



**Bates College**  
**2024-2025 Student Health Insurance Plan**  
**True Choice (SHIP\_TC)**  
**Group No: ST0800TC**  
**Policy No: WI2425MESHPTC01**

Dear Students:

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

**Who Is Eligible To Enroll / Waive?**

All Domestic students enrolled in 3 or more classes are eligible and are asked to either elect coverage under the Bates College SHIP or to request a waiver to opt out of the insurance.

All International students & Scholars will automatically be enrolled and billed for the Bates College Student Health Insurance. Bates will add the premium to the students' account.

Dependents of any Student who is enrolled in the SHIP are eligible to be enrolled. The premium for the dependent(s) is in addition to the Student premium.

**How Do I Enroll / Waive?**

Domestic students must take action to either waive or enroll in the Bates College SHIP through their Garnet Gateway account. The waive/enrollment period for returning domestic students ends 05/22/24, and for all incoming domestic students the waive/enrollment period ends 5/31/2024. Domestic students who do not select or have a declined waiver will automatically be enrolled.

**Waiver Period Deadline Dates**

Annual/Fall – returning students	05/22/2024
Annual/Fall – incoming students	05/31/2024
Spring/Summer (new students only)	02/01/2025

**Cost and Periods of Coverage\***

	Annual 8/15/2024 – 8/14/2025	Spring/Summer (new students only) 1/1/2025 – 8/14/2025
Student Only	\$2,447	\$1,515

\*The above rates include an administrative service fee.

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

Enroll / Waive Coverage	Bates College Garnet Gateway Account
Insurance Benefits Claim Processing ID Cards Waiver questions	Wellfleet Group, LLC 1-877-657-5035 <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a>
Prescription Drugs	<a href="#">Formularies - Wellfleet Rx</a>
True Choice Providers	Under Wellfleet True Choice Plan, members can seek care from ANY healthcare provider. Simply show your Wellfleet ID card. For additional assistance call toll free at 1-877-657-5035

**Underwritten By:**  
Wellfleet Insurance Company

**Plan Administrator:**  
Wellfleet Group LLC  
P.O. Box 15369  
Springfield, MA 01115-5369  
[www.wellfleetstudent.com](http://www.wellfleetstudent.com)  
1-(877) 657-5035

**Servicing Agent:**  
Cross Insurance  
150 Mill Street,  
Suite 4  
Lewiston, ME 04240  
[www.crossinsurance.com](http://www.crossinsurance.com)  
1-800-537-6444

**HEALTH INSURANCE BENEFIT SUMMARY\***

	Benefit
Policy Year Deductible	\$0
Out-of-Pocket Maximum	\$6,350 individual \$12,700 family
Coinsurance	90% of MA**
Preventive Services	100% of MA
Hospital Room   Board (Inpatient)	90% of MA
Surgery (Inpatient or Outpatient)	90% of MA
Physician Visit including, Consultants/ Specialist/Telemedicine	90% of MA
Emergency Services in an Emergency department for Emergency Medical condition	\$75 copay per visit after, then 90% of MA (Copay waived if admitted)
Urgent Care Centers for non-life- threatening conditions	90% of MA
Diagnostic X-ray & Laboratory	90% of MA
Prescription Drugs Retail Pharmacy (Including Enteral Formulas) for each fill up to a 30-day supply at a retail pharmacy.	100% after copay: Tier 1 - \$10 Tier 2 - \$20 Tier 3 - \$30 Specialty drug - \$30

\*\*MA = Maximum Allowance

\*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.**

- Teladoc Behavioral Health (800) 835-2362
- 24/7 Behavioral Health Hotline/Care Connect (888) 857-5462
- 24/7 Nurse Hotline (800) 634-7629
- Vision discount program through Davis Vision
- Emergency Medical and Travel assistance through Travel Guard

## 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 the Maximum Allowance 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.
- 0. 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 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.
- 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;
  - Costs for an ovum donor or donor sperm;
  - 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.

**Hearing**

- Charges for hearing exams, hearing screening, or cochlear implants 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.