

# BENEFITS AT A GLANCE

STUDENT HEALTH INSURANCE PLAN | PLAN YEAR 2022/2023

DESIGNED EXCLUSIVELY FOR THE STUDENTS OF:

**GONZAGA UNIVERSITY -  
INTERNATIONAL STUDENTS**

Spokane, Washington

**UNDERWRITTEN BY:**

Crum & Forster, SPC

If any discrepancy exists between this brochure and the Policy, the Policy will govern.

Fall Policy Number: TBD

Fall Effective: 8/15/2022 – 8/14/2023

Spring Policy Number: TBD

Spring Effective: 1/1/2023 – 12/31/2023

Summer Policy Number: TBD

Summer Effective: 5/16/2023 – 5/15/2024

Group Number: TBD

**ADMINISTERED BY:**

Wellfleet Group, LLC

## Welcome Students...

We are pleased to provide you with this summary of the 2022 – 2023 Student Health Insurance Plan (“Plan”), “Benefits at a Glance” includes effective dates and costs of coverage, as well as other helpful information.

## Important Contact Information & Resources



### Contact Us

**University Health Plans**  
15 Pacella Park Drive, Suite 130  
Randolph, MA 02368  
[www.universityhealthplans.com](http://www.universityhealthplans.com)  
(800) 437-6448

### Plan Administration

**Enrollment, Eligibility, & Waivers  
Servicing Agent**  
University Health Plans  
15 Pacella Park Drive, Suite 130  
Randolph, MA 02368  
[www.universityhealthplans.com](http://www.universityhealthplans.com)  
(800) 437-6448

### Benefits, Claim Status, & ID Cards

Wellfleet Group, LLC  
PO Box 15369  
Springfield, Massachusetts 01115-5369  
**(877) 657-5030, TTY 711**  
[www.wellfleetstudent.com](http://www.wellfleetstudent.com)  
Monday–Thursday, 8:30 a.m. to 7:00 p.m.  
Eastern Time  
Friday, 9:00 a.m. to 5:00 p.m.  
Eastern Time



### PPO Network



MultiPlan  
[www.multiplan.com](http://www.multiplan.com)



### Pharmacy Benefits Manager

For information about the Wellfleet Rx/ESI Prescription Drug Program, please visit [www.wellfleetstudent.com](http://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 formulary to see if these medications are right for you. Click here <http://wellfleetrx.com/students/formularies/> for more information.

### Member Pharmacy Help

**(877) 640-7940**

## Table of Contents

<b>Welcome Students</b> .....	<b>2</b>
<b>Important Contact &amp; Resources</b> .....	<b>3</b>
General Information .....	5
Am I Eligible? .....	5
How Do I Enroll My Dependents? .....	5
Effective Dates & Costs.....	6
<b>Plan Benefits</b> .....	<b>6</b>
<b>Exclusions and Limitations</b> .....	<b>9</b>

# General Information

## Am I Eligible

### International Students

All International Students (Plan Participants) of Gonzaga University will be automatically enrolled in this Student Health Insurance Plan and billed the plan costs for the Student Health Insurance Plan. Eligible students do not have the option to waive coverage.

### Dependents

Students who are enrolled in this Student Health Plan may also enroll their eligible Dependents.

## How Do I Enroll My Dependents?

- Go to [www.universityhealthplans.com/gonzaga](http://www.universityhealthplans.com/gonzaga)
- Click the “Enroll” tab and proceed as directed to enroll in and purchase the student health insurance plan.

**Refer to the dates in the Effective Date & Costs section for the deadline dates to purchase dependent coverage.**

## 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	Dependent Enrollment Deadline Date
Fall Annual	08/15/2022	08/14/2023	09/30/2022
Spring Annual	01/01/2023	12/31/2023	02/28/2023
Summer Annual	05/16/2023	05/15/2024	06/30/2023

### Plan Costs for Students and their Dependents

	Fall Annual	Spring Annual	Summer Annual
Student*	\$1,377	\$1,377	\$1,377
Spouse*	\$1,377	\$1,377	\$1,377
Each Child*	\$1,377	\$1,377	\$1,377
3 or more Children*	\$4,131	\$4,131	\$4,131

\*The above plan costs include an administrative service fee.  
The plan costs for Dependents are in addition to the plan costs for student.

## Plan Benefits

### NOTES:

- We do not pay benefits for the amount of Eligible Expenses paid by You as Your Coinsurance or Co-pay amount.
- Eligible Expenses will be paid under the Inpatient benefits for Surgery and under the Outpatient benefits for Surgery, but not both for the same or related procedure.

BENEFIT	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Policy Maximum for all Injury and Sickness Medical Expenses	\$500,000	
Policy Term Deductible Per Individual	\$100	\$200
Initial Treatment Period	30 Days from the date of Injury or Sickness	
Out-of-Pocket Maximum Per Policy Term:		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance	100% of the Preferred Allowance	80% of Usual, Reasonable & Customary (URC) Charges

## Schedule of Benefits

UNLESS OTHERWISE SPECIFIED BELOW, THE POLICY TERM DEDUCTIBLE WILL ALWAYS APPLY

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK	OUT-OF-NETWORK
Hospital Room & Board Benefit	100% of the Preferred Allowance	80% of URC
Intensive Care/Cardiac Care Unit Benefit	100% of the Preferred Allowance	80% of URC
Hospital Miscellaneous Expense Benefit	100% of the Preferred Allowance, subject to a \$50 copay per Confinement	80% of URC
Surgeon (In or Outpatient) Benefits	100% of the Preferred Allowance	80% of URC
Assistant Surgeon Benefit	100% of the Preferred Allowance	80% of URC
Pre-Admission Testing Benefit	100% of the Preferred Allowance	80% of URC
Anesthesia Benefit	100% of the Preferred Allowance	80% of URC
Day Surgery Miscellaneous Benefit	100% of the Preferred Allowance	80% of URC
Diagnostic X-Ray and Lab Benefit	100% of the Preferred Allowance	80% of URC
Ambulance Benefit	100% of the Preferred Allowance	80% of Actual Charges
Physician Visit Benefit (Inpatient)	100% of the Preferred Allowance	80% of URC
Physician Visit Benefit (Outpatient)	100% of the Preferred Allowance, subject to a \$10 copay per visit	80% of URC
Consultant Physician Benefit	100% of the Preferred Allowance, subject to a \$10 copay per visit	80% of URC
Radiation/Chemotherapy Benefit	100% of the Preferred Allowance	80% of URC
Emergency Room Benefit	100% of the Preferred Allowance, subject to a \$50 copay per visit	80% of URC, subject to a \$50 deductible per visit
Wellness Medical Benefit (Up to a maximum of \$2,500 per Policy Term)	100% of the Preferred Allowance	80% of URC
Maternity and Pre-Natal Care Expense Benefit <i>(Conception must occur while covered under the Policy)</i>	100% of the Preferred Allowance	80% of URC
<b>MENTAL &amp; NERVOUS CONDITIONS EXPENSE BENEFIT AND ALCOHOL &amp; DRUG ABUSE EXPENSE BENEFIT</b>		
In-Patient Expense (Up to 30 days maximum per Policy Term)	100% of the Preferred Allowance	80% of URC
Out-Patient Expense	100% of the Preferred Allowance, subject to a \$10 copay per visit	80% of URC

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK	OUT-OF-NETWORK
<b>Emergency Dental Expense Benefit (Up to \$500 maximum per Policy Term)</b>	100% of the Preferred Allowance	100% of URC
<b>Physiotherapy Expense Benefit – Inpatient</b>	100% of the Preferred Allowance	80% of URC
<b>Physiotherapy Expense Benefit – Outpatient</b>	100% of the Preferred Allowance, subject to a \$10 co-pay per visit	80% of URC
<b>Durable Medical Equipment Expense Benefit</b>	100% of the Preferred Allowance	80% of URC
<b>Skilled Nursing Facility Benefit (Up to 50 days maximum per Policy Term)</b>	100% of the Preferred Allowance	80% of URC
<b>Emergency Medical Evacuation Expense Benefit</b>	100% of actual expense, up to \$50,000 Deductible Waived	
<b>Emergency Medical Repatriation Expense Benefit</b>	100% of actual expense, up to \$50,000 Deductible Waived	
<b>Return of Mortal Remains Expense Benefit</b>	100% of actual expense, up to \$50,000 Deductible Waived	
<b>Family Assistance Benefit</b>	100% of actual expense, up to \$5,000 for room & board and round trip economy air fare Deductible Waived	
<b>PRESCRIPTION DRUG EXPENSE BENEFIT</b>		
Co-payment Generic:	\$10 per prescription based on a 30-day supply per prescription.  Deductible Waived	\$10 per prescription based on a 30-day supply per prescription.
Co-payment Brand Name Preferred:	\$20 per prescription based on a 30-day supply per prescription.  Deductible Waived	\$20 per prescription based on a 30-day supply per prescription.
Co-payment Brand Name Non-Preferred:	\$40 per prescription based on a 30-day supply per prescription.  Deductible Waived	\$40 per prescription based on a 30-day supply per prescription.
Contraceptive Drugs	Covered per co-payments above	
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>		
Principal Sum	\$10,000	
Aggregate Limit	\$1,000,000	
Loss must occur within 365 days of the date of a covered Accident.		
Only one benefit will be payable under this provision, that providing the largest benefit, when more than one (1) loss occurs as the result of any one (1) Accident. This benefit is payable in addition to any other benefits payable under this Certificate.		



## Exclusions and Limitations

The Policy does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits:

- 1) Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
- 2) War or any act of war, declared or undeclared, any Terroristic Act;
- 3) Any Covered Loss which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
- 4) Any Covered Loss sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
- 5) Voluntary, active participation in a riot or insurrection;
- 6) Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
- 7) Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges;
- 8) For any Covered Losses resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
- 9) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
- 10) Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Policy;
- 11) Treatment of acne;
- 12) Charges which are in excess of Usual, Reasonable and Customary charges;
- 13) Charges that are not Medically Necessary;
- 14) Charges provided at no cost to the Plan Participant;
- 15) Expenses incurred for treatment while in Your Home Country;
- 16) Expenses incurred for an Accident or Injury or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
- 17) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health; **unless specifically covered by this Policy**
- 18) Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Plan Participant;
- 19) Duplicate services actually provided by both a certified nurse midwife and Physician;
- 20) Any Covered Loss paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Policyholder;
- 21) Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
- 22) Aggravation or re-injury of a prior Injury that the Plan Participant suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Plan Participant's Physician;

- 23) Pre-existing conditions in excess of \$2,500; however a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for 3 months under the same Participating Organization ;
- 24) Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident;
- 25) Elective abortion; elective cesarean section; or any complications of any of these conditions;
- 26) Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
- 27) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
- 28) Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofacial pain;
- 29) Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident or emergency pain relief treatment to natural teeth while the Plan Participant is covered under the Policy, and rendered within 6 months of the Accident; unless specifically covered by this Policy;
- 30) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore; unless specifically covered by this Policy
- 31) Weak, strained or flat feet, corns, calluses, or toenails;
- 32) Private-duty nursing services;
- 33) The cost of the Plan Participant's unused airline ticket for the transportation back to the Plan Participant's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided;
- 34) Expenses payable under any prior policy which was in force for the person making the claim;
- 35) Expenses incurred during a Hospital emergency room visit which is not of an emergency nature;
- 36) For the cost of a one way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided and medically necessary;
- 37) Treatment paid for or furnished under any other individual or group policy, or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
- 38) Travel in or upon:
  - a) A snowmobile;
  - b) A water jet ski
  - c) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
  - d) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
 when used for recreation competition.
- 39) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; scuba diving, involving underwater breathing apparatus; **solo diving** snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snow boarding.
- 40) Practice or play in any amateur, club, intramural interscholastic, intercollegiate, professional or semiprofessional sports contest or competition;
- 41) Rest cures or custodial care;
- 42) Treatment of Mental and Nervous Disorders except for initial diagnosis up to \$500;

- 43) Weight reduction programs or surgical treatment of obesity treatment of venereal disease;
- 44) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
- 45) Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
- 46) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
  - a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
  - b) While being used for any test or experimental purpose; or
  - c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
  - d) While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Plan Participant or any member of his household.
  - e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
  - f) An ultra light, hang-gliding, parachuting or bungi-cord jumping;Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
- 47) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
- 48) Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction.
- 49) Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome in excess of a lifetime maximum of \$7,500.