

Dear Louisiana Tech International Students: We are pleased to provide you with this summary of the non-ACA International Accident and Sickness Plan

Who is Eligible to Enroll?

All International students are eligible and are automatically enrolled.

United States citizens and residents are not eligible to enroll.

Cost & Periods of Coverage	Fall (8/29/2023-11/27/2023)	Winter 2023 (11/28/2023-3/11/2024)	Spring 2024 (3/12/2024-6/2/2024)	Summer 2024 (6/3/2024-9/3/2024)
Student Only Quarterly Rate	\$304.55	\$304.55	\$304.55	\$304.55
Spouse Daily Rate	\$7.72*	\$7.72*	\$7.72*	\$7.72*
Child(ren) Daily Rate	\$7.72*	\$7.72*	\$7.72*	\$7.72*

*This rate includes a credit card processing fee.

MEDICAL INSURANCE BENEFIT SUMMARY FOR COVERED MEDICAL EXPENSES*

UNLESS OTHERWISE SPECIFIED BELOW THE MEDICAL PLAN DEDUCTIBLE (IF APPLICABLE) WILL ALWAYS APPLY.

The deductible is a dollar amount that a member must pay before benefits are payable under the plan

BENEFIT	IN-NETWORK	OUT OF NETWORK
Annual Plan Maximum	\$250,000	
Annual Deductible	\$200 Per Member	
Out-of-Pocket Maximum	\$5,000 Per Member	
Coinsurance	100% of NC**	80% of U&C**
Wellness Benefit up to \$250 Maximum per policy term	100% of NC	80% of U&C
Hospital Room & Board (Inpatient)	100% of NC after \$50 copay per admission	80% of U&C
Student Health Center	100% (deductible/copay waived)	
Surgery (Inpatient or Outpatient)	100% of NC	80% of U&C
Physician Office Visits including specialists and consultant visits.	100% of NC after \$25 copay	80% of U&C
Emergency Services Expense (copay waived if admitted)	100% of NC after \$150 copay (waived if admitted)	80% of U&C
Medical Evacuation	\$100,000 Maximum per individual	
Medical Repatriation	\$25,000 per Student/\$50,000 per Dependent	
Outpatient Prescription Drugs (Copay per drug; per 30-day supply)	75% of the NC based on a 30-day supply per prescription	

Pre-Existing Conditions 6 Month Look Back, 6 month waiting period unless proof of continuous coverage

**NC= Negotiated Charge for Covered Medical Expenses **U&C=Usual and Customary for Covered Medical Expenses

*This is only a brief description of the coverage(s) available under the Policy. The Policy will contain the reductions, limitations, exclusions, and termination provisions. Full details of coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern in all cases.

Where can I obtain more information about the plan?

Plan Administrator and Claims Processing: Wellfleet Group, LLC PO Box 15369 Springfield, MA, 01115 877.657.5030 www.wellfleetstudent.com Group No. ST2249LM	Underwritten By: Crum & Forster, SPC Policy No. CC008744
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Servicing Agent

Compass Student Insurance
116 Village Blvd. Suite 306
Princeton, NJ 08540
(781) 356-1999

The following Value-Added Services are not part of the Policy and are not underwritten by Crum & Forster, SPC. These services are provided by Independent vendors and are included in the limited medical insurance plan. All students enrolled under the Louisiana Tech University plan will have access to the following Value-Added Services:

- (1) **Vision discount program** through Davis Vision
- (2) **Emergency Medical and Travel Assistance**
- (3) **24-hour Nurseline** by calling toll-free (800) 634-7629
- (4) **24-hour behavioral health hotline** through CareConnect by calling (888) 857-5462.

Commonly used terms – What do they mean:

1. **Coinsurance** means the percentage of Covered Expenses that will be paid by the plan. The coinsurance is separate and not part of the deductible.
2. **Copayment** means a specified dollar amount a member must pay first for a specified covered expense.
3. **Deductible** means the dollar amount of a Covered Medical Expense that must be paid by the member before benefits are payable under the plan. Unless otherwise specified, the deductible applies to all services.

For more information or a complete description of the plan, please visit: www.wellfleetstudent.com

Exclusions and Limitations

The Policy does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits:

- 1) War or any act of war, declared or undeclared;
- 2) Any Covered Loss which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
- 3) Any Covered Loss sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
- 4) Voluntary, active participation in a riot or insurrection;
- 5) Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges;
- 6) For any Covered Losses resulting from the Plan Participant's intoxication;
- 7) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
- 8) Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Policy;
- 9) Charges which are in excess of Usual, Reasonable and Customary charges;
- 10) Charges that are not Medically Necessary;
- 11) Charges provided at no cost to the Plan Participant;
- 12) Expenses incurred for treatment while in Your Home Country;
- 13) Expenses incurred for an Accident or Injury or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;



- 14) Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Plan Participant;
- 15) Duplicate services actually provided by both a certified nurse-midwife and Physician;
- 16) Any Covered Loss paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Policyholder;
- 17) Drug, treatment or procedure that promotes conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency;
- 18) Sterilization or reversal thereof;
- 19) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
- 20) Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Plan Participant is covered under the Policy, and rendered within 6 months of the Accident;
- 21) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
- 22) Weak, strained or flat feet, corns, calluses, or toenails;
- 23) Private-duty nursing services;
- 24) Expenses payable under any prior policy which was in force for the person making the claim;
- 25) Expenses incurred during a Hospital emergency room visit which is not of an emergency nature;
- 26) Pre-existing conditions; however, a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for 6 months under the same Participating Organization;
- 27) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; **solo diving** snorkeling; spelunking; parasailing; white water rafting; surfing; and snow boarding;
- 28) Practice or play in any intercollegiate, professional or semiprofessional sports contest or competition;
- 29) Rest cures or custodial care;
- 30) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
- 31) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
 - b) While being used for any test or experimental purpose; or
 - c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - d) While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Plan Participant or any member of his household; or
 - e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - f) An ultra light, hang-gliding, parachuting or bungi-cord jumping;Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes;
- 32) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly;
- 33) Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction;



Complaints: In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at:

Wellfleet Group, LLC
Attention: Appeals Unit
PO Box 15369
Springfield, MA 01115-5369

Data protection: Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

By purchasing this insurance provided by Crum & Forster SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust.

Notice: For further information on this Plan, visit www.wellfleetstudent.com. Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to Louisiana Tech University. For a detailed plan description, exclusions, and limitations please view the plan on file with Wellfleet Group, LLC your plan administrator. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster, SPC. The Policy will prevail in the event of any discrepancy between this Flyer and the Policy.

Note: This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to