

HOPE COLLEGE
2022-2023 Hope College Student Health Plan (SHIP)

Group No: ST2206SH
 Policy No: WI2223MISHIP203

Dear Students:

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

Who Is Eligible To Enroll?

All full-time, degree seeking undergraduate students who are registered in 12 or more credit hours are automatically enrolled in this Insurance Plan at registration and the premium for coverage is added to their tuition billing for the Student Insurance Plan unless proof of comparable coverage is furnished.

How Do I Waive Coverage or Confirm Enrollment?

All eligible students will be required to go to:

1. www.studentinsurance.com/Client/2206
2. Select the Enroll or Waive Option.
3. All first-time users must first "Create a New Account".
4. Once logged into your account, you will be able to select enroll or waive.
5. Complete all required information associated with your choice.
6. You will receive an email confirmation from Wellfleet. Please keep this information for your records.

Students who would like to waive the Hope College SHIP need to have their current insurance information available to provide proof of comparable insurance coverage.

Waiver Period Deadline Dates

Annual/Fall	September 30, 2022
Spring/Summer	February 15, 2023

Cost and Periods of Coverage*

	Annual 8/1/2022 to 7/31/2023	Spring 1/1/2023 to 7/31/2023
Student	\$1,646	\$956
Spouse	\$1,646	\$956
Each Child	\$1,646	\$956

*The above rates include an administrative fee.

Dependent rates are in addition to the student rate.

Where Can I Obtain More Information About The Plan?

Enroll Dependents	www.wellfleetstudent.com
Waive Coverage	www.wellfleetstudent.com
Insurance Benefits Claim Processing ID Cards	Wellfleet Group, LLC www.wellfleetstudent.com
Find Network Provider	Cofinity PPO Network www.wellfleetstudent.com
Find Prescription Drug Provider	Wellfleet Rx Pharmacy Network www.wellfleetrx.com

Underwritten By:
Wellfleet Insurance Company

Plan Administrator:
Wellfleet Group LLC
P.O. Box 15369
Springfield, MA 01115-5369
www.wellfleetstudent.com
(877) 657-5030

Servicing Agent:
GDK & Company - Rodney Strata Jr.
5771 Mayfair Road
North Canton OH 44720

HEALTH INSURANCE BENEFIT SUMMARY*

BENEFIT	NETWORK	NON-NETWORK
Policy Year Deductible Individual	\$250	\$600
Out-of-Pocket Maximum Individual	\$5,000	\$10,000
Family	\$10,000	No Max
Coinsurance	80%	60%
Preventive Services	100% of NC	Not Covered
Hospital Room & Board (Inpatient)**	80% of NC after deductible for covered medical expenses	60% of U&C after deductible for covered medical expenses
Surgery (Inpatient or Outpatient)	80% of NC after deductible for covered medical expenses	60% of U&C after deductible for covered medical expenses
Physician Visit including Consultants/Specialist/Telemedicine	\$25 copay Deductible Waived	60% of U&C after deductible for covered medical expenses
Emergency Services Expense Deductible Waived Copayment waived if admitted	\$150 copay then 100%	\$150 copay then 100%
Urgent Care Centers for non-life-threatening conditions Deductible Waived	\$50 copay then 100%	\$50 copay then 100%
Diagnostic X-ray & Laboratory	80% of NC after deductible for covered medical expenses	60% of U&C after deductible for covered medical expenses
Outpatient Prescription Drugs Deductible Waived	Tier 1: \$25 Tier 2: \$45 Tier 3: \$60 Specialty: \$60	Not Covered

**NC= Negotiated Charge for Covered Medical Expenses

**U&C=Usual and Customary Charge 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 Travel Guard
- 24-hour nurse line
- 24/7 Behavioral Health Hotline/Care Connect

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.
- Rolfing.
- 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.