

# 2020–2021 Plan Summary



TOURO UNIVERSITY  
CALIFORNIA

**TOURO UNIVERSITY, CALIFORNIA**  
STUDENT HEALTH INSURANCE PLAN (SHIP)

**Underwritten by:**  
Wellfleet Insurance Company

**Policy Number:**  
WI2021CASHIP106

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## Notice

This is only a brief description of the coverage(s) available under Certificate form CA SHIP Cert (2019). The Certificate will contain 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.

The Plan described in this Summary is awaiting approval by the California Department of Insurance. If the Plan is changed during the approval process, a revised Summary will be provided. 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, & Waivers

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

### Benefits & Claims

Wellfleet Group, LLC  
dba Wellfleet Administrators, LLC  
P.O. Box 15369  
Springfield, Massachusetts 01115-5369  
**(877) 657-5030, TTY 711**  
[www.wellfleetstudent.com](http://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](http://www.wellfleetstudent.com) or  
Cigna PPO  
[www.mycigna.com](http://www.mycigna.com)



## Pharmacy Benefits Manager

For information about the Wellfleet Rx/ESI Prescription Drug Program, please visit [www.wellfleetstudent.com](http://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 Travel Guard  
[www.travelguard.com](http://www.travelguard.com)  
**(877) 305-1966** (in the U.S. & Canada)  
Call collect **+1 (715) 295-9311** (outside U.S. & Canada)  
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 & Enrollment

### Students

All on campus full-time students (6 credit hours or more) who are registered and attending classes at the University, excluding nursing and education students, will be automatically insured under this plan, unless proof of comparable coverage is provided and a waiver is completed and submitted by the Waiver Deadline Date.

All students who meet Eligibility requirements above and who have not waived coverage by the Waiver Deadline Date listed will be automatically enrolled in the plan.

Except in the case of medical withdrawal due to Sickness or Injury, students must actively attend classes for at least the first 31 days of the period for which coverage is purchased. Insureds withdrawing after such period will remain covered under the Policy for the term purchased and no refund will be allowed, except as otherwise specified herein.

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

### Dependents

Coverage for Spouse/Domestic Partner and Child(ren) is not offered under this plan.

## Premium Refunds

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

1. For any student who does not attend school during the first thirty-one (31) days of the period for which coverage is purchased. Such a student will not be covered under the Policy and a full refund of the Premium will be made minus any claims paid.
2. 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.
3. For International Students, We will refund a pro rata portion of the premium actually paid (less any claims paid) for any individual who:
  - Withdraws from School during their first semester; and
  - Returns to their Home Country on a permanent basis.

A written request must be sent to Us within 60 days of such departure. No other refunds will be allowed.

## ID Card

You will receive your insurance ID card in the mail after the start of your first term of coverage for the year. You may also download your ID card from the [Relation Member Portal](#) or by visiting [www.4studenthealth.com/tuca](http://www.4studenthealth.com/tuca).

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!** You will need your card when you visit a physician's office, urgent care, or hospital.

# 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 Network** could decrease your costs. For a complete listing of PPO physicians, hospitals, and other facilities, visit [www.mycigna.com](http://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](http://www.mycigna.com).
4. After you receive treatment at a PPO provider, your provider will usually submit a claim to the insurance company. You will receive an Explanation of Benefits from Relation, 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 visit [www.4studenthealth.com/tuca](http://www.4studenthealth.com/tuca) and see **Claims** under the USE YOUR INSURANCE section for information about how to submit a claim.

## Prescriptions/Medications

The Pharmacy Benefits Manager (PBM) is Wellfleet Rx/ESI. To fill a prescription visit an IN-NETWORK pharmacy and pay the copay. Only Prescriptions filled at a Wellfleet Rx/ESI pharmacy are covered.

Please visit [www.wellfleetstudent.com](http://www.wellfleetstudent.com).

### Member Pharmacy Help

**(877) 640-7940**

## 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 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 (U&C) Charge 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

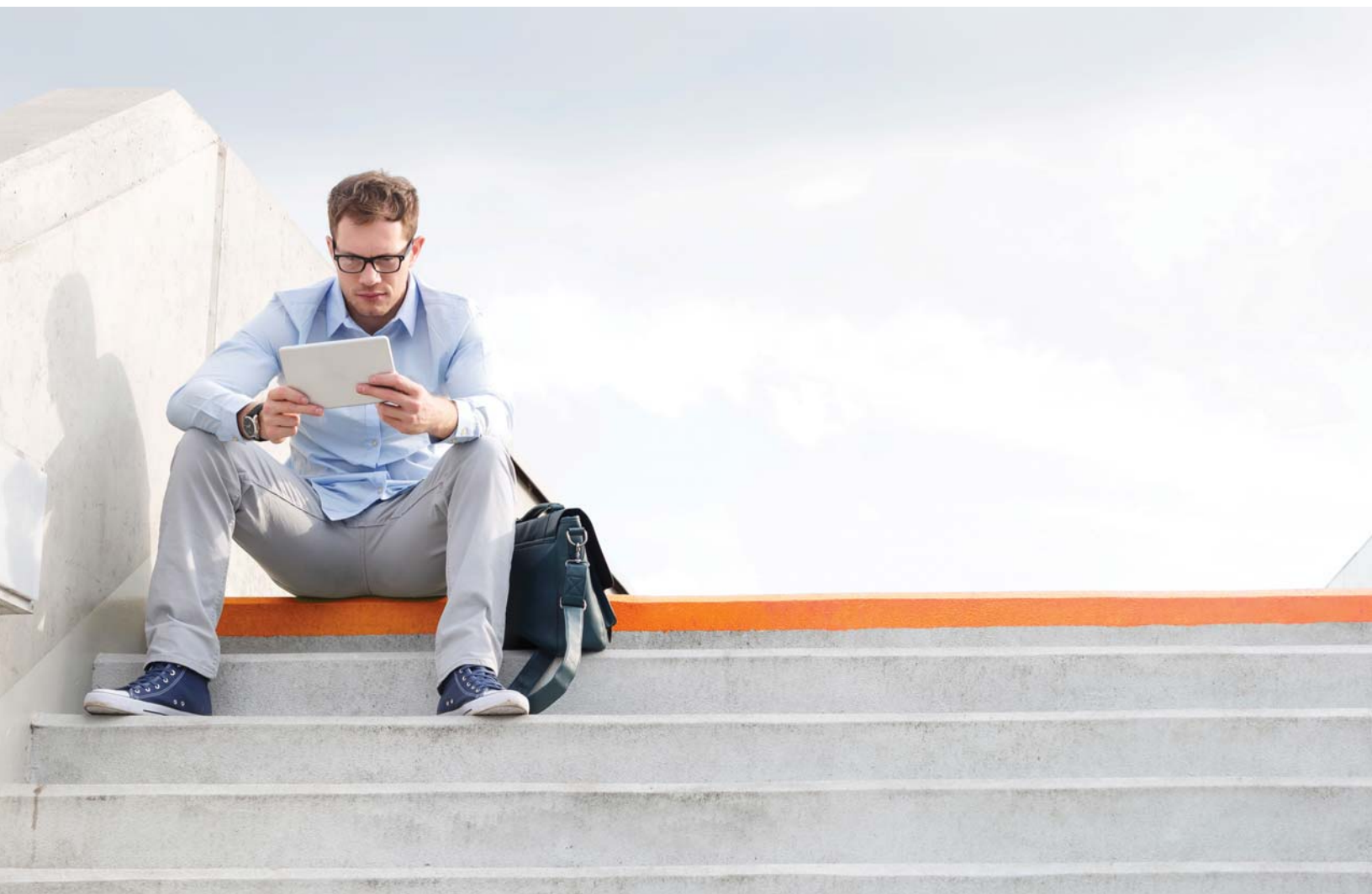
## In the event of either an Injury or a Sickness:

1. Report to a Physician, Hospital or the School's Student Health Services.
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 Non-Cigna PPO Providers:  
Wellfleet Group, LLC  
P.O. Box 15369  
Springfield, Massachusetts 01115-5369  
**(877) 657-5030, TTY 711**  
[www.wellfleetstudent.com](http://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](http://www.wellfleetstudent.com).



# Benefits

## Benefit Highlights

**Actuarial Value:** 92.71%

**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 PPO providers and 60% of Usual & Customary (U&C) Charge when using out-of-network providers. Unless otherwise specified below the Medical Deductible will always apply.

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Preventive Services</b> In-Network Provider: The Deductible, Coinsurance, and any Copays are not applicable to Preventive Services.  Out-of-Network Provider: The Deductible, Coinsurance, and any Copays are applicable to Preventive Services provided through a Non-Network Provider.	100% of NC	60% of U&C
<b>Medical Deductible</b> Waived for services at student health center.	\$250 per Policy Year	\$500 per Policy Year
<b>Out-of-Pocket Maximum</b> <ul style="list-style-type: none"> <li>Includes copays, coinsurance and Policy Year Deductible</li> <li>Once the Out-of-Pocket limit is reached by the Insured Person, the coinsurance paid by the Company will increase to 100% of the allowed amount.</li> </ul>	\$4,000 per Policy Year	
<b>Coinsurance Amounts</b>	100% of the Negotiated Charge (NC)	60% of Usual & Customary (U&C) Charge
INPATIENT BENEFITS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Hospital Care</b> 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
<b>Physician's Visits while Confined</b>	100% of NC	60% of U&C
<b>Inpatient Surgery</b> 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
<b>Outpatient Surgery</b> 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
<b>Physician Office Visits</b>	100% of NC after \$20 copay per visit (waived at student health center)	60% of U&C
<b>Specialist/Consultant Physician Services</b>	100% of NC after \$20 copay per visit	60% of U&C
<b>Rehabilitation Therapy</b> Including, Physical Therapy, and Occupational Therapy, and Speech Therapy. Pre-Certification Required.	100% of NC after \$20 copay per visit	60% of U&C after \$40 copay per visit
<b>Emergency Services</b>	100% of NC after \$150 copay per visit (waived if admitted)	100% of U&C after \$150 copay per visit (waived if admitted)

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## Benefits (continued)

OUTPATIENT BENEFITS (CONTINUED)	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Urgent Care Centers</b>	100% of NC after \$20 copay per visit	60% of U&C after \$40 copay per visit
<b>Diagnostic Imaging Services</b> Pre-Certification Required.	100% of NC	60% of U&C
<b>Laboratory Procedures</b>	100% of NC	60% of U&C
<b>Mental Health Disorder and Substance Use Disorder</b> 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.	100% of NC	60% of U&C
OTHER BENEFITS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Ambulance Service</b> <b>Ground and/or Air, Water Transportation</b>	100% of NC	100% of U&C
<b>Durable Medical Equipment</b> Pre-Certification required.	100% of NC	100% of U&C
<b>Maternity Benefit</b>	Same as any other Covered Sickness	
<b>Pediatric Dental Care Benefit</b> 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	
<b>Pediatric Vision Care Benefit</b> 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	
<b>Accidental Injury Dental Treatment</b> For Insured Persons over the age of 18.	100% of NC	100% of U&C
<b>Bedside Visits</b>	100% of NC, subject to a \$1,000 maximum per Policy Year	
<b>Medical Evacuation Expense</b>	100% of U&C (deductible waived)	
<b>Repatriation Expense</b>	100% of U&C (deductible waived)	
PRESCRIPTION DRUGS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Prescription Drugs</b> For each fill up to a 30-day supply filled at a Retail pharmacy. Copay will incrementally increase for each additional 30-day supply.	100% of NC after copay deductible waived \$20 copay Generic \$35 copay Preferred Brand \$60 copay Non-Preferred Brand/Specialty	Not covered

## 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 Student Health Center or by Your attending Physician or dentist.
3. 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.
4. Professional services rendered by an Immediate Family Member or 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 paid by Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medi-Cal.
8. 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.
9. Any expenses in excess of Usual and Customary Charges except as provided in the Certificate.
10. 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.

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## Exclusions and Limitations (continued)

11. Services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
12. Expenses payable under any prior policy which was in force for the person making the claim.
13. 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.
14. Elective Surgery or Elective Treatment unless such coverage is otherwise specifically covered under the Certificate.
15. 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.
16. Treatment for obesity except surgery for morbid obesity (bariatric surgery). Surgery for removal of excess skin or fat.
17. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
18. Expenses for radial keratotomy.
19. Adult Vision unless specifically provided in the Certificate.
20. 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.
21. Charges for hearing screening, hearing aids and the fitting or repair or replacement of hearing aids or cochlear implants except as specifically provided in the Certificate.
22. Surgery or related services for cosmetic purposes to improve appearance, except to restore bodily function or correct deformity resulting from disease, or trauma, or for gender dysphoria.
23. Treatment to the teeth, including orthodontic braces and orthodontic appliances, unless otherwise covered under the Pediatric Dental Care Benefit.
24. Extraction of impacted wisdom teeth or dental abscesses.
25. You are:
  - committing or attempting to commit a felony,
  - engaged in an illegal occupation, or
  - participating in a riot.
26. Custodial Care service and supplies.
27. Charges for hot or cold packs for personal use.
28. Braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.
29. Services of private duty Nurse except as provided in the Certificate.
30. Expenses that are not recommended and approved by a Physician.
31. 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 the plan.
32. Sleep Disorders, unless medically necessary, except for the diagnosis and treatment of obstructive sleep apnea.
33. Treatment of Acne unless Medically Necessary.
34. Experimental or Investigational drugs, devices, treatments or procedures unless otherwise covered under Covered Clinical Trials or covered under clinical trials (routine patient costs). See the Other Benefits section for more information.
35. 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;
36. Non-chemical addictions.
37. Non-physical, occupational, speech therapies (art, dance, etc.).
38. Modifications made to dwellings.
39. General fitness, exercise programs.
40. Hypnosis.
41. Rolfing.
42. 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](http://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](http://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.

## 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  
CA License No. 0G55426

**Plan Administered by:**  
Wellfleet Group, LLC  
dba Wellfleet Administrators, LLC

