

BENEFITS AT A GLANCE

ACCIDENT AND SICKNESS MEDICAL FIXED INDEMNITY PLAN | PLAN YEAR
2020/2021

DESIGNED EXCLUSIVELY FOR THE STUDENTS OF:

Alabama State University
Montgomery, AL
("the Policyholder")

UNDERWRITTEN BY:

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

ADMINISTERED BY:

Wellfleet Group, LLC.

Policy Number: WI2021ALIND05
Group Number: ST0785FI
Effective Date: August 15, 2020



WELLFLEET
STUDENT

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Welcome Students...

We are pleased to provide you with this summary of the 2020–2021 Fixed Indemnity Accident and Sickness Plan (“Plan”) being offered by Alabama State University. The Alabama State University Plan is an Accident and Sickness Fixed Indemnity Plan. This Plan provides limited coverage. This coverage is not a substitute for Comprehensive Health Insurance Coverage and does not qualify as Minimum Essential Health Coverage under the Affordable Care Act. This “Benefits at a Glance” includes effective dates and costs of coverage, as well as other helpful information. For additional details about the Plan, please consult the Plan Certificate and other materials at www.wellfleetstudent.com. For questions about medical benefits or claims, please call Wellfleet Student at (877) 657-5030, TTY 711.

Where to Find Help

For Questions About:	Please Contact:
<ul style="list-style-type: none"> • Claims Administrator • Insurance Benefits • Claims Processing • Eligibility • ID Cards 	<p>Wellfleet Group, LLC. PO Box 15369 Springfield, MA 01115-5369 (877) 657-5030, TTY 711 www.wellfleetstudent.com</p>
<p>Local Representative</p> <ul style="list-style-type: none"> • Enrollment • Eligibility 	<p>Parker Waller Agency 401 Cedar Street P.O. Box 249 Greenville, AL 36037-0584 334-488-5028 or www.studentplans@gmail.com</p>

Am I Eligible?

All Full time Domestic Undergraduate and Graduate students at Alabama State University are eligible for coverage under the Plan.

How Do I Enroll?

Eligible students are automatically enrolled in this Plan and the plan cost will be added to the student’s tuition unless a waiver is submitted. Any questions regarding enrollment can be directed to the Parker Waller Agency at 334-488-5028 or www.studentplans@gmail.com.

Your insurance becomes effective on the latest of the following:

1. The policy effective date;
2. The date you become eligible

Effective Dates & Costs

Effective and Termination Dates and Plan 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.				
	Annual 8/15/2020 – 8/14/2021	Fall 8/15/2020 – 12/31/20	Spring 1/01/2021 – 5/31/2021	Summer 06/01/21- 8/14/2021
Student	\$109	\$40	\$40	\$29

Accident/Sickness Fixed Indemnity Plan

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS	
Principal Sum	\$5,000
Loss must occur within	365 days of the covered accident
SCHEDULE OF COVERED LOSSES	
Covered Loss	Benefit
Loss of Life	Principal Sum
Loss of Both Hands or Both Feet	Principal Sum
Loss of One Hand and One Foot	Principal Sum
Loss of Sight of Both Eyes	Principal Sum
Loss of One Hand or foot and Sight of One Eye	50% of Principal Sum
Loss of One Hand or One Foot	50% of Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of Principal Sum
Loss of all Four Fingers of the Same Hand	50% of Principal Sum
Loss of all the Toes of the Same Foot	50% of Principal Sum
Loss of Thumb	25% of Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Loss of Speech and Hearing (in both ears)	Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing in one or both ears	50% of the Principal Sum

ACCIDENT AND SICKNESS MEDICAL INDEMNITY BENEFITS	
<p>Any benefit limits for <i>Accident and Sickness Medical Indemnity Benefits</i> apply, unless otherwise specified, on a per covered accident or sickness basis. A covered injury must result directly and independently of disease, sickness or bodily infirmity from a covered accident occurring while insured under the certificate.</p> <p>Covered Expenses for which benefits are payable are outlined below.</p>	
SCOPE OF COVERAGE APPLICABLE TO ACCIDENT and SICKNESS MEDICAL INDEMNITY BENEFITS	
ACCIDENT AND SICKNESS MEDICAL INDEMNITY BENEFITS	
Covered Expenses	Coverage and Other Limits per Policy Term
Inpatient Hospital Services	
Hospital Stay Daily Income Benefit	\$350 per day
Maximum Number of Days per Inpatient hospital stay	20 days
Outpatient Facilities	
Ambulatory Medical or Surgical Center Benefit, including operating room	\$250 per visit
Maximum Number of Visits	1
Emergency Room Benefit	\$500 per visit
Maximum Number of Visits	2

Physician Services	
Surgery Benefit	\$500 per surgery
Maximum Number of Surgeries	4
Urgent Care Benefit	\$50 per visit
Maximum Number of Visits	6
Anesthesia and its Administration Benefit	\$500
Maximum Number of Events	4
In-Hospital or Office Visits Benefit	\$75 per visit
Maximum Number of Visits	6
Student Health Center Visit Benefit	\$75 per visit
Maximum Number of Visits	6
Outpatient X-ray, CT Scan, MRI and Laboratory Tests	
Outpatient X-Rays, CT Scans & MRIs Benefit	\$300 per procedure
Maximum Number of Procedures	6
Outpatient Laboratory Tests Benefit	\$100 per test
Maximum Number of Tests	6
Outpatient Services and Supplies	
Outpatient Physical Therapy Benefit	\$50 per visit
Maximum Number of physical therapy Visits	6
Outpatient Occupational and Speech Therapy Benefit	\$50 per visit
Maximum Number of Occupational and Speech Therapy visits combined	6
Ambulance Services Benefit	
Ground Ambulance Benefit	\$300 per trip
Air/Water Ambulance Benefit	\$300 per trip
Maximum Number of Trips	1
Prescription Drugs Benefit	\$20
Maximum Number of Scripts	10
Other benefits	
Hospital Discharge Benefit	
Per day of inpatient confinement	\$1,500
Maximum Benefit	\$1,500
Maximum Number of Discharges	2
Wellness Care Visits Benefit	
Annual Physical	\$75 per visit
Maximum Number of Visits	1

General Exclusions

In addition to any benefit-specific exclusion, benefits will not be paid for any **covered injury, sickness, covered loss or covered expense** which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the certificate:

1. Any service, treatment or supply that is not considered **medically necessary** as defined in the **certificate**.
2. Expenses **incurred** after the date insurance terminates as to a **covered person**, except as specified in the extension of benefits provision; and the end of the **policy term**, even if **incurred** for continuing services or treatment of a **covered injury or sickness**.
3. Benefits provided by a Government plan (except Medicaid and other public assistance plans).
4. Injuries compensable under Workers' Compensation law or any similar law.

5. Care or treatment of injury resulting from a motor vehicle accident.
6. Sojourns or **Personal** deviations are not covered.
7. Declared or undeclared **war** or act of **war**.
8. Commission or attempt to commit a felony or an assault.
9. Commission of or active participation in a riot or insurrection.
10. Treatment of a **pre-existing condition** as defined herein.
11. Aggravation, during a **covered activity**, of an injury the **covered person** suffered before participating in that **covered activity**, unless **we** receive a written medical release from the **covered person's physician**.
12. Practice or play in any sports activity, including travel to and from the activity and practice except as specifically listed in the Schedule of Benefits.
13. Flight in, boarding or alighting from an aircraft Or any craft designed to fly above the Earth's surface, except as:
 - a. A fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. A passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight;
 - c. An ultra-light or glider;
 - d. A passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
14. Travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle.
15. An **accident** if the **covered person** is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) The **covered person** holds a valid learner's permit and (b) The **covered person** is receiving instruction from a Driver's Education Instructor.
16. Travel or activity outside the contiguous United States, Alaska, Hawaii and the territories and possessions of the United States, Canada or Mexico.
17. **Voluntary** ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a **physician** and taken in accordance with the prescribed dosage.
18. An **accident** that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon **Our** receipt of proof of service, **we** will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
19. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
20. Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses.
21. Hearing examinations or hearing aids, or purchase, repair or replacement of.
22. Wheelchairs, braces, appliances, orthopedic braces, or orthotic devices.
23. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the **covered person** has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the **covered accident** occurred.
24. Rest cures, long-term care or custodial care.
25. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
 - a. Cosmetic surgery resulting from a **covered accident**, if the **covered person's** initial treatment had begun within 90 days of the date of the **covered accident**;
 - b. Reconstruction incidental to or following surgery resulting from a **covered accident** or **sickness**.
26. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) Are deemed to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
27. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
28. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
29. Treatment or services provided by the **covered person's immediate family**.
30. Personal services, or comfort/convenience items such as television and telephone or transportation.
31. Orthopedic appliances used mainly to protect an injury.
32. Expenses payable by any automobile insurance **policy** without regard to fault.
33. Services or treatment provided by an infirmary operated by the **policyholder**.
34. Treatment or service provided by a private duty **nurse**.

35. Charges for hot or cold packs.
36. Custodial Care service and supplies.
36. Expenses that are not recommended and approved by a **physician**.
37. Repair or replacement of existing artificial limbs, eyes and larynx, unless damaged or destroyed in a **covered accident**.
38. Participation in any sports activity not specifically authorized, sponsored and supervised by the **policyholder**, whether or not it takes place on **policyholder** premises or during normal **school** hours, including but not limited to snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles (or any other activity to be excluded).
39. Any expenses in excess of **usual and reasonable charges** except as provided in the **certificate**.
40. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
41. Racing or speed contests, skin diving, or sky diving, mountaineering (where ropes or guides are customarily used), 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.
42. Non-physical, occupational, speech therapies (art, dance, etc.).
43. Modifications made to dwellings.
44. General fitness, exercise programs.
45. Hypnosis.
46. Rolfing.
47. Biofeedback.
48. Acupuncture charges.
49. Chiropractic care or spinal manipulation charges.
50. Care or treatment of allergies, including allergy testing.
51. Diagnosis and care or treatment of acne.

Claims Administrator Wellfleet Group, LLC

PO Box 15369 Springfield, MA 01115-5369

Toll Free (877) 657-5030

www.wellfleetstudent.com

Group Number:

Accident/Sickness Fixed Indemnity Plan: ST0785FI

This Student Health Insurance Plan is underwritten by:

Wellfleet Insurance Company

Fort Wayne, IN

As Policy form:

Accident/Sickness Fixed Indemnity Plan: AL FIXIND 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)

Or

Request one from your School

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 Certificates. The Certificates are governed by the laws and regulations of the state in which they are issued and are subject to any necessary State approvals. Any provisions of the Certificates, 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.