Dear Students:
We are pleased to provide you with this summary of the Student Health Insurance Plan for Husson University. This plan is fully compliant with the Affordable Care Act.

Who Is Eligible To Enroll?
All full-time graduate students enrolled in 6 or more credit hours, and all undergraduate students enrolled in 9 or more credits are eligible. Students are asked to either elect coverage under the Husson University SHIP or to request a waiver to opt out of insurance.

Note: The Student Health Insurance Plan is not available to fully online programs or non-Bangor Campuses.

How do I Elect to enroll / Waive the SHIP?
All eligible students must take action to either waive (opt out) or elect to enroll in the Husson University SHIP.

To enroll or waive go to: https://www.studentinsurance.com/Client/857 by the deadline to submit your decision. Any student selecting to submit a waiver to opt out, will need a copy of their current insurance ID card to submit the waiver. You will be required to upload a copy of your card. Students who do not take an action by 9/10/2024 (deadline) will automatically be enrolled.

Waiver Period Deadline Dates

<table>
<thead>
<tr>
<th>Annual/Fall</th>
<th>9/10/2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring</td>
<td>1/28/2025</td>
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Cost and Periods of Coverage*

<table>
<thead>
<tr>
<th>Annual</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 8/01/2024 – 7/31/2025</td>
<td>Date: 1/1/2025 – 7/31/2025</td>
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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Student Only</td>
<td>$3,585</td>
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<tr>
<td></td>
<td>$2,084</td>
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</tbody>
</table>

*The above rates include an administrative service fee.

Where Can I Obtain More Information About The Plan?

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Wellfleet Group, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>877-657-5035</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a></td>
</tr>
<tr>
<td>Waiver process</td>
<td></td>
</tr>
<tr>
<td>Insurance Benefits</td>
<td></td>
</tr>
<tr>
<td>Question on Claims</td>
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<tr>
<td>ID Cards</td>
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<table>
<thead>
<tr>
<th>Service Description</th>
<th>Formularies - Wellfleet Rx</th>
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</thead>
<tbody>
<tr>
<td>Prescription Drugs</td>
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</tbody>
</table>

True Choice Providers

Under Wellfleet True Choice Plan, members can seek care from ANY healthcare provider. Simply show your Wellfleet ID card. For additional assistance call toll free at 1-877-657-5035

The following Value-Added Services are not part of the Policy and are not underwritten by Wellfleet Insurance Company. The services are provided by independent vendors and are included if the student participates in the student health plan.

- Teladoc Behavioral Health (800) 835-2362
- 24/7 Behavioral Health Hotline/Care Connect (888) 857-5462
- 24/7 Nurse Hotline (800) 634-7629
- Vision discount program through Davis Vision
- Emergency Medical and Travel assistance through Travel Guard

Underwritten By:
Wellfleet Insurance Company

Plan Administrator:
Wellfleet Group LLC
P.O. Box 15369
Springfield, MA 01115-5369
www.wellfleetstudent.com
(877) 657-5035

Servicing Agent:
Cross Insurance
150 Mill Street,
Suite 4
Lewiston, ME 04240
www.crossinsurance.com
1-800-537-6444

FlyST0857TC
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.

General Exclusions

- **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.
- 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 Your attending Physician or dentist.
- 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.
- Professional services rendered by an Immediate Family Member or anyone who lives with You.
- 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.
- Any expenses in excess of the Maximum Allowance except as provided in the Certificate.
- 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.
- Services that are duplicated when provided by both a certified Nurse midwife and a Physician.
- Expenses payable under any prior policy which was in force for the person making the claim.
- 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.
- 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.
- Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
- 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.
- Elective Surgery or Elective Treatment unless such coverage is otherwise specifically covered under the Certificate.
- You are:
  - committing or attempting to commit a felony,
  - engaged in an illegal occupation, or
  - participating in a riot.
- Custodial Care service and supplies.
- Charges for hot or cold packs for personal use.
- Services of private duty Nurse except as provided in the Certificate.
- Expenses that are not recommended and approved by a Physician.
- Experimental or Investigative drugs, devices, Treatments, or procedures unless otherwise covered under Covered Clinical Trials. See the Other Benefits section for more information.
- 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.
- 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.
- Non-chemical addictions.
- Non-physical, occupational, speech therapies (such as art, dance, drama, horticulture, music, writing, etc.).
- Modifications made to dwellings.
- General fitness, exercise programs.
- Hypnosis.
- Rolfing.
- Biofeedback.
- Sleep Disorders, except for a sleep study performed in the Insured Person’s home, the diagnosis, and Treatment of obstructive sleep apnea.
- 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.
Activities Related
- Braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.
- Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
- Racing or speed contests, 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).

Weight Management/Reduction
- 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.
- Treatment for obesity except surgery for morbid obesity (bariatric surgery). Surgery for removal of excess skin or fat.

Family Planning
- 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;
  - Costs for an ovum donor or donor sperm;
  - Ovulation predictor kits;
  - Reversal of tubal ligations;
  - Reversal of vasectomies;
  - Costs for and relating to surrogate motherhood (maternity services are covered for Insured Persons acting as surrogate mothers);
  - Cloning; or
  - Medical and surgical procedures that are Experimental or Investigative, unless Our denial is overturned by an External Appeal Agent.

Hearing
- Charges for hearing exams, hearing screening, or cochlear implants except as specifically provided in the Certificate.

Cosmetic
- Treatment of Acne unless Medically Necessary.
- Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
- Surgery or related services for cosmetic purposes to improve appearance, except to restore bodily function or correct deformity resulting from disease, or trauma.