

Dear Students:  
 We are pleased to provide you with this summary of the Student Health Benefit Plan for Kenyon College. This plan is fully compliant with the Affordable Care Act.

**Who Is Eligible To Enroll?**

All full-time students enrolled at Kenyon College are eligible for and included in the Student Health Benefits Plan unless coverage has been specifically waived.

**How Do I Waive?**

How Do I Waive/Enroll?

1. Go to [www.wellfleetstudent.com](http://www.wellfleetstudent.com) and search for your school.
2. Create an account by following the instructions on the website.
3. Enter your waiver information and submit.
4. Print or write down your confirmation number. Receipt of this number only confirms submission, not acceptance, of your waiver.

**Waiver Period Deadline Dates**

Annual/Fall	8/15/2023
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**Cost and Periods of Coverage\***

	Annual 8/15/2023-8/14/2024	Spring 1/16/2024-8/14/2024
Student	\$2,133	\$1,236

\*The above rates include an administrative fee.

**Where Can I Obtain More Information About The Plan?**

Waive Coverage	Wellfleet Group <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a>
Health Benefits Claim Processing ID Cards	Wellfleet Group <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a>
Find Prescription Drug Provider	Wellfleet Rx/ESI <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a>

**HEALTH INSURANCE BENEFIT SUMMARY\***

BENEFIT	NETWORK	NON-NETWORK
Policy Year Deductible Individual	\$250	
Out-of-Pocket Maximum Individual	\$6,825	
Coinsurance	80% of NC	70% of U&C
Preventive Services	100% of NC Deductible Waived	70% of U&C
Hospital Room & Board (Inpatient)**	80% of NC	70% of U&C
Surgery (Inpatient or Outpatient)	80% of NC	70% of U&C
Physician Visit including Consultants/Specialist/Telemedicine	80% of NC	70% of U&C
Emergency Services Expense	80% of NC	Paid the same as IN-Network Provider subject to Usual & Customary Charge
Urgent Care Centers for non-life-threatening conditions	80% of NC	70% of U&C
Diagnostic X-ray & Laboratory	80% of NC	70% of U&C
Student Health Center Expense	100% of NC Deductible Waived	
Outpatient Prescription Drugs	100% of NC after copays: Tier 1: \$10 Tier 2: \$30 Tier 3: \$50 Specialty: \$100 Then the plan pays 100% of NC for Covered Medical Expenses Deductible Waived Compound Drugs \$125 per Prescription Drug Order	

\*\*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 Included**

- Vision discount program through Davis Vision
- Medical travel assistance through Travel Guard

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

**Servicing Agent:**  
 USI Insurance  
 825 NE Multnomah St. Suite 15  
 Portland, OR

## 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 or does not meet Our medical policy, clinical coverage guidelines, or benefit policy guidelines 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.
  - Medical services received from an individual or entity that is not a Physician, as defined in this Certificate, or recognized by Us.
  - Treatment, service or supply prescribed, ordered or referred by or received from a member of an Insured Person's immediate family, including an Insured Person's spouse, child, brother, sister, parent, in-law, or self.
  - 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.
  - Expenses incurred for completion of claim forms or charges for medical records or reports unless otherwise required by law.
  - Expenses incurred for missed or canceled appointments.
  - Expenses incurred for mileage, lodging and meals costs, and other travel related expenses, except as specifically provided for under the Certificate.
  - Benefits which are payable under Medicare Parts A, B, and/or D or would have been payable if You had applied for Parts A, B and/or D, except as specified elsewhere in this Certificate or as otherwise prohibited by federal law. For the purposes of the calculation of benefits, if You have not enrolled in Medicare Part B, We will calculate benefits as if You had enrolled.
  - 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 incurred for any condition, disease, defect, ailment, or Injury arising out of and in the course of employment if benefits are available under any Workers' Compensation Act or other similar law. If Workers' Compensation Act benefits are not available to the Insured Person, then this exclusion does not apply. This exclusion applies if the Insured Person receives the benefits in whole or in part. This exclusion also applies whether or not the Insured Person claims the benefits or compensation.
- Any procedures, equipment, services, supplies, or charges to the extent that they are provided as benefits by any governmental unit, unless otherwise required by law or regulation.

Expenses incurred prior to the Insured Person's Effective Date of coverage.

- 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.
- Loss resulting from direct participation in a riot, civil disobedience, nuclear explosion, or nuclear Accident.
- Expenses incurred for court ordered testing or care unless Medically Necessary.
- Expenses for which an Insured Person has no legal obligation to pay in the absence of this or like coverage.
- Expenses incurred for the following:
  - Physician or other practitioners' charges for consulting with the Insured Person by telephone, facsimile machine, electronic mail systems or other consultation or medical management service not involving direct (face-to-face) care with the Insured Person except as otherwise described in the Certificate.
  - Surcharges for furnishing and/or receiving medical records and reports.
  - Charges for doing research with providers not directly responsible for an Insured Person's care.
  - Charges that are not documented in provider records.
    - Charges from an outside laboratory or shop for services in connection with an order involving devices (e.g., prosthetics, orthotics) which are manufactured by that laboratory or shop, but which are designed to be fitted and adjusted by the attending Physician.
    - Expenses incurred for membership, administrative, or access fees charged by Physicians or other providers. Examples of administrative fees include, but are not limited to, fees charged for educational brochures or calling a patient to provide their test results.

Expenses incurred for maintenance therapy, which is treatment given when no additional progress is apparent or expected to occur. Maintenance therapy includes treatment that preserves an Insured Person's present level of functioning and prevents loss of that functioning, but which does not result in any additional improvement.

- Expenses incurred for the following:
  - Custodial Care, convalescent care or rest cures.
    - Domiciliary care provided in a residential institution, (except for Mental Health Disorder and Substance Use Disorder Treatment), treatment center, halfway house, or school because an Insured Person's own home arrangements are not available or are unsuitable, and consisting chiefly of room and board, even if therapy is included.
    - Care provided or billed by a hotel, health resort, convalescent home, rest home, nursing home or other extended care facility home for the aged, infirmary, school infirmary, institution providing education in special environments, supervised living or halfway house, or any similar facility or institution.
    - Care provided or billed by a residential facility (except for Mental Health Disorder and Substance Use Disorder Treatment), including observation and assessment by a provider weekly or more frequently, an individualized program of Rehabilitation, therapy, education, and recreational or social activities.
    - Services or care provided or billed by a school, custodial care center for the developmentally disabled, or outward bound programs, even if psychotherapy is included.
  - Wilderness camps.

Expenses incurred for marital counseling.

- Expenses incurred for services or supplies primarily for educational, vocational, or training purposes, except as otherwise specified in the Certificate.
  - Expenses incurred for services to reverse voluntarily induced sterility.
  - Expenses incurred for personal hygiene, environmental control, or convenience items including but not limited to:
    - Air conditioners, humidifiers, air purifiers;
    - Personal comfort and convenience items during an inpatient stay, including but not limited to daily television rental, telephone services, cots or visitor's meals;
- Purchase or rental of supplies for common household use, such as water purifiers;
- Allergenic pillows, cervical neck pillows, special mattresses, or waterbeds;
  - Infant helmets to treat positional plagiocephaly;
  - Safety helmets for Insured Persons with neuromuscular diseases; or

- Sports helmets.
- Expenses incurred for health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment, or facilities used for developing or maintaining physical fitness, even if ordered by a Physician. This exclusion also applies to health spas.
- Expenses incurred for telephone consultations or consultations via electronic mail or internet/web site, except as required by law, or as otherwise described in the Certificate.
- Expenses incurred for care received in an emergency department which is not Emergency Services, except as specified in the Certificate. This includes but is not limited to suture removal in an emergency department.

Expenses incurred for self-help training and other forms of non-medical self-care, except as otherwise provided in this Certificate.

- Expenses incurred for examinations relating to research screenings.
- Expenses for stand-by charges of a Physician.
- Expenses incurred for physical exams and immunizations required for enrollment in any insurance program, as a condition of employment, for licensing, or for other purposes, unless required under Preventive Services.

Services of private duty Nurse except as provided in the Certificate.

- Expenses incurred for services and supplies for sexual or erectile dysfunctions or inadequacies, regardless of origin or cause. This exclusion includes sexual therapy and counseling. This exclusion also includes penile prostheses or implants and vascular or artificial reconstruction, and all other procedures and equipment developed for or used in the treatment of impotency, and all related diagnostic testing.
- Expense incurred for (services or supplies related to) alternative or complementary medicine. Services in this category include, but are not limited to, acupuncture, holistic medicine, homeopathy, hypnosis, aroma therapy, massage and massage therapy, reiki therapy, herbal, vitamin or dietary products or therapies, naturopathy, thermograph, orthomolecular therapy, contact reflex analysis, bio energetic synchronization technique (BEST), iridology-study of the iris, auditory integration therapy (AIT), colonic irrigation, magnetic innervation therapy, electromagnetic therapy, and neurofeedback.
- Expenses incurred for surgical treatment of gynecomastia.
- Complications directly related to a service or treatment that is a non-covered service under the Certificate because it was determined by Us to be Experimental/Investigative or non-Medically Necessary. Directly related means that the service or treatment occurred as a direct result of the Experimental/Investigative or non-Medically Necessary service and would not have taken place in the absence of the Experimental/Investigative or non-Medically Necessary service.
- Expenses incurred for treatment of telangiectatic dermal veins (spider veins) by any method.
- Expense incurred for reconstructive services except as specifically provided in the Certificate, or as required by law.
- Expenses incurred for Human Growth Hormone for children born small for gestational age.
- Charges for hot or cold packs for personal use.

Expenses that are not recommended and approved by a Physician.

- Medical services or supplies which are Experimental/Investigative or related to such, whether incurred prior to, in connection with, or subsequent to the Experimental/Investigative service or supply, subject to the internal and external review process. The fact that a service is the only available treatment for a condition will not make it eligible for coverage if We deem it to be Experimental/Investigative.
- 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.
- 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.
- Expenses incurred for surgical Treatment of flat feet; subluxation of the foot; weak, strained, unstable feet; tarsalgia; metatarsalgia; hyperkeratosis.
- Sleep Disorders, except for a sleep study performed in the Insured Person's home, the diagnosis and Treatment of obstructive sleep apnea.

**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).

**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.
- Weight loss programs, whether or not they are pursued under medical or Physician supervision, unless specifically listed as covered in this Certificate. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs.

**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.
- Elective abortions.

**Vision**

- Adult Vision (routine) 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.
- Prescriptions, fitting, or purchase of eyeglasses or contact lenses, except for benefits provided under Pediatric Vision Care Benefits, and except in the case of a Covered Injury or Covered Sickness or as otherwise provided and unless covered elsewhere in this Certificate.
- Vision correction surgery, orthoptic therapy, visual training or radial keratotomy or similar surgical procedures to correct vision (including LASIK, radial keratotomy or keratomileusis), except as provided herein or when due to a disease process. This exclusion does not apply for initial prosthetic lenses or sclera shells following intraocular surgery for Treatment of cataract or aphakia, contact lenses or glasses following lens implantation.

#### **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, hearing aids 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;
- 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;
- For Drugs, devices, products, or supplies that are therapeutically comparable to an over the counter Drug, device, product, or supply, except as required for Preventive Care Services;
- Nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require

either a written Prescription or dispensing by a licensed Pharmacist.

- Any drug or medicine for the purpose of weight control;
- Fertility drugs;
- Sexual enhancements drugs;
- Vision correction products;