

2020–2021 Plan Summary



MARICOPA
COMMUNITY COLLEGES

MARICOPA COMMUNITY COLLEGES
INTERNATIONAL STUDENT HEALTH INSURANCE PLAN (ISHIP)

Underwritten by:
Wellfleet Insurance Company

Administered by:
Wellfleet Group, LLC

Policy Number:
WI2021AZSHIP129

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Notice

This is not an insurance Policy and your receipt of this document does not constitute the insurance or delivery of a policy of insurance. Any provisions of the Policy, as described in this Summary, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

The information contained in this Summary is accurate at the time of publication, but may change in accordance with state and federal insurance regulations during the course of the Policy year. The most current version of this document will be posted online at the website listed on the cover. In the case of a discrepancy between two versions of the Summary, the most recent will apply.

Important Contact Information and Resources



Plan Administration

Enrollment & Eligibility

Relation Insurance Services
P.O. Box 240042
Los Angeles, California 90024
(800) 537-1777
clientservices@relationinsurance.com
Monday–Friday, 8:00 a.m. to 5:00 p.m. Pacific Time

Benefits, Claim Status, and ID Cards

Wellfleet Group, LLC
P.O. Box 15369
Springfield, Massachusetts 01115-5369
(877) 657-5030, TTY 711
www.wellfleetstudent.com
Monday–Thursday, 8:30 a.m. to 7:00 p.m. Eastern Time
Friday, 8:30 a.m. to 5:00 p.m. Eastern Time

Claims

Cigna
P.O. Box 188061
Chattanooga, Tennessee 37422-8061
Electronic Payor ID: 62308



PPO Network

Wellfleet Student
www.wellfleetstudent.com or
Cigna, Choice Fund PPO
www.mycigna.com



Pharmacy Benefits Manager

For information about the Wellfleet Rx/ESI Prescription Drug Program, please visit www.wellfleetstudent.com.

Member Pharmacy Help

(877) 640-7940



Travel Assistance Services

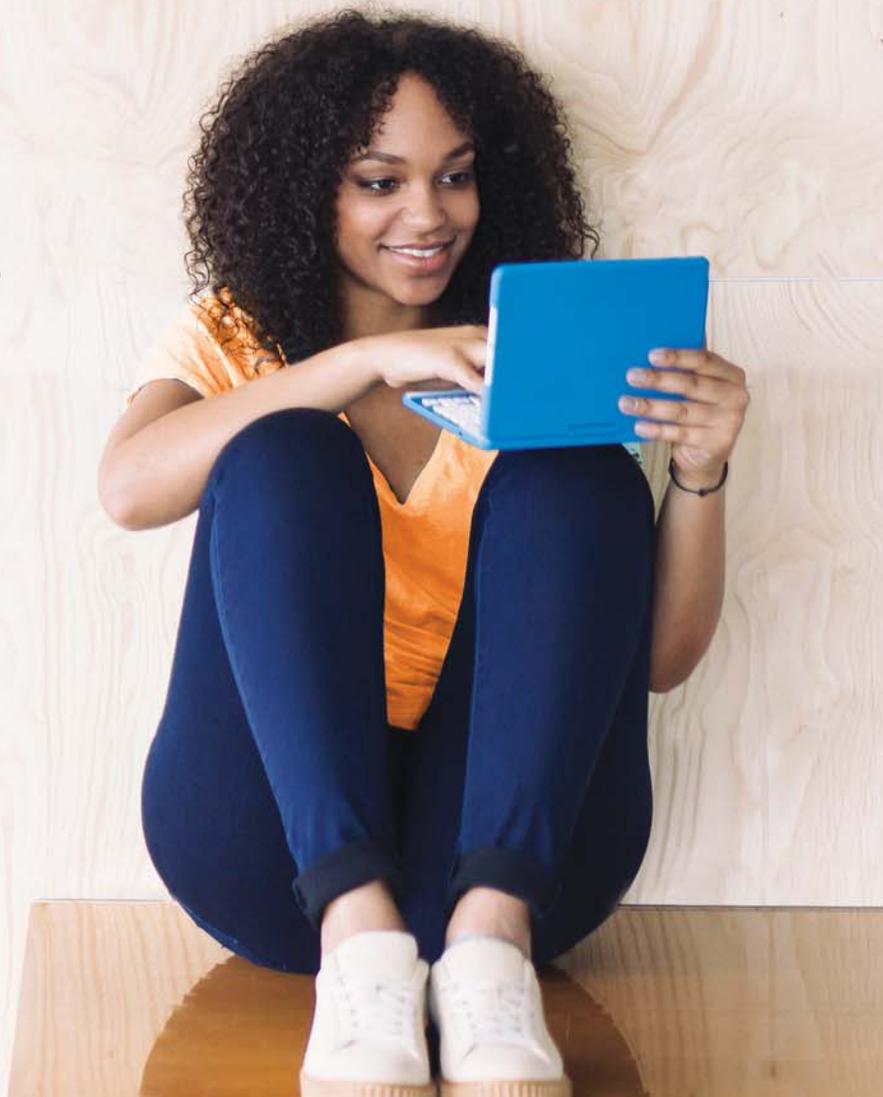
Contact this company when you are traveling away from home and you need assistance with things such as transfer of medical records, legal referrals, transfer of funds, and information on travel conditions.

Wellfleet TravelGuard
www.travelguard.com
(877) 305-1966 (in the U.S.)
Call collect +1 **(715) 295-9311** (outside U.S.)
Available 24/7/365

Wellfleet CareConnect

Behavioral Health and Nurseline access offering student members easy access to licensed behavioral health clinicians 24/7/365 via telephone.

Wellfleet CareConnect
(888) 857-5462





General Information

Eligibility

You are eligible for Coverage under the Certificate. Coverage includes Dependent coverage.

Students must attend classes for the first 31 days beginning with the first day for which coverage is effective. Any student withdrawing from the College during the first 31 days after the Effective Date of coverage shall not be covered under the insurance plan. A full refund of premium will be made, minus the cost of any claim benefits paid by the Policy. Students who graduate or withdraw from the College after 31 days, whether involuntarily or voluntarily, will remain covered under the Policy for the term purchased and no refund will be allowed.

Students withdrawing due to a medical withdrawal due to a Sickness or Injury, must submit documentation or certification of the medical withdrawal to Us at least 30 days prior to the medical leave of absence from the school, if the medical reason for the absence and the absence are foreseeable, or 30 days after the date of the medical leave from school. Students will remain covered under the Policy for the term purchased and no refund will be allowed.

All International Students are required to have a J-1, F-1, or M-1 visa and dependents have a J-2, F-2, or M-2 visa to be eligible for this insurance plan.

The Company maintains the right to investigate eligibility status and attendance records to verify that the Policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is refund of premium less any claims paid.

Eligibility requirements must be met each time premium is paid to renew Coverage.

Who Is Eligible

All registered Undergraduate International students taking one (1) credit are required to have health insurance coverage, either through this International Student Health Insurance Plan or through another individual or family plan. Students are automatically enrolled in the International Student Health Insurance Plan at registration and the premium is added to the student's tuition fees unless proof of comparable coverage is provided by completing the waiver.

Who Is Not Eligible

The following students are not eligible to enroll in the insurance plan:

- Students enrolled exclusively in online courses or whose enrollment consists entirely of short-term courses;
- Students taking distance learning, correspondence, home study, television courses, or courses taken for audit do not fulfill the eligibility requirements that the student actively attend classes. The online restriction does not apply to students who are completing their degree requirements while engaged in practical training.

ID Card

To access your ID Card, visit www.wellfleetstudent.com.

Carry your ID card with you at all times! You will need your card when you visit the doctor's office, urgent care, or hospital.

Rates and Important Dates

Rates are effective 08/11/2020 at 12:00 a.m. to 08/10/2021 at 11:59 p.m. Rates include medical insurance premium and administrative fees.

	Student	Spouse	Each Child*
Fall 08/11/2020 to 01/15/2021	\$ 597.00	\$ 597.00	\$ 597.00
Spring/Summer 01/16/2021 to 08/10/2021	\$ 782.00	\$ 782.00	\$ 782.00

* Premium is charged per child, up to three (3) times the premium fee, after which no further premium is charged for additional children.

Refund Policy

Premiums received by Us are fully earned upon receipt. Refund of Premium will be considered only:

1. If a student ceases to be eligible for the insurance and coverage is terminated prior to the next premium due date, a pro rata refund of Premium (less any claims paid) will be made for such person. Insurance for the student's covered Dependent(s) will end when insurance for the student ends.
2. For any student who withdraws from school during the first 31 days of the period for which he or she is enrolled for a reason other than withdrawal due to Sickness or Injury. Such a student will not be covered under this Certificate and a full refund of the Premium will be made (less any claims paid) when written request is made within 90 days of withdrawal from school. Insurance for the student's covered Dependent(s) will end when insurance for the student ends.
3. For Insured Persons entering the Armed Forces of any country. Such persons will not be covered under the Policy as of the date of his/her entry into the service. A pro rata refund of Premium (less any claims paid) will be made for such person upon written request received by Us within 90 days of withdrawal from school. Insurance for the student's covered Dependent(s) will end when insurance for the student ends.

For an Insured International Student, Scholar, departing school to return to his or her Home Country on a permanent basis. We will refund a pro rata refund of Premium (less any claims paid) when written request and proof from the Policyholder that the student is no longer an eligible person is received by Us within 60 days of such departure. Insurance for the student's covered Dependent(s) will end when insurance for the student ends.

Seeking Medical Care

If you experience an Injury or Sickness:

1. If you need to seek medical treatment, using PPO providers that are part of the **Cigna, Choice Fund Network** could decrease your costs. For a complete listing of PPO physicians, hospitals, and other facilities, visit www.mycigna.com.
2. In case of an Emergency, go to the nearest hospital or call **911**.
3. If it is not an Emergency but you need to seek medical treatment right away, using an Urgent Care Center instead of a Hospital ER may decrease your out-of-pocket expenses. To locate a local Urgent Care Center, visit www.mycigna.com.
4. After you receive treatment at a PPO provider, you will receive an Explanation of Benefits from Wellfleet detailing what the insurance paid and what is your responsibility to pay. If you have questions about your Explanation of Benefits or what is your responsibility to pay, please call **(877) 657-5030, TTY 711. Do not ignore any medical bills you receive.**
5. If your provider bills you directly or asks you to pay up front, you will need to submit a claim. Please See **Filing a Claim** on the next page.

Prescriptions/Medications

The Pharmacy Benefits Manager (PBM) is Wellfleet Rx/ESI. See the Schedule of Benefits for the coinsurance you will pay at an IN-NETWORK pharmacy. If you visit an OUT-OF-NETWORK pharmacy, you must pay for the prescription in full and then submit a claim for reimbursement.

Please visit www.wellfleetstudent.com.

Preferred Provider Organization



This plan includes a network of medical professionals, including doctors and hospitals, known as the Preferred Provider Organization

(PPO). This PPO is available through **Cigna, Choice Fund PPO Network**. If you need to see a provider, you should utilize a PPO provider. While you are allowed to visit any provider of your choosing, if you use a PPO doctor or facility, you will pay less money out-of-pocket.

Network access provides benefits nationwide for Eligible Expenses incurred at 100% of the Negotiated Charge (NC) when treated by network providers (PPO). Benefits are provided worldwide for Eligible Expenses incurred at 60% of Usual & Customary Charge (U&C) when treated by non-network providers (non-PPO). Note: Charges in excess of U&C are still the responsibility of the Plan Participant.

Preferred Providers have contracted to provide specific medical care at negotiated prices. The availability of specific providers is subject to change without notice. The Plan Participant should always confirm that a Preferred Provider is participating at the time services are required by checking the Preferred Provider Network website or calling the Preferred Provider Network and by asking the provider when he or she makes an appointment for services. Out-of-network providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.

Please be aware that if you are treated at a PPO Hospital, it does not mean that all providers at that Hospital are PPO providers. If you are referred by a PPO provider to another provider or facility, it does not necessarily mean that the provider or facility to which you are referred is also a PPO provider. For example, when a network provider refers you to a lab for tests, be sure it is a network lab. This information can be found on the network website.

Filing a Claim

In the event of either an Injury or a Sickness:

1. Report to a Physician or Hospital.
2. Written notice of a claim must be submitted to the address below within thirty (30) days after the date of Injury or commencement of Sickness covered by the Policy, or as soon thereafter as is reasonably possible.
3. 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.

Cigna
P.O. Box 188061
Chattanooga, Tennessee 37422-8061
Electronic Payor ID: 62308

For plans without Cigna as PPO:
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) 657-503, TTY 711** or visit www.wellfleetstudent.com.



Benefits

Benefit Highlights

Actuarial Value: 92.29%

Equivalent or next lowest coverage level: Platinum

Coinsurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 100% of the Negotiated Charge (NC) when using Cigna, Choice Fund PPO providers and 60% of Usual & Customary (U&C) Charge when using out-of-network providers.

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Preventive Services In-Network Provider: The Deductible, Coinsurance, and any Copay are not applicable to Preventive Services. Out-of-Network Provider: The Deductible, Coinsurance, and any Copay are applicable to Preventive Services provided through a Non-Network Provider.	100% of NC	60% of U&C
Medical Deductible The Covered Person is responsible for paying the deductible amount listed before the company will begin paying benefits, except as indicated below.	None	\$50 per Individual/per Family per Policy Year
Out-of-Pocket Maximum	\$6,350 per Individual/ \$12,700 per Family per Policy Year	No maximum
Coinsurance Amounts	100% of the Negotiated Charge (NC)	60% of Usual & Customary (U&C) Charge
INPATIENT BENEFITS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Hospital Care Includes hospital room & board expenses and miscellaneous services and supplies. Subject to Semi-Private room rate unless intensive care unit is required. Room and Board includes intensive care. Pre-Certification Required.	100% of NC	60% of U&C
Physician Visits while Confined Limited to one (1) visit per day of confinement per provider.	100% of NC	60% of U&C
Inpatient Surgery Surgeon Services, Anesthetist, and Assistant Surgeon. Pre-Certification required.	100% of NC	60% of U&C
OUTPATIENT BENEFITS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Outpatient Surgery Surgeon Services, Anesthetist, and Assistant Surgeon. Facility and Miscellaneous expenses for services & supplies, such as cost of operating room, therapeutic services, oxygen, oxygen tent, and blood & plasma. Pre-Certification required.	100% of NC	60% of U&C
Physician's Office Visits	\$25 copay per visit then the plan pays 100% of NC	\$25 copay per visit then the plan pays 60% of U&C
Specialist/Consultant Physician Services	\$25 copay per visit then the plan pays 100% of NC	\$25 copay per visit then the plan pays 60% of U&C
Telemedicine or Telehealth Service	100% of NC	60% of U&C
Rehabilitation Therapy Including, Physical Therapy, and Occupational Therapy, and Speech Therapy. Up to 60 visits per Policy Year. Pre-Certification Required.	\$25 copay per visit then the plan pays 100% of NC	\$25 copay per visit then the plan pays 60% of U&C

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Benefits (continued)

OUTPATIENT BENEFITS (CONTINUED)	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Emergency Services	\$250 copay per visit (waived if admitted) then the plan pays 100% of NC (waived if admitted)	Paid the same as In-Network Provider subject to U&C Charge
Urgent Care Centers	\$25 copay per visit then the plan pays 100% of NC	\$25 copay per visit then the plan pays 60% of U&C
Diagnostic Imaging Services Pre-Certification required.	100% of NC	60% of U&C
Laboratory Procedures	100% of NC	60% of U&C
Mental Health Disorder and Substance Use Disorder For the Treatment of Mental Health, Substance Abuse, Gender Dysphoria and Behavioral Health Treatment for Pervasive Developmental Disorder or Autism. Pre-Certification required except for office visits.	100% of NC	60% of U&C
OTHER BENEFITS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Ambulance Service Ground and/or Air, Water Transportation	100% of NC	100% of U&C
Durable Medical Equipment Pre-Certification required.	100% of NC	60% of U&C
Maternity Benefit	Same as any other Covered Sickness	
Pediatric Dental Care Benefit To the end of the month in which the Insured Person turns age 19. Refer to the Certificate for a complete list of covered services, including applicable limitations and exclusions.	100% of U&C for Preventive Services 50% of U&C for non-Preventive Services	
Pediatric Vision Care Benefit To the end of the month in which the Insured Person turns age 19. Refer to the Certificate for a complete list of covered services, including applicable limitations and exclusions.	\$25 copay per visit; then the plan pays 100% of U&C	
Accidental Injury Dental Treatment	100% of NC	60% of U&C
Bedside Visits	100% of U&C, subject to a \$1,000 maximum per Policy Year	
Medical Evacuation Expense	100% of U&C (deductible waived)	
Repatriation Expense	100% of U&C (deductible waived)	
PRESCRIPTION DRUGS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Prescription Drugs Retail Pharmacy For each fill up to a 30-day supply filled at a Retail pharmacy.	65% of NC	65% of Actual Charge*

Pre-Certification required for Inpatient Services Care, selected Outpatient Services, and Outpatient Surgery. For a complete list of these services, see the Plan Certificate.

* You must pay for prescriptions in full, then submit a claim for reimbursement.

Accidental Death and Dismemberment (AD&D) Benefit

Principal Sum \$10,000

Loss must occur with 365 days of the date of a covered Accident.

Only one benefit will be payable under this provision, that providing the largest benefit, when more than one loss occurs as the result of any one (1) Accident. This benefit is payable in addition to any other benefits payable under the Certificate.



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.

1. **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.
2. 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 the person's attending physician or dentist.
3. Medical services rendered by a provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits.
4. Professional services rendered by anyone who lives with You.
5. 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.
6. 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 Members acting as surrogate mothers);
 - Cloning; or
 - Medical and surgical procedures that are experimental or investigational, unless Our denial is overturned by an External Appeal Agent.
7. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
8. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
9. Any expenses in excess of Usual and Customary Charges except as provided in the Certificate.
10. 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.

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Exclusions and Limitations (continued)

11. 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.
12. 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.
13. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
14. 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.
15. Services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
16. Expenses payable under any prior policy which was in force for the person making the claim.
17. 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.
18. 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.
19. Elective Surgery or Elective Treatment unless such coverage is otherwise specifically covered under the Certificate.
20. 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.
21. Treatment for obesity except surgery for morbid obesity (bariatric surgery). Surgery for removal of excess skin or fat.
22. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
23. Expenses for radial keratotomy.
24. Adult Vision unless specifically provided in the Certificate.
25. Charges for duplicate spare eyeglasses, lenses or frames, non-prescription lenses or contact lenses that are for cosmetic purposes.
26. Charges for hearing exams, hearing screening, and the fitting or repair or replacement of hearing aids or cochlear implants except as specifically provided in the Certificate.
27. Racing or speed contest, 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), or other hazardous sport or hobby.
28. Surgery or related services for cosmetic purposes to improve appearance, except to restore bodily function or correct deformity resulting from disease, or trauma.
29. Treatment to the teeth, including orthodontic braces and orthodontic appliances, unless otherwise covered under the Pediatric Dental Care Benefit.
30. Extraction of impacted wisdom teeth or dental abscesses.
31. You are:
 - Committing or attempting to commit a felony;
 - Being engaged in an illegal occupation; or
 - Participation in a riot.
32. Elective abortions.
33. Custodial Care service and supplies.
34. Charges for hot or cold packs for personal use.
35. Braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.
36. Services of private duty Nurse except as provided in the Certificate.
37. Expenses that are not recommended and approved by a Physician.
38. 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.
39. Cosmetic procedures related to Gender Reassignment including but not limited to rhinoplasty, face lift, facial bone reduction, lip enhancement or reduction, blepharoplasty, breast augmentation, body contouring, reduction thyroid chondroplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants.
40. Sleep Disorders, except for the diagnosis and treatment of obstructive sleep apnea.
41. Treatment of Acne unless Medically Necessary.
42. Experimental or Investigational drugs, devices, treatments or procedures unless otherwise covered under Cancer Clinical Trials or covered under cancer clinical trials (routine patient costs). See the Other Benefits section for more information.
43. Under the Prescription Drug Benefit shown in the Schedule of Benefits:
 - 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 the 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;
 - Any drug or medicine for the purpose of weight control;
 - Fertility drugs;
 - Sexual enhancements drugs;
 - 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 one (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;
 - 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;
 - Immunology products.
44. Non-chemical addictions.
45. Non-physical, occupational, speech therapies (art, dance, etc.).
46. Modifications made to dwellings.
47. General fitness, exercise programs.
48. Hypnosis.
49. Rolfing.
50. Biofeedback.

The following are not affiliated with Wellfleet Insurance Company and the services are not part of the Plan Underwritten by Wellfleet Insurance Company. These value added options are provided by Relation Insurance Services.

Travel Assistance Services

Travel Guard is travel insurance solutions and travel-related services, including assistance and security services. Services are provided through a network of wholly owned service centers located in Asia, Europe and the Americas. For additional information, please visit www.travelguard.com.

Wherever your travels may take you, in the event of a medical emergency or unexpected travel problem, Travel Guard is never more than a phone call away. Our state-of-the-art service centers deliver global service 24 hours a day, 7 days a week, 365 days a year.

General Assistance

Flight delays, inclement weather, lost or stolen luggage and other travel hassles are an unfortunate reality of travel today. We keep traveling students on the move with a variety of travel assistance services:

- Lost or stolen documents assistance
- Embassy and consulate information and referrals
- Lost baggage search and luggage replacement assistance
- Emergency language interpretation and translation services
- Emergency return travel arrangements
- Flight and hotel re-bookings
- Immunization, visa and passport information
- Guaranteed hotel check-in
- Travel delay reports
- Emergency cash transfer assistance
- Legal referrals/bail bond assistance
- Foreign exchange, ATM and weather information
- Worldwide public holiday information
- Urgent message relay to family, friends or university associates

Medical Assistance

From Doctor referrals to coordinating medical evacuations, we help traveling students address their medical needs with expediency and expert care:

- Coordinate medical evacuation arrangements
- Physician/hospital/dental/vision care referral details, when medical attention is required including assistance with appointments
- Coordination of repatriation arrangements for the return of mortal remains in accordance with local governmental procedures
- Assistance with emergency prescription replacement while abroad
- Dispatch of doctor or specialist
- In-patient and out-patient medical case management
- Arrangements of visitor to bedside of hospitalized insured
- Eyeglasses and corrective lens replacement assistance

Concierge Services

Whether it is finding local restaurants or concert tickets, our Concierge Desk is a direct line to a team of professional and personal assistants available to help your travels be more effective:

- Referrals for counselling services
- Restaurant or local activity assistance
- Recommendations for spring break
- Moving coordination assistance
- Locate laundry facilities, post offices or bus schedules
- Recommend local car maintenance assistance
- Concert and event ticketing
- Electronic and wireless device assistance
- Movie and theatre information and ticketing
- Assistance with locating low fuel prices
- Assistance with finding places to purchase room supplies
- Locating retail stores (including shopping, coffee shops with free wireless internet access)

Website and Mobile App

You can access our secure website, an online resource to stay a step ahead with the latest travel, security and health information. Whether it's prior to travel, during the trip, or after the return home, our members-only assistance website provides student travelers access to in-depth travel, health and security information. You can connect to the travel assistance website from your computer, smartphone or tablet 24/7/365. Please visit www.travelguard.com for more information about the website and mobile app.

- Email alerts contain security developments, such as terror attacks, major strikes, disasters or disruptions and government warnings that may affect your travel destination(s) and specific travel dates.
- Country reports provide key information on political conditions, security issues, travel logistics and cultural considerations.
- The Travel Health section educates travelers on health-related concerns, precautions and requirements for destinations and ability to create personal travel health profiles.
- The Medical Translations tool translates medical terms and phrases into multiple languages.
- The Drug Brand Equivalency tool generates drug brand names and their equivalent names in multiple countries.
- Security Awareness Training provides online travel safety videos and knowledge tests provide basic tools and information to be an aware, organized and prepared traveler.

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Travel Assistance Services (continued)

How to Access Services

If you require medical assistance, have a medical emergency or you need assistance with a non-medical situation, such as lost luggage, lost documents or other travel issues, follow these steps:

- Inside the U.S. and Canada: Dial toll-free **(877) 305-1966**
- Outside the U.S. and Canada:
 - a) Request an international operator.
 - b) Request the operator to place a collect call to the U.S. at **+1 (715) 295-9311**.

Please provide the following information when you call:

- Policy number or school name
- Nature of your call and/or emergency
- Current location
- Contact phone number and email address
- Secondary point of contact
- Date of birth

Wellfleet CareConnect

24/7 Behavioral Telehealth and Nurseline Access

CareConnect is an integrated behavioral health program offering students easy access to licensed behavioral health clinicians 24/7/365 via telephone.

Connect to a registered nurse within seconds, helping students manage their health on their terms through easy access.

Behavioral Health Care

Claims are handled as an in-network visit to ensure students face no disruption with their mental health and substance abuse care using a wide-open Mental Health network.

\$0 Prenatal Vitamin Program

Student members have access to select prenatal vitamins at no cost during pregnancy. Call **(888) 857-5462** for additional information.

Servicing Agent:
Relation Insurance Services

Plan Administered by:
Wellfleet Group, LLC

