



ID Card Letter

Maine College of Art & Design – Participant Accident Plan Group # ST1507AC

IMPORTANT INFORMATION - READ CAREFULLY

Dear Participant,

You are enrolled in the **Maine College of Art & Design** Participant Accident Plan. Please use this information when seeking medical care due to an injury which occurs while on school grounds and or while participating in an activity sponsored your College.

1. This Participant Accident Insurance card is NOT to be used as your comprehensive health plan. This Insurance is only used for accidents that occur while on school grounds, participating in a scheduled, sponsored, and approved activity for your College.
2. This Participant Accident Insurance Plan is an Excess Plan (secondary) and will require an Explanation of Benefits (EOB) from the student's primary insurance before the claim is processed.
3. The following must be received to process a claim:
 - a. Completed Injury Claim form with accident details.
 - b. Primary Insurance EOB (s).
 - c. Itemized bills submitted by the provider of service to the address shown on the ID card below.



Group: ST1507AC
Policy #: WI2526MEACC05
Group Name: Maine College of Art & Design Accident Plan

Participant Name: _____

Student ID#: _____

THIS IS AN EXCESS POLICY

The following must be received to process a claim:

1. Accident details
2. Provider itemized bill and primary insurance EOB
3. Prescriptions – member submit.

Mandatory Accident Insurance

INSTRUCTIONS FOR FILING CLAIMS

Mail claims to:

Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115
EDI Payer ID#: 87843

Eligibility/Claims: 877-657-5039
Customer Service: 877-657-5039

Possession of card does not
guarantee coverage.