

**University of the Incarnate Word**  
**Domestic Graduate and Domestic and International Health Professionals**  
**2023-2024 Student Health Plan**  
 Group No: ST0948SH  
 Policy No: WI2324TXSHIP212

Dear Students:

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

**Who is Eligible to Enroll**

All registered Domestic Graduate Students (Campus & Professional) and all registered Health Professional Students (Domestic & International) taking 6 or more credit hours are Required to have insurance coverage either through this Student Health Insurance plan or through another individual or family plan. Eligible students are automatically enrolled in this Student Health Insurance plan at registration and the premium is added to the student's tuition fees unless proof of comparable coverage is provided by completing a waiver. If a student successfully waives the Student Health Insurance Plan for the fall semester, their waiver will remain in effect for the spring semester. Students automatically enrolled in the fall semester will be enrolled for annual coverage, but the cost for the coverage will be charged in two payments, one in the fall and one in the spring.

Dependents of eligible students are also eligible to enroll on a voluntary basis at [www.wellfleetstudent.com](http://www.wellfleetstudent.com) and must be enrolled during each coverage term.

**How Do I Waive Coverage**

Domestic students can waive coverage by providing proof of other comparable medical insurance coverage. Go to [www.wellfleetstudent.com](http://www.wellfleetstudent.com) and complete the online waiver form by the waiver period deadline dates below. International students do not have the option to waive coverage.

**Waiver & Dependent Enrollment Period Deadline Dates**

Annual	September 2, 2023
New Students Spring	January 21, 2024

**HEALTH INSURANCE BENEFIT SUMMARY FOR COVERED MEDICAL EXPENSES\***

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

See Certificate For Details Of Pediatric Dental Coverage

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Policy Year Deductible	\$500 Individual	\$1,000 Individual
Out-of-Pocket Maximum	\$8,150 Individual \$16,300 Family	\$16,300 Individual
Coinsurance	75% of NC**	55% of U&C**
Preventive Care	100% of NC Deductible Waived	55% of U&C
Hospital Room & Board (Inpatient)	75% of NC	55% of U&C
Surgery (Inpatient or Outpatient)	75% of NC	55% of U&C
Physician's Office Visits	75% of the NC	55% of U&C
Emergency Care Services	\$500 copay per visit then the plan pays 75% of the NC; copayment waived if admitted	Paid the same as In-Network Provider subject to U&C
Urgent Care Expenses	\$25 copay per visit then the plan pays 75% of the NC	55% of U&C
Imaging Services & Laboratory Procedures (Outpatient)	75% of the NC	55% of U&C
Mental Health and Substance Abuse Disorder Benefit (Outpatient)	75% of the NC	55% of U&C
Outpatient Prescription Drugs (copay per 30-day supply and per drug; Non-Network benefits provided on a reimbursement basis)	Tier 1: \$20 copay Tier 2: \$50 copay Tier 3: \$75 copay Tier 4: \$75 copay then the plan pays 100% of the NC Deductible Waived	Tier 1: \$20 copay Tier 2: \$50 copay Tier 3: \$75 copay Tier 4: \$75 copay then the plan pays 55% of the Actual Charge after Deductible
Student Health Center Expense	\$10 copay per visit then plan pays 100% of covered medical expenses; Deductible waived	

\*\*NC= Negotiated Charge for Covered Medical Expenses

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

Preauthorization is required for inpatient hospital, surgery and selected outpatient services. Pre-Authorization is not required for an Emergency Medical Condition or for a Life-Threatening 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. The phone number can be found on the back of the Insured's ID card. The call should be made prior to Hospital Confinement, surgery or procedure. In the case of an emergency, the call should take place as soon as reasonably possible.

**Graduate/Medical/Professional Students and their dependents Cost & Periods of Coverage\***

	Annual 8/1/23 to 7/31/24	Fall 8/1/23 to 1/31/24	Returning Students Spring 2/1/24 to 7/31/24	New Students Spring 1/1/24 to 7/31/24
Student	\$5,224	\$2,608	\$2,616	\$3,016
Spouse	\$5,224	\$2,608	\$2,616	\$3,016
Each Child	\$5,224	\$2,608	\$2,616	\$3,016
3 or More Children	\$15,672	\$7,824	\$7,848	\$9,048

\*The above rates include an administrative fee. Dependent rates are in addition to student rates.

**Underwritten By:**  
Wellfleet Insurance Company.

**Plan Administrator:**  
Wellfleet Group, LLC  
P.O. Box 15369  
Springfield, MA 01115  
[www.Wellfleetstudent.com](http://www.Wellfleetstudent.com)  
(877) 657-5030

**Servicing Agent:**  
Paul Fisher  
Pinnacle Student Insurance  
2021 W State Hwy 46, Suite 101  
New Braunfels, TX 78132  
(877) 626-0360  
[Paul@psihealthplans.com](mailto:Paul@psihealthplans.com)

<b>Enroll Dependents</b> <b>Waive Coverage</b> <b>Insurance Benefits</b> <b>Claim Processing</b> <b>ID Cards</b>	<b>Wellfleet Group, LLC</b> <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a>
<b>Find Network Provider</b>	<b>Cigna PPO</b> <a href="http://www.cigna.com">www.cigna.com</a>
<b>Find Prescription Drug Provider</b>	<b>Wellfleet RX Pharmacy Network</b> <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a>

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 Travel Guard
- 24-hour nurse line through AHH

### Exclusions and Limitations

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

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

#### General Exclusions

- **International Students Only** - 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.
- 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 the Student Health Center or by Your attending Physician or dentist.
- Medical services rendered by a provider employed for or contracted with the Policyholder, including team Physicians or trainers, except as specifically provided in the Schedule of Benefits or as part of the Student Health Center benefits provided by this plan.
- Professional services rendered by an Immediate Family Member or anyone who lives with You. This exclusion does not apply to Dental services.
- 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 Rates 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.
- 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.
- Rolfing.
- Biofeedback.
- Charges incurred for acupuncture, in any form, except to the extent provided in the Schedule of Benefits.
- Sleep Disorders, except for the diagnosis and Treatment of obstructive sleep apnea.
- 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.

#### **Activities Related:**

- 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.
- Racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.

#### **Weight Management/Reduction**

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

#### **Family Planning:**

- Infertility Treatment (male or female)-this includes but is not limited to:
  - Procreative counseling;
  - 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 Investigative, unless Our denial is overturned by an External Appeal Agent.
- Elective abortions.

#### **Vision**

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

#### **Dental**

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

**Hearing**

- Charges for hearing exams, hearing screening, and the fitting or repair or replacement of hearing aids except as specifically provided in the Certificate.

**Cosmetic**

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

**Prescription Drugs**

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