Why do I need health insurance?
Medical care in the U.S. is expensive and complicated. A typical physician visit averages $250, and an overnight hospital stay can cost thousands of dollars. When an unforeseen accident or illness occurs, it is important that you have insurance to help cover these high costs. When used in accordance with the guidelines, the insurance policy provided by your school is designed to cover the majority of the cost of necessary medical treatment and medications.

We know the health care system in the U.S. may be hard to understand. Please call Relation Insurance Services with any questions you might have at (800) 537-1777 (Monday–Friday, 8:00 a.m. to 5:00 p.m. Pacific Time).

What does “in-network” or “PPO” mean?
In-network means providers, such as physicians, specialists, and hospitals, who are contracted with this insurance plan to provide their services at a discounted cost. The network for this plan is Cigna, Choice Fund PPO.

How do I find a PPO physician, hospital, or urgent care center?
2. At the bottom of the page, click on the Provider Directory link: hcpdirectory.cigna.com.
3. From the top right of the screen next to search box, click on Find a Doctor, Dentist, or Facility.
4. Under “How are you Covered,” click on Employer or School.
5. Enter your Address and City, or Zip, then click on address to confirm. Click on Doctor by Type, Doctor by Name, or Locations and make your selection in the drop down.
6. Click Continue as guest.
7. Confirm your address and click Continue.
9. Select a provider from the list.

What if I have an emergency, such as an accident or life-threatening situation?
Call 911 or go to the nearest hospital emergency room.

What do I need to bring with me for a scheduled visit with a physician or hospital?
Always bring your insurance ID card and photo identification. In addition, bring a method of payment to pay your copay.

How much do I have to pay?
After you are enrolled in the plan, the insurance will pay for most covered treatment and services, but you will be required to pay for applicable deductibles, coinsurance, and copays yourself. Please refer to the Plan Summary for full benefit details.

Does the plan cover preventive care?
Yes, this plan covers recommended immunizations, routine physical exams, and certain tests and screenings at 100% at an in-network provider, with the copay waived. There is also 100% coverage with no cost sharing for contraceptive medications, services, and devices.

How do I enroll? Can I enroll my dependents?
You are automatically enrolled through your school; no action is needed to enroll yourself in the plan.

To enroll your dependents, download an enrollment form from www.4studenthealth.com/mcccd. Your dependents (spouse or children under the age of 26) must be enrolled before the start of the term or within 31 days of marriage, birth, adoption, or arrival in the U.S.

How do I get my Insurance ID card?
Once you are enrolled in the plan, you will receive an email notifying you that your insurance ID card is available to download. Visit www.wellfleetstudent.com.

If you need medical treatment before you receive notice that your ID card is active, please contact Relation at (800) 537-1777. Carry your ID card with you at all times!

Where do I go to access care?
- Physician’s office, for medical concerns and sick visits
- Urgent care center, for illness or injuries when the physician’s office is closed
- Hospital, for scheduled surgery or a medical emergency only
Is vision or dental coverage provided under this plan?

Coverage for dental treatment is available as the result of an accidental injury. Additionally, pediatric dental and vision are covered for persons under the age of 19. Please see the certificate for further details.

Are prescription drugs covered?

Yes, most prescription medications are covered at 65% at a Wellfleet Rx/ESI pharmacy.

How do my physician bills get paid?

Send all medical and hospital bills, along with the patient’s name and insured student’s name, address, Social Security number or student ID number and name of the University under which the student is insured, to the address below. A Company claim form is not required for filing a claim.

Wellfleet Group, LLC
PO Box 15369
Springfield, Massachusetts 01115-5369
(877) 657-5030, TTY 711
www.wellfleetstudent.com

Bills should be received by the Company within ninety (90) days of service. Keep copies of all the documents you submit. To check the status of a claim you submitted, call (877) 657-5030, TTY 711 or visit www.wellfleetstudent.com.

What if I’m outside Arizona or the U.S. and need medical treatment?

Any treatment received within the U.S. is covered at 100% of Negotiated Charge in-network and 60% of Usual and Customary Charge out-of-network. However, Emergency treatment received in an Emergency Room is paid at the in-network level of benefits.

Treatment received outside the U.S. is covered at 60% of Usual and Customary Charge. However, any treatment, services or supplies incurred in your Home Country are not covered.

Submit all medical bills, receipts, and other information to the claims department address.

What if my visa status changes?

You are no longer eligible for coverage under this insurance plan. Your coverage will be terminated. If you have not used the insurance and you are returning to your home country, you may request a refund from the school for the number of full months remaining in the term.

Am I still eligible for coverage if I graduate and go on an Optional Practical Training work permit?

Yes, you are still eligible for coverage, but you must contact Relation at (800) 537-1777 to obtain an enrollment form. In addition, students who are on Optional Practical Training must provide a Verification of Practical Training Letter to be eligible for this insurance coverage and must purchase OPT coverage within 30 days of the expiration date of their prior coverage.

Where can I find additional information on the plan?

Visit www.4studenthealth.com/mcccd.

If there are any discrepancies between this document and the Policy, the Policy will govern.