in this plan.

Waive Period Deadline Dates

Annual/Fall	July 15, 2023
Spring/summer	January 15, 2024
Summer Only	May 15, 2024

Student Cost & Periods of Coverage*

	Annual 8/1/23 to 7/31/24	Fall 8/1/23 to 12/31/23	Spring 1/1/24 to 7/31/24	Summer 5/1/24 to 7/31/24
Student	\$2,153	\$900	\$1,253	\$542

*Rates include an administrative service fee

Where Can I Obtain more Information about the Plan?

Choose Not to Enroll in the Beloit College Plan	www.wellfleetstudent.com
Student Health Service	https://www.beloit.edu/wellness/services/
Insurance Benefits Claim Processing ID Cards	Wellfleet Group, LLC www.wellfleetstudent.com
Find Network Provider	Cigna www.cigna.com
Find Prescription Drug Provider	Wellfleet RX Pharmacy Network www.wellfleetrx.com

HEALTH INSURANCE BENEFIT SUMMARY FOR COVERED MEDICAL EXPENSES*

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

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Policy Year Deductible	\$150 Individual	\$300 Individual
Out-of-Pocket Maximum	\$6,350 Individual	No maximum
Coinsurance	80% of NC**	60% of U&C**
Preventive Care	100% of NC (Deductible Waived)	60% of U&C
Hospital Room & Board (Inpatient)	80% of NC	60% of U&C
Surgery (Inpatient or Outpatient)	80% of NC	60% of U&C
Physician Office Visit OR Consultant/Specialist	\$25 copay per visit then the plan pays 100% of NC, deductible waived	60% of U&C
Telemedicine or Telehealth Services	Same as Physician Office Visit Benefit	Same as Physician Office Visit Benefit
Emergency Services Expense (copay waived if admitted)	\$150 copay per visit then the plan pays 80% of NC	Paid the same as In-Network Provider subject to U&C
Urgent Care Centers or Facilities	\$75 copay per visit then the plan pays 80% of NC	\$75 copay per visit then the plan pays 80% of U&C
Imaging Services and Laboratory Procedures (Outpatient)	80% of NC	60% of U&C
Sports Accident Expense for Intercollegiate or Club Sports	80% of NC	60% of U&C
Outpatient Prescription Drugs (Non-Network benefits provided on reimbursement basis; copay per 30-day supply; copay per drug)	Generic: \$20 copay Preferred Brand: \$40 copay Non-Preferred Brand: \$40 copay Specialty: \$40 copay then plan pays 80% of NC; Deductible waived	Generic: \$20 copay Preferred Brand: \$40 copay Non-Preferred Brand: \$40 copay Specialty: \$40 copay then plan pays 80% of Actual Charge; after the Deductible

**NC= Negotiated Charge for Covered Medical Expenses

**U&C=Usual and Customary for Covered Medical Expenses

*This is only a brief description of the coverage(s) available under the Plan. The Certificate will contain the reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

Pre-certification is required for inpatient hospital, surgery and selected outpatient services. Pre-certification is not required for an Emergency Medical Condition or Urgent Care or Hospital Confinement for the initial 48/96 hours of maternity care.

The following Value-Added Services are not part of the Policy and are not underwritten by Wellfleet Insurance Company. The services are provided by independent vendors and are included if the student participates in the student health plan.

- Vision discount program through Davis Vision
- Medical travel assistance through Assist America
- 24-hour nurse line

Underwritten By:
Wellfleet Insurance Company.

Plan Administrator:
Wellfleet Group, LLC
P.O. Box 15369
Springfield, MA 01115
www.wellfleetstudent.com
(877) 657-5030

Servicing Agent:
Mike Farrell
Vizance
1300 S Green Bay Road
Racine, WI 53406
(262) 898-6608

These Exclusions and Limitations will vary by state. For a complete list of exclusions please refer to Your plan certificate.

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.

- Treatment, service or supply which is not Medically Necessary for the diagnosis, care or Treatment of the sickness or injury involved. This applies even if they are prescribed, recommended or approved by Your attending Physician or dentist.
- Medical services rendered by a provider employed for or contracted with the Policyholder, including team Physicians or trainers
- Professional services rendered by an Immediate Family Member or anyone who lives with You.
- Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services covered by Student Health Fees.
- Any expenses in excess of Usual and Customary Charges except as provided in the Certificate.
- Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which You are required to pay.
- Services that are duplicated when provided by both a certified Nurse midwife and a Physician.
- Expenses payable under any prior policy which was in force for the person making the claim.
- Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority.
- Injury sustained as the result of Your operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle Accident takes place.
- Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
- Expenses incurred after:
 - The date insurance terminates as to an Insured Person, except as specified in the extension of benefits provision; and
 - The end of the Policy Year specified in the Policy.
- Elective Surgery or Elective Treatment unless such coverage is otherwise specifically covered under the Certificate.
You are:
 - committing or attempting to commit a felony,
 - engaged in an illegal occupation, or
 - participating in a riot.
- Custodial Care service and supplies.
- Charges for hot or cold packs for personal use.
- Services of private duty Nurse except as provided in the Certificate.
- Expenses that are not recommended and approved by a Physician.
- Experimental or Investigative drugs, devices, Treatments or procedures unless otherwise covered under Covered Clinical Trials or covered under clinical trials (routine patient costs). See the Other Benefits section for more information.
- 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.
- 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.
- Non-chemical addictions.
- Non-physical, occupational, speech therapies (art, dance, etc.).
- Modifications made to dwellings.
- General fitness, exercise programs.
- Hypnosis.
- Roling.
- Biofeedback.
- Braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.
- Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
- Expenses for radial keratotomy.
- Treatment of Acne unless Medically Necessary.
- Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
- Surgery or related services for cosmetic purposes to improve appearance, except to restore bodily function or correct deformity resulting from disease, or trauma.

Prescription Drugs

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