

Dear Students:

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

Who Is Eligible?

All registered full-time students are required to have health insurance coverage, either through this Student Health Insurance Plan (SHIP) or through another individual or family plan.

How to Confirm Enrollment and/or Waive?

All registered full-time students will need to confirm enrollment or waive the Maine College of Art & Design SHIP. Eligible students will be required go to: <https://www.studentinsurance.com/Client/1507> by the deadline to make their selection. Students who would like to waive the Maine College of Art & Design SHIP need to have their current insurance information available to provide proof of comparable insurance coverage. **The fall waiver deadline is September 10, 2023, or the spring (new students only) waiver deadline is January 28, 2024.**

Cost and Periods of Coverage

	Annual 9/1/2023 – 8/31/2024	Spring (New Students) 1/1/2024 - 8/31/2024
Student	\$2,880	\$1,935

*The above rates include an administrative service fee.

Where Can I Obtain More Information About The Plan?

Insurance Benefits Eligibility	Cross Insurance 150 Mill Street, Suite 4 Lewiston, ME 04240 1-800-537-6444 https://www.crossagency.com/college-health/maine-college-of-art-2023-2024/
Insurance Benefits Benefits at a Glance Policy Certificate Claim Processing ID Cards	 www.wellfleetstudent.com
Waiver Process	https://www.studentinsurance.com/Client/1507
Find Network PPO Provider	Cigna PPO Choice Fund https://www.cigna.com/hcpdirectory/
Prescription Drug Provider	Wellfleet RX/ESI www.wellfleetrx.com <i>This plan includes Wellfleet RX – offering over 40 generics at a \$0 copay. Please ask your healthcare provider to review our formulary to see if these medications are right for you. For more information:</i> http://wellfleetrx.com/students/formularies

HEALTH INSURANCE BENEFIT SUMMARY*

Deductible always applies unless otherwise indicated

BENEFIT	In-Network Provider	Out-of-Network Provider
Policy Year Deductible	\$100	\$100
Out-of-Pocket Maximum	\$7,900	\$15,800
Coinsurance	80% of NC	60% of U&C
Preventive Care	100% of NC (deductible waived)	80% 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 including Specialist and/or Consultants	\$30 copayment then 100% of NC (deductible waived)	80% of U&C
Mental Health and Substance Abuse office visits or Therapy	\$30 copayment then 100% of NC (deductible waived)	80% of U&C
Telemedicine or Telehealth Services	\$30 copay per visit, then 100% of NC (deductible waived)	80% of U&C
Urgent Care Centers or Facilities	\$30 copayment then 100% of NC (deductible waived)	80% of U&C
Emergency Services Expense	80% of NC	Paid the same as In-Network Provider subject to U&C
Diagnostic X-ray & Laboratory	80% of NC	60% of U&C
Prescription Drugs Retail Pharmacy Up to 30-day supply	100% after copay: Tier 1 - \$15 Tier 2 - \$45 Tier 3 - \$75 Specialty drug - \$75 (deductible waived)	Not Covered

NC = Negotiated Charge

U&C=Usual and Customary

*This is only a brief description of the coverage(s) available under Certificate form ME SHIP Cert (2023). The Certificate will contain 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 Services Care, selected outpatient services and Outpatient Surgery. 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. Additionally, no authorization requirement will apply to obstetrical or gynecological care provided by In-Network Providers.

Underwritten By:
Wellfleet Insurance Company

Plan Administrator:
Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115
www.wellfleetstudent.com
1-877-657-5030

Servicing Agent:
Cross Insurance
150 Mill Street, Suite 4
Lewiston, ME 04240
800-537-6444
www.crossagency.com



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 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.
- 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. 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 (such as art, dance, drama, horticulture, music, writing, etc.).
- Modifications made to dwellings.
- General fitness, exercise programs.
- Hypnosis.
- Rolfing.
- Biofeedback.
- Sleep Disorders, except for a sleep study performed in the Insured Person's home, 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.
- Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate or club sports for which benefits are paid under another Sports Accident policy issued to the Policyholder; or for which coverage is provided by the National Collegiate Athletic Association (NCAA), National Association of Intercollegiate Athletic (NAIA) or any other sports association in excess of \$1,000.00 per Intercollegiate or club sports Accident.
- 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).

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 [except surgery for morbid obesity (bariatric surgery)]. 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 Insured Persons 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.

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.
- Extraction of impacted wisdom teeth or dental abscesses.
- Services and treatment resulting from Your failure to comply with professionally prescribed treatment.
- Any charges for failure to keep a scheduled appointment.
- Any service charges for personalization or characterization of prosthetic dental appliances.
- Office infection control charges.
- Duplicate, provisional, and temporary devices, appliances, and services.
- Plaque control programs, oral hygiene instruction, and dietary instructions.
- Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.
- Gold foil restorations.
- Charges by the provider for completing dental forms.
- Adjustment of a denture or bridgework which is made within 6 months after installation by the same Dentist who installed it.
- Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss, and teeth whiteners.

- Sealants for teeth other than permanent molars.
- Precision attachments, personalization, precious metal bases and other specialized techniques.
- Replacement of dentures that have been lost, stolen or misplaced.
- Medically Necessary orthodontic services provided to a Covered Person who has not met any applicable waiting period requirement.
- Repair of damaged orthodontic appliances.
- Replacement of lost or missing appliances.
- Fabrication of athletic mouth guard.
- Internal bleaching.
- Nitrous oxide.
- Oral sedation.
- Topical medicament center.
- Bone grafts when done in connection with extractions, apicoectomies or non-covered/non eligible implants.
- Treatment and periodically adjusted).
- Removable appliance therapy; and
- Orthodontic retention (removal of appliances, construction, and placement of retainers).

Hearing

- Charges for hearing exams, hearing screening, 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.
- Prescription digital therapeutics.
- 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.
- Fertility drugs.
- Sexual enhancements drugs.
- Vision correction products.

The following Value-added services are not part of the Certificate and are not underwritten by Wellfleet Insurance Company. These services are provided by Independent vendors and are available to all students who participates in the Maine College of Art & Design Student Health Insurance Plan:

- ***Vision discount program through Davis Vision.***
- ***Emergency Medical and Travel Assistance Services provided by Travel Guard.***
- ***24-hour nurse hotline 800-634-7629***
- ***24/7 Behavioral Telehealth and Nurseline Access with CareConnect 888-857-5462***

