

# SNAPSHOT

2021–2022

## BOISE STATE UNIVERSITY (THE POLICYHOLDER) GRADUATE ASSISTANT HEALTH INSURANCE PLAN



**Coinsurance** is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 80% of the Negotiated Charge (NC) when you use **Cigna PPO** providers, and 60% of Usual & Customary (U&C) Charge when you use out-of-network providers.

### Benefits

Covered services at the student health center are paid at 100% of NC.

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER <sup>1</sup>
<b>Medical Deductible</b>	\$1,250 per Policy Year (waived at campus health center)	\$2,500 per Policy Year
<b>Physician's Office Visits</b>	80% of NC	60% of U&C
<b>Urgent Care Centers for Non-Life-Threatening Conditions</b>	80% of NC	60% of U&C
<b>Emergency Services in an Emergency Department (includes Urgent Care for Emergency Medical Conditions).</b>	\$100 copay per visit (waived if admitted) then the plan pays 80% of NC	Paid the same as In-Network Provider subject to U&C
<b>Hospital Care</b> includes Hospital Room & Board Expenses and Miscellaneous Services & Supplies <sup>2</sup>	80% of NC	60% of U&C
<b>Prescription Drugs</b>	\$25 copay Generic \$45 copay Preferred Brand / \$75 copay Non-Preferred Formulary & Specialty, then the plan pays 100% of NC (deductible waived)	\$25 copay Generic <sup>3</sup> \$45 copay Preferred Brand <sup>3</sup> / \$75 copay Non-Preferred & Specialty <sup>3</sup> , then the plan pays 100% of Actual Charge)
<b>Out-of-Pocket Maximum</b>	\$4,500 per Policy Year	\$9,000 per Policy Year

- Using out-of-network providers will cost you more money! Coinsurance is payable for Usual & Customary (U&C) Charge, the most common charge for similar professional services, drugs, procedures, devices, supplies, or treatment within the area in which the charge is incurred. Some out-of-network providers charge more than U&C and you will be responsible for these excess amounts over the listed coinsurance.
- 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.

### Questions

**Enrollment & Eligibility**  
Graduate College  
[gradassistant@boisestate.edu](mailto:gradassistant@boisestate.edu)  
(208) 426-1039

**Benefits**  
Wellfleet Group, LLC  
(877) 657-5030, TTY 711

**Plan Materials & Information**  
[www.4studenthealth.com/boisestate-ga](http://www.4studenthealth.com/boisestate-ga)

### Insurance ID Card

You will receive an email notifying you that your ID card is available to download. Visit [www.wellfleetstudent.com](http://www.wellfleetstudent.com).

**Carry your ID card with you at all times!**

### Getting Care

Go to the campus health center. If you need to access care away from campus, visit [www.wellfleetstudent.com](http://www.wellfleetstudent.com) or call (877) 657-5030, TTY 711 to find a provider in the **Cigna PPO Network**.

### Prescription Drugs

Always use a Wellfleet Rx/ESI pharmacy. To locate a pharmacy, visit [www.wellfleetstudent.com](http://www.wellfleetstudent.com) or call (877) 640-7940.

*Revised June 30, 2021 8:17 AM*

### Servicing Agent

Relation Insurance Services

## Exclusions & 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. 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.
2. 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 the plan.
3. Professional services rendered by an Immediate Family Member or anyone who lives with You.
4. 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.
5. 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.
6. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
7. 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.
8. Any expenses in excess of Usual and Customary Charges except as provided in the Certificate.
9. 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.
10. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
11. 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.
12. Services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
13. Expenses payable under any prior policy which was in force for the person making the claim.
14. 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.
15. 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.
16. Elective Surgery or Elective Treatment unless such coverage is otherwise specifically covered under the Certificate.
17. Charges incurred for acupuncture, in any form, except to the extent provided in the Schedule of Benefits.
18. 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.
19. Treatment for obesity. Surgery for removal of excess skin or fat.
20. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
21. Expenses for radial keratotomy.
22. Adult Vision unless specifically provided in the Certificate.
23. Charges for duplicate spare eyeglasses, lenses or frames, nonprescription lenses or contact lenses that are for cosmetic purposes.
24. Charges for hearing exams, hearing screening, hearing aids and the fitting or repair or replacement of hearing aids or cochlear implants except as specifically provided in the Certificate.
25. Surgery or related services for cosmetic purposes to improve appearance, except to restore bodily function or correct deformity resulting from disease, or trauma.

## 2021–2022 SNAPSHOT (CONTINUED)

26. Treatment to the teeth, including orthodontic braces and orthodontic appliances, unless otherwise covered under the Pediatric Dental Care Benefit.
27. Extraction of impacted wisdom teeth or dental abscesses.
28. Treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Certificate definition of same.
29. You are:
  - committing or attempting to commit a felony,
  - engaged in an illegal occupation, or
  - participating in a riot.
30. Elective abortions, except to preserve the life of the female upon whom the abortion is performed.
31. Custodial Care service and supplies.
32. Charges for hot or cold packs for personal use.
33. Braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.
34. Services of private duty Nurse except as provided in the Certificate.
35. Expenses that are not recommended and approved by a Physician.
36. 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.
37. Sleep Disorders, except for the diagnosis and treatment of obstructive sleep apnea.
38. Treatment of Acne unless Medically Necessary.
39. 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.
40. 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.
41. Non-chemical addictions.
42. Non-physical, occupational, speech therapies (art, dance, etc.).
43. Modifications made to dwellings.
44. General fitness, exercise programs.
45. Hypnosis.
46. Rolfing.
47. Biofeedback.

---

This is only a brief description of the coverage(s) available under Certificate form ID 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.