



LOUISIANA TECH
UNIVERSITY

BENEFITS AT A GLANCE

INTERNATIONAL STUDENT HEALTH INSURANCE PLAN | PLAN YEAR 2023/2024

DESIGNED EXCLUSIVELY FOR THE STUDENTS OF:

LOUISIANA TECH UNIVERSITY

Ruston, Louisiana
("the Policyholder")

UNDERWRITTEN BY:

Crum & Forster, SPC

If any discrepancy exists between this brochure and the Policy, the Policy will govern.

Policy Number: CC008744

Effective: 8/29/2023 – 9/3/2024

Group Number: ST2249LM

ADMINISTERED BY:

Wellfleet Group, LLC

Welcome International Students...

We are pleased to provide you with this summary of the 2023 – 2024 International Student Health Insurance Plan (“Plan”), “Benefits at a Glance” includes effective dates and costs of coverage, as well as other helpful information.

Important Contact Information & Resources



Contact Us

PLAN ADMINISTERED BY

**Enrollment, Eligibility, & Waivers
Servicing Agent**

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

Benefits, Claim Status, & Administration

Wellfleet Group, LLC
PO Box 15369
Springfield, Massachusetts 01115-5369
(877) 657-5030, TTY 711
www.wellfleetstudent.com
Monday–Thursday, 8:30 a.m. to 7:00 p.m.
Eastern Time

Friday, 9:00 a.m. to 5:00 p.m.
Eastern Time



PPO Network



MultiPlan
www.multiplan.com



Pharmacy Benefits Manager

For information about the Wellfleet Rx/ESI Prescription Drug Program, please visit www.wellfleetstudent.com.

Your plan includes Wellfleet Rx – offering over 40 generics at a \$0 co-payment. Please ask your health care provider to review our formulary to see if these medications are right for you. Click here <http://wellfleetrx.com/students/formularies/> for more information.

Member Pharmacy Help
(877) 640-7940

Table of Contents

Welcome International Students.....	2
Important Contact & Resources.....	3
General Information.....	5
Am I Eligible?	5
How Do I Enroll My Dependents?	5
Effective Dates & Costs.....	6
Plan Benefits.....	6
Exclusions and Limitations.....	9

General Information

Am I Eligible

Class 1: International Students

All International Students (Plan Participants) of the Louisiana Tech University will be automatically enrolled in this International Student Health Insurance Plan. Eligible International Students do not have the option to waive coverage.

J-1 Scholars and OPT participants are also eligible, but they are not automatically enrolled. Please see below for instructions on how to enroll.

Class 2: Dependents

International Students, J-1 Scholars and OPT participants who are enrolled in this International Student Health Insurance Plan may also enroll their eligible Dependents.

How Do I Enroll If I Am a J-1 Scholar or On OPT, or If I Need To Enroll My Dependents?

- i. To enroll as a J-1 Scholar or a student on OPT (including dependents of a J-1 Scholar or OPT), click the link below.
 - Go to [J-1 Scholar and OPT Enrollment](#)
 - Click the “Enroll” tab and proceed as directed to enroll in and purchase the International Student Health Insurance Plan.
- ii. If you are an International Student enrolled in the plan through Louisiana Tech, you will need to enroll your dependents through MyInsurance.
 - Go to [Dependents of International Students](#)

Refer to the dates in the Effective Date & Costs section for the deadline dates to purchase dependent coverage.

Effective Dates & Costs

All time periods begin at 12:00 A.M. local time and end at 11:59 P.M. local time at the Policyholder's address.

Coverage Period	Coverage Start Date	Coverage End Date
Annual	08/29/2023	09/03/2024
Fall	08/29/2023	11/27/2023
Winter	11/28/2023	03/11/2024
Spring	03/12/2024	06/02/2024
Summer	06/03/2024	09/03/2024

Plan Costs for International Students and their eligible Dependents

	Annual	Fall	Winter	Spring	Summer
Student	\$1,218.20	\$304.55	\$304.55	\$304.55	\$304.55
Spouse	\$2,676.92	\$669.23	\$669.23	\$669.23	\$669.23
Child(ren)	\$2,676.92	\$669.23	\$669.23	\$669.23	\$669.23

The plan costs for Dependents are in addition to the plan costs for student.

Plan Benefits

NOTES:

- We do not pay benefits for the amount of Eligible Expenses paid by You as Your Coinsurance or Co-payment amount.
- Eligible Expenses** will be paid under the Inpatient benefits for Surgery and under the Outpatient benefits for Surgery, but not both for the same or related procedure.

BENEFIT	IN-NETWORK PROVIDER	OUT OF NETWORK PROVIDER
Policy Maximum for all Injury and Sickness Medical Expenses	\$250,000	
Policy Term Deductible* Per Individual *Deductible waived for covered services rendered at Student Health Center	\$200	
Initial Treatment Period	90 Days from the date of Injury or Sickness	
Out-of-Pocket Maximum Per Policy Term: Individual	\$5,000	
Coinsurance	100% of the Preferred Allowance (PA)	80% of Usual, Reasonable & Customary (URC) Charges

Schedule of Benefits

UNLESS OTHERWISE SPECIFIED BELOW, THE POLICY TERM DEDUCTIBLE WILL ALWAYS APPLY

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK PROVIDER BENEFIT	OUT OF NETWORK PROVIDER BENEFIT
Hospital Room & Board Benefit	100% of the PA, subject to a \$50 co-payment per Confinement	80% of URC
Intensive Care/Cardiac Care Unit Benefit	100% of the PA	80% of URC
Hospital Miscellaneous Expense Benefit	100% of the PA	80% of URC
Surgeon (In or Outpatient) Benefits	100% of the PA	80% of URC
Assistant Surgeon Benefit	100% of the PA	80% of URC
Pre-Admission Testing Benefit	100% of the PA	80% of URC
Anesthesia Benefit	100% of the PA	80% of URC
Day Surgery Miscellaneous Benefit	100% of the PA	80% of URC
Diagnostic X-Ray and Lab Benefit	100% of the PA	80% of URC
Ambulance Benefit	100% of the PA	80% of UCR
Physician Visit Benefit (Inpatient)	100% of the PA	80% of URC
Physician Visit Benefit (Outpatient)	100% of the PA, subject to a \$25 co-payment per visit	80% of URC
Consultant Physician Benefit	100% of the PA, subject to a \$25 co-payment per visit	80% of URC
Urgent Care Center Visit Benefit	100% of the PA, subject to a \$25 co-payment per visit	80% of URC
Radiation/Chemotherapy Benefit	100% of the PA	80% of URC
Emergency Room Benefit	100% of the PA, subject to a \$150 co-payment per visit (co-payment waived if admitted)	80% of URC
Wellness Medical Benefit (Up to a maximum of \$250 per Policy Term)	100% of the PA	80% of URC
Extension of Accident and Sickness Medical Benefits (If a Plan Participant is under the care and treatment of a Physician and Hospital confined on the Termination Date of the Policy benefits will continue to be paid for that condition for a period of up to 30 days, or the maximum benefit has been paid, whichever occurs first.)	100% of the PA	80% of URC
Maternity and Pre-Natal Care Expense Benefit	Covered as any other Sickness	Covered as any other Sickness

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK PROVIDER BENEFIT	OUT OF NETWORK PROVIDER BENEFIT
MENTAL & NERVOUS CONDITIONS EXPENSE BENEFIT AND ALCOHOL & DRUG ABUSE EXPENSE BENEFIT		
In-Patient Expense	100% of the PA	80% of URC
Out-Patient Expense	100% of the PA, subject to a \$25 co-payment per visit for Physician Office Visits	80% of URC
Emergency Dental Expense Benefit	100% of the PA	80% of URC
Physiotherapy Expense Benefit – Inpatient	100% of the PA	80% of URC
Physiotherapy Expense Benefit – Outpatient	100% of the PA, subject to a \$25 co-payment per visit	80% of URC
Durable Medical Equipment Expense Benefit	100% of the PA	80% of URC
Emergency Medical Evacuation Expense Benefit	100% of actual expense, up to \$100,000	
Emergency Medical Repatriation Expense Benefit	Student: 100% of actual expense, up to \$25,000 Spouse & Child: 100% of actual expense, up to \$50,000	
PRESCRIPTION DRUG EXPENSE BENEFIT	WELLFLEET RX/ESI NETWORK PROVIDER BENEFIT	OUT OF NETWORK PROVIDER BENEFIT
Co-payment Generic:	75% of the PA based on a 30-day supply per prescription.	Not Covered
Co-payment Brand Name Preferred:	75% of the PA based on a 30-day supply per prescription.	Not Covered
Co-payment Brand Name Non-Preferred:	75% of the PA based on a 30-day supply per prescription.	Not Covered
Contraceptive Drugs	Covered per Coinsurance above (For FDA-approved preventive contraceptives: \$0 per prescription based on 30-day supply per prescription, Deductible Waived)	Not Covered
ACCIDENTAL DEATH AND DISMEMBERMENT		
Class 1 – Principal Sum		\$10,000
Class 2 – Principal Sum		\$5,000 Spouse/\$1,000 Child
Loss must occur within 365 days of the date of a covered Accident.		
Only one benefit will be payable under this provision, that providing the largest benefit, when more than one (1) loss occurs as the result of any one (1) Accident. This benefit is payable in addition to any other benefits payable under this Certificate.		

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;
- 34) Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome in excess of a lifetime maximum of \$7,500.

Notice: For further information on this Plan, visit: <https://www.studentinsurance.com/Client/2249>

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 for Louisiana Tech University. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. 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 Brochure 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.

Privacy Statement: 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 ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us 877-657-5030 or by visiting us at <https://www.wellfleetstudent.com>.

Complaints: In the event 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.

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.

VALUE ADDED SERVICES

The following are not affiliated with the Insurance Company and the services are not part of the Plan Underwritten by the Insurance Company.

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

Travel Guard provides access to a comprehensive program that will arrange emergency medical and travel assistance services, repatriation services and other travel assistance services when you are traveling. For general inquiries regarding the travel access assistance services coverage, please call Travel Guard at (877) 657-5030, TTY 711.

If you are traveling and need assistance in North America, call the Assistance Center toll-free at: (877) 305-1966 or if you are in a foreign country, call collect at: (715) 295-9311.

When you call, please provide your name, school name, the group number shown on your ID card, and a description of your situation. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.

How to Access Services

If you require medical assistance or you need assistance with a non-medical situation, such as lost luggage, lost documents or other travel issues, follow these steps:

- Inside the U.S. and Canada: Dial toll-free **(877) 305-1966**
- Outside the U.S. and Canada:
 - a) Request an international operator.
 - b) Request the operator to place a collect call to the U.S. at **+1 (715) 295-9311**.

Please provide the following information when you call:

- Policy number or school name
- Nature of your call and/or emergency
- Current location
- Contact phone number and email address
- Secondary point of contact
- Date of birth

24 Hour Nurseline

Students who enroll and maintain medical coverage in this insurance plan have access to the 24 Hour Nurseline. This 24-Hour Nurseline program provides:

- Phone-based, reliable health information in response to health concerns and questions; and
- Assistance in decisions on the appropriate level of care for an injury or sickness.

Appropriate care may include:

- self-care at home
- a call to a physician
- or a visit to the emergency room.

Calls are answered 24 hours a day, 365 days a year by experienced registered nurses who have been specifically trained to handle telephone health inquiries.

This program is not a substitute for doctor visits or emergency response systems. The Nurseline does not answer health plan benefit questions. Health benefit questions should be referred to the Plan Administrator. The 24 Hour Nurseline toll free number will be on the ID card.

(800) 634-7629



24/7 Behavioral Telehealth and Nurseline Access

CareConnect is an integrated behavioral health program offering students easy access to licensed behavioral health clinicians 24/7/365 via telephone (888) 857-5462.

Connect to a registered nurse within seconds, helping students manage their health on their terms through easy access.