

UNIVERSITY OF INCARNATE WORD STUDENT HEALTH INSURANCE PLAN

2021/2022

AGENDA

Overview About Wellfleet | The Plan Value

Insurance Terminology

What do these terms mean?

Your Share of the Costs

What the plan covers

Cigna National PPO Network

What Doctors take my plan?

How to Obtain ID Cards

Student Experience

What To Do When You Get Medical Bills





ABOUT WELLFLEET

- Wellfleet Student Health, located in Springfield, MA, has served the student insurance market for over 25 years and today we proudly serve 200+ Colleges and Universities and over 150,000 students.
- We provide ACA-compliant plans offering unlimited medical coverage and access to a national network of providers provided by Cigna.



What Do these Terms Mean?

Insurance Terminology

Coinsurance means the percentage of Covered Medical Expenses that We pay. The Coinsurance is separate and not part of the Deductible and Copayment.

Copayment means a specified dollar amount You must pay for specified Covered Expenses.

Deductible means the dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable by the plan.

Negotiated Charge means the amount a Preferred Provider will accept as payment in full of Covered Medical Expenses.

Usual & Customary Charge means the average charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area.



What Do these Terms Mean?

Insurance Terminology

Non-Participating Providers are Physicians, Hospitals and other healthcare providers who have not agreed to any pre-arranged fee schedules.

Participating Providers are Physicians, Hospitals and other healthcare providers who have contracted with Us to provide specific medical care at negotiated prices.

Out-of-Pocket Maximum: means the most You will pay during a Policy Year before Your Coverage begins to pay 100% of the allowed amount. This limit will never include Premium, balancebilled charges or health care the Certificate does not cover. Your Non-Preferred Provider payments or other non-covered expenses do not count toward this limit.



YOUR SHARE OF THE COSTS

COST SHARE	Participating Provider CIGNA	Non-Participating Provider
DEDUCTIBLE	\$300	\$600
COINSURANCE	80% of the Negotiated Charge	60% of the Usual and Customary Charge
IN NETWORK PRESCRIPTION COPAY	Generic: \$20 Preferred Brand: \$50 Non-Preferred Brand: \$75 Specialty: \$75	
OUT-OF-POCKET MAX	\$8,150 Individual \$16,300 Family	\$16,300 Individual



HOW TO FIND A CIGNA PPO PROVIDER

Go to https://www.cigna.com/

Select "Find a Doctor, Dentist, or Facility":

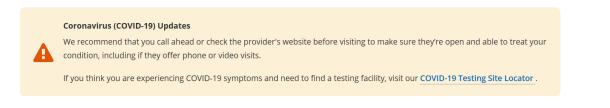


Click "Employer or School" under How are you Covered?:



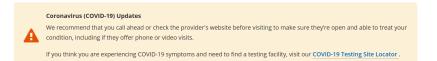


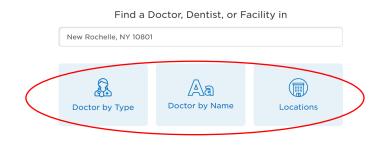
Enter the area you are looking for a Provider/Facility in:





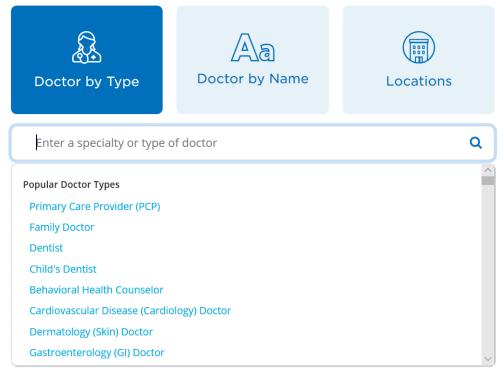
Choose option from the boxes below:







Enter the information into the box below:

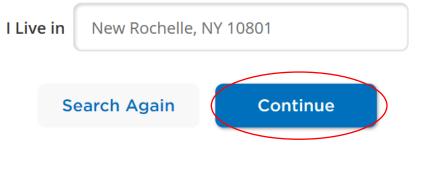


Additional Pasources



Confirm search:

Please Select a Plan



Continue without a plan



Select Plan "PPO, Choice Fund PPO":

Please Select a Plan

HMO

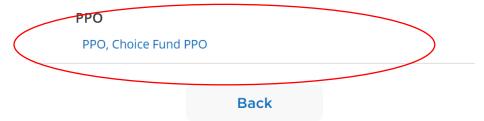
CIGNA HealthCare of New York, Inc.

Metro NY Seamless Network

OAP

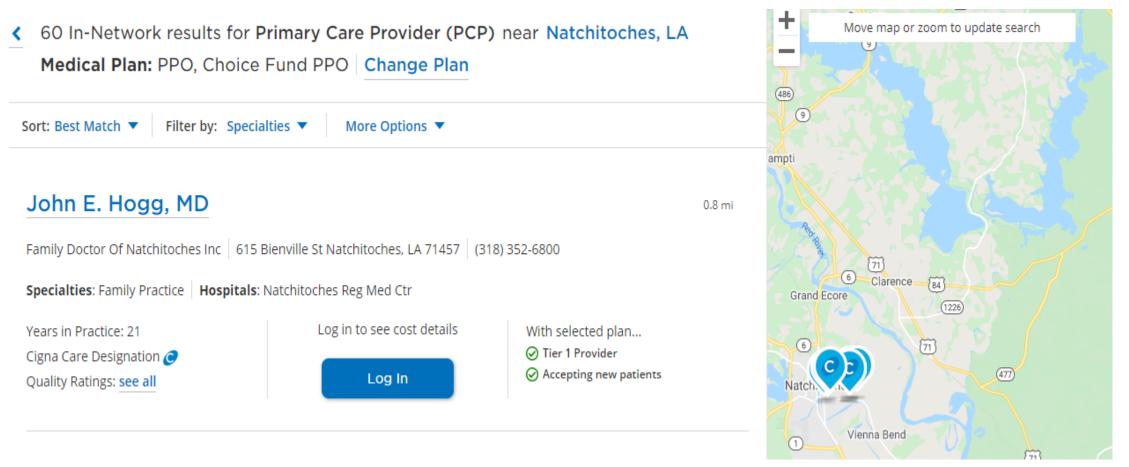
Open Access Plus, OA plus, Choice Fund OA Plus

Open Access Plus, OA plus, Choice Fund OA Plus WITH CareLink





Providers will then appear along with a map:



**It is highly recommended that you contact the provider's office directly to confirm he/she are accepting new patients and still participate in the Cigna PPO network.

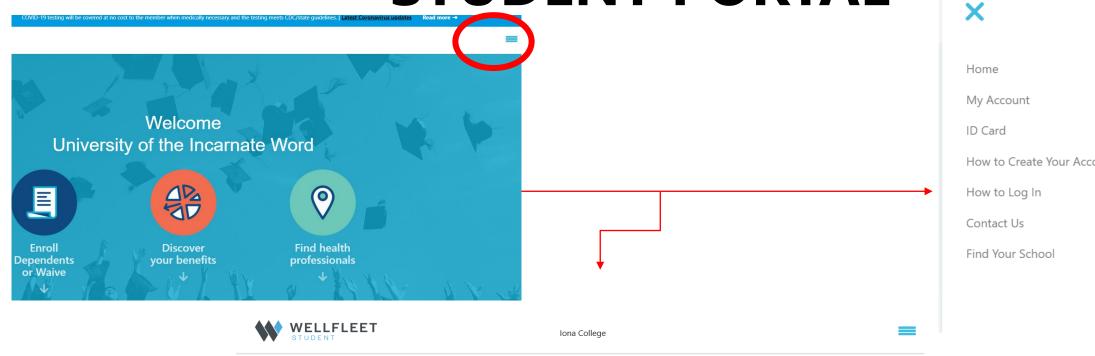


Wellfleet Rx/ESI PHARMACY NETWORK

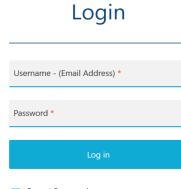
The following pharmacies are available as part of Wellfleet Rx/ESI PBM network:

Costco Pharmacy CVS Pharmacy Giant Eagle Pharmacy **Giant Pharmacy** Happy Harry's Klein's Shoprite Pharmacy Kmart Pharmacy Martins Pharmacy Medicap Pharmacy Medicine Shoppe Pharmacy **Rite Aid Pharmacy** Safeway Pharmacy Sam's Pharmacy Savon Pharmacy Shoppers Pharmacy ShopRite Pharmacy Target Pharmacy Walgreens Pharmacy Walmart Pharmacy Wegmans Pharmacy

STUDENT PORTAL



How to Create Your Account



G Forgot Password

Getting Started?

Please enter the requested information based on what you have on file with your college or university below. This page is only for students who have never set up an account (with an email address and password). If you enrolled or waived at www.studentinsurance.com, you did set up an online account during that process. If you are not able to Create an Account or have any issues, please contact us at cs@wellfleetinsurance.com or call us at 1-877-657-5030.

Alerts

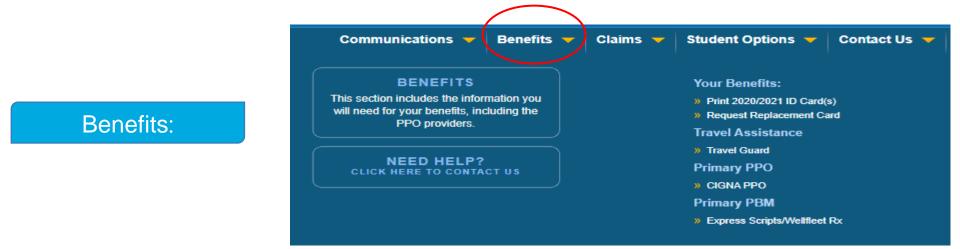
The Enroll or I Read More



STUDENT PORTAL



 Communications will show in the Communication tab as a reference. Each Communication will provide the date and time, and the exact email/text and will enable it to be resent as needed.



• Brochure, Plan Summary, Policy, PPO Provider, PBM, and Travel Guard links are all shown under this tab.



STUDENT PORTAL

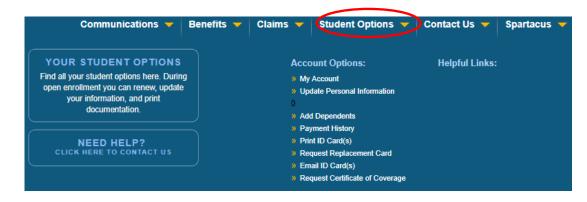
Communications 🔻	Benefits Claims Student Options Contact Us Spartacus
CLAIMS	Your Claims:
	» View Claims/EOBs
	Notification Forms:
NEED HELP? CLICK HERE TO CONTACT US	» Accident Form
	» Pre-existing Form
	Other Insurance Form
	» Authorization Form
	» Visa Verification Form
	» Student Eligibility Verification Form
	» Submit Claim Related Documents

• Students are able to track the process of their claim and view EOBs

- Students are able to make an inquiry to any claim.
- Any forms needed to process a claim are provided to the student to submit electronically.



Claims:



• Students can update their personal information, print, email, and/or request an ID card.



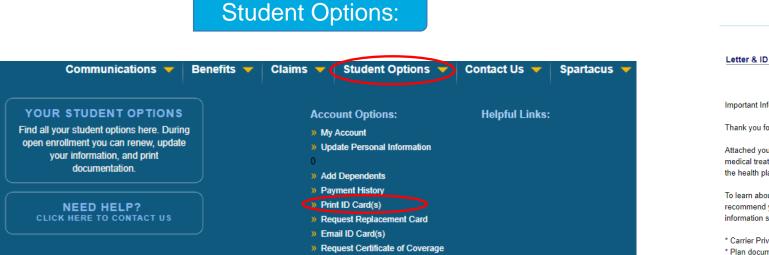
HOW TO OBTAIN ID CARD

Page#1 Displaying 1 records. Click on "Print this page" button to print these 1 cards. Print this page

Go Green Print ID Cards

If you select this option, a copy of your ID Card will NOT be mailed to you.

Select a Member: TEST L1389668 V



• Students can update their personal information, print, email, and/or request an ID card.

Letter & ID Card	University of ABC Group # ST1234SH
Important Information - Please Read Carefully	
Thank you for participating in the Student Health Insurance Plan (SHIP) administered by Wellfler	et Group, LLC.
Attached you will find your health insurance ID card. Please keep this card with you and always medical treatment in order to assure proper coverage for services. This card can be used for the the health plan. All claims should be forwarded to the address specified on the back of your ID C	e entire term of your enrollment in
To learn about your Student Health Insurance Plan please visit <u>www.wellfleetstudent.com</u> , and s recommend you visit this site periodically to stay up to date on your plan. Your school page will p information such as:	
 * Carrier Privacy Notices, Disclosures and Important Alerts * Plan documents such as Benefits at a Glance and Certificates of Coverage * Access to your electronic ID Card * Access to your claims information and Explanation of Benefits documents * Links to a directory of Network Providers contracted to provide discounted rates for health care services for your plan * Links to additional services such as pharmacy benefits and formularies, behavioral health cour and emergency travel assistance services (if included in your plan) * Links to value added services such as discount dental and vision programs available to you as 	
We encourage you to create/access your account using the My Account link on the school page information by selecting the Student Options tab once you have signed in to the system.	
Please review the plan documents to understand the benefits and exclusions of your plan. You or Us link on our website, by email at <u>customerservice@wellfleetstudent.com</u> , or by phone at (877) you may have about your plan, its benefits, exclusions and claims.	, ,

Thank you for your participation and welcome to Wellfleet



ID CARD

Contact Information

Eligibility/Claims: (877) 657-5030 *Travel Assist Service Calls Only: Inside US/Canada: (877) 305-1966 International Call: (715) 295-9311 Wellfleet Nurseline 24/7: (800) 634-7629

For care coordination, we recommend you seek care from your student health center, if available.

Pre-certification required-call Wellfleet: (877) 657-5030 AWAY FROM HOWE CARE

Pre-certification does not guarantee coverage or payment

Benefits are not insured by CIGNA or affiliate. Forward all claims to:

CIGNA PPO	Correspondence/Non PPO:
PO Box 188061	Wellfleet Group, LLC
Chattanooga, TN 37422-8061	PO Box 15369
EDI Payer ID: 62308	Springfield, MA 01115-5369
Cigna Providers: cigna.com	EDI Payer ID: 87843
or wellfleetstudent.com	wellfleetstudent.com

Fully Insured by Wellfleet Insurance Company Possession of card does not guarantee coverage

WELLFLEET TDI



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MEMBER

IDCARD SAMPLE1

ID: 001953566 000 ST0948SH - University of the Incarnate Word

BENEFITS

Wellfleet Rx/ESI - Rx Copay: Tier 1: \$20, Tier 2: \$50, Tier 3: \$75 E.R. Copay: \$500 after Deductible RX BIN: 003858 Pharmacist Rx Help Desk: (800) 922-1557 PCN: A4 Member Pharmacy Help Desk: (877) 640-7940 RxGroup: WFLEET1

Eligibility/Claims: (877) 657-5030 **No Referral Required**

CareConnect Behavioral Health Hotline: (888) 857-5462

See Reverse Side For Important Information



HOW TO CONTACT US

If you receive a Medical Bill

Claims Administrator: WELLFLEET GROUP, LLC

PO Box 15369 Springfield, MA 01115-5369 Toll Free (877) 657-5030 <u>www.wellfleetstudent.com</u> Group Number: ST0948SH







THANK YOU

