

BENEFITS AT A GLANCE

STUDENT HEALTH INSURANCE PLAN | PLAN YEAR 2024/2025

DESIGNED EXCLUSIVELY FOR THE STUDENTS OF:

LINDENWOOD UNIVERSITY

Saint Charles, MO

W KH 3 ROLF \ KROGHU

Policy Number: WI2425MOSHIP200

Group Number : ST2201SH

Effective: 08/01/2024 - 07/31/2025



UNDERWRITTEN BY:

Wellfleet Insurance Company | Fort Wayne, IN
(*the Company*)

ADMINISTERED BY:

Wellfleet Group, LLC

Welcome Students

We are pleased to provide you with this summary of the 2024 t 2025

Important

General Information

Am I Eligible?

Domestic Students

All registered full-time Domestic Students taking 9 or more credits are eligible to enroll in the Lindenwood Student Health Insurance Plan (SHIP) on a voluntary basis.

All domestic student athletes are required to have health insurance that is comparable* to the Lindenwood SHIP. All student athletes must either waive and show proof of comparable health insurance coverage or enroll.

International Students

All international students taking 1 or more credits is required to have health insurance that is comparable to the Lindenwood's SHIP. All International students must either waive with proof of comparable health insurance coverage or enroll.

* What is comparable coverage?

Comparable coverage is a medical insurance plan from a company that is based in the United States, and provides benefits without internal or lifetime maximums. The insurance must provide coverage for all services (not just emergency care) and give you access to all providers within the Lindenwood University, MO area.

Dependents

Dependents are not eligible.

How Do I Waive/Enroll?

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	Waiver Deadline Date
Annual	08/01/2024	07/31/2025	09/08/2024
Spring(new students only)	01/01/2025	07/31/2025	01/20/2025

Coinsurance	80% of the Negotiated Charge (NC)	60% of Usual & Customary (U&C) Charge
Preventive Services	100% of (NC) for Covered Medical Expenses Deductible Waived	80% of (U&C) Charge after deductible for Covered Medical Expenses
Physician Office Visits including Specialists/Consultants * Check below for additional copayments	\$25 Copayment per visit then the plan pays 100% of the (NC) for Covered Medical Expenses Deductible waived	60% of (U&C) Charge after Deductible for Covered Medical Expenses
Emergency Services as an emergency department for Emergency Medical Conditions.	\$250 Copayment per visit after Deductible then the plan pays 100% of the (NC) for Covered Medical Expenses	Paid the same as In-Network Provider subject to (U&C) Charge.
Urgent Care Centers for non life-threatening conditions	80% of the (NC) after Deductible for Covered Medical Expenses	60% of (U&C) Charge after Deductible for Covered Medical Expenses

Schedule of Benefits

THE COVERED MEDICAL EXPENSE FOR AN INDIVIDUAL WILL BE:

1. THOSE LISTED IN THE COVERED MEDICAL EXPENSES PROVISION;
2. ACCORDING TO THE FOLLOWING SCHEDULE OF BENEFITS; AND
3. DETERMINED BY WHETHER THE SERVICE OR TREATMENT IS PROVIDED BY AN IN-NETWORK OR OUT-OF-NETWORK PROVIDER.
4. UNLESS OTHERWISE SPECIFIED BELOW THE MEDICAL PLAN DEDUCTIBLE WILL ALWAYS APPLY.
5. UNLESS SPECIFIED OTHERWISE, ANY APPLICABLE COPAYMENTS ARE APPLIED AFTER DEDUCTIBLE IS MET.
6. UNLESS OTHERWISE SPECIFIED BELOW ANY DAY OR VISIT LIMITS WILL BE APPLIED TO STUDENT HEALTH CARE SERVICES PROVIDED BY AN IN-NETWORK AND OUT-OF-NETWORK COMBINED.

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK	OUT-OF-NETWORK
INPATIENT SERVICES		

Hospital Care
Includes Hospital Room and Board Expenses and Hospital Miscellaneous Expenses.

Subject to Semi-Private room rate unless Intensive Care Unit is required.

Room and Board includes Intensive Care Unit.

<p>Outpatient Surgical Facility and Miscellaneous expenses for services & supplies, such as cost of operating room, therapeutic services, oxygen, oxygen tent, and blood & plasma</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>60% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
<p>Organ Transplant Surgery</p>		
<p>Pre-Certification Required</p>		

Tuberculosis screening (TB), Titters, QuantiFERON B tests including shots (other than covered under Preventive Services)	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
EMERGENCY SERVICES, AMBULANCE AND URGENT CARE SERVICES		
Emergency Services in an emergency department for Emergency Medical Conditions.	\$250 Copayment per visit after Deductible then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses	Paid the same as In-Network Provider subject to Usual and Customary Charge.
Urgent Care Centers for non-life-threatening conditions	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Emergency Ambulance Service ground and/or air, water transportation	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	Paid the same as In-Network Provider subject to Usual and Customary Charge.
Non-Emergency Ambulance Expenses ground and/or air (fixed wing) transportation Pre-Certification Required for non-emergency air Ambulance (fixed wing)	100% of the Negotiated Charge after Deductible for Covered Medical Expenses	Ground Ambulance transportation: 100% of Usual and Customary Charge after Deductible for Covered Medical Expenses Air Ambulance transportation: Paid the same as In-Network Provider subject to Usual and Customary Charge
DIAGNOSTIC LABORATORY, TESTING AND IMAGING SERVICES		
Diagnostic Imaging Services Pre-Certification Required	\$25 Copayment per visit then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
CT Scan, MRI and/or PET Scans Pre-Certification Required	\$25 Copayment per visit then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Laboratory Procedures (Outpatient)	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	

supplements not purchased at a pharmacy.		
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or Injury involved. This applies even if they are prescribed, recommended or approved by Your attending Physician or dentist.

- x 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.
- x Professional services rendered by an Immediate Family Member or anyone who lives with You.
- x 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.
- x Any expenses in excess of Usual and Customary Charges except as provided in the Certificate.
- x 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.
- x Services that are duplicated when provided by both a certified Nurse midwife and a Physician.
- x Expenses payable under any prior policy which was in force for the person making the claim.
- x 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.
- x 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.
- x Expenses incurred under any other health insurance plan, public assistance program or government plan, except Medicaid.
- x Expenses incurred after:
 - o The date insurance terminates as to an Insured Person, except as specified in the extension of benefits provision; and
 - o The end of the Policy Year specified in the Policy.
- x Elective Surgery or Elective Treatment unless such coverage is otherwise specifically covered under the Certificate.
- x You are:
 - o committing or attempting to commit a felony,
 - o engaged in an illegal occupation, or
 - o participating in a riot.
- x Custodial Care service and supplies.
- x Charges for hot or cold packs for personal use.
- x Services of private duty Nurse except as provided in the Certificate.
- x Expenses that are not recommended and approved by a Physician.
- x Experimental or Investigative drugs, devices, Treatments or procedures unless otherwise covered under Covered Clinical Trials. See the Other Benefits section for more information.
- x 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.
- x 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.
- x Non-chemical addictions.
- x Outpatient non-physical, occupational, speech therapies (art, dance, etc.).
- x Modifications made to dwellings.
- x General fitness, exercise programs.
- x Hypnosis.
- x Rolfing.
- x Biofeedback.
- x Charges incurred for acupuncture, in any form, except to the extent provided in the Schedule of Benefits.
- x Sleep Disorders, except for the diagnosis and treatment of obstructive sleep apnea.
- x 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.

- x Phone-based, reliable health information in response to health concerns and questions; and
- x Assistance in decisions on the appropriate level of care for an injury or sickness.

Appropriate care may include:

- x self-care at home
- x a call to a physician
- x or a visit to the emergency room.

Calls are answered 24 hours a day, 365 days a year by experienced registered nurses who have been specifically trained to handle telephone health inquiries.

This program is not a substitute for doctor visits or emergency response systems. The Nurseline does not answer health plan benefit questions. Health benefit questions should be referred to the Plan Administrator. The 24 Hour Nurseline toll free number will be on the ID card.
(800) 634-7629

Teladoc

By phone or internet, **Teladoc** gives you 24/7 access to board-certified physicians for Behavioral Health services. Whether you are at school, home or traveling, Teladoc can diagnose and treat most minor medical conditions wherever and whenever you need treatment.

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