



BENEFITS AT A GLANCE

INTERNATIONAL STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN | PLAN YEAR 2024/2025

DESIGNED EXCLUSIVELY FOR THE STUDENTS OF:

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT

("the Policyholder")

- FOOTHILL COLLEGE, Los Altos Hills, CA
- DE ANZA COLLEGE, Cupertino, CA

UNDERWRITTEN BY:

Crum & Forster, SPC

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

Policy Number: CC008757

Effective: 8/15/2024 – 8/14/2025

Group Number: ST2240LM

ADMINISTERED BY:

Wellfleet Group, LLC

Welcome International Students...

We are pleased to provide you with this summary of the 2024 – 2025 International Student Accident and Sickness 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

Wellfleet Group, LLC
PO Box 15369
Springfield, Massachusetts 01115-5369
(877) 657-5030, TTY 711

Plan Administration

**Enrollment & Eligibility
Gallagher Student Health
& Special Risk**
PO Box 1605
Colleyville, TX 76034
educlientservices@ahpcare.com
(800) 537-1777

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



Pharmacy Benefits Manager

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

Member Pharmacy Help

(877) 640-7940



PPO Network



Cigna
www.mycigna.com

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General Information

Am I Eligible

International Students

All eligible International Students of Foothill-DeAnza Community College District will be automatically enrolled in this International Student Accident and Sickness Insurance Plan.

An eligible International Student is a non-United States Citizens traveling outside their Home Country having their true, fixed and permanent home and principal establishment outside of the United States, and who holds a current and valid passport, while actively engaged in educational or research activities.

For purposed of this Eligible Class You are “actively engaged” in educational activities in you are one of the following:

- 1) F1 valid visa holder.); or
- 2) Undergraduate student registered for and attending classes on a full-time basis; or
- 3) Student involved in education, educational activities, or research related activities.

Eligible International Students do not have the option to waive coverage.

Dependents

International Students who are enrolled in this International Student Accident and Sickness Insurance Plan may also enroll their eligible Dependents.

How Do I Enroll My Dependents?

- Foothill College <https://foothill.myahpcare.com>
- De Anza College <https://deanza.myahpcare.com>

Click on “**Enroll/Cost**” then select “**Click Here to Enroll Online**” then proceed as directed to enroll in and purchase the International Student Accident and Sickness Insurance Plan.

The following guides are posted to assist in online enrollment:

- Student User Guide: <https://myahpcare.com/wp-content/uploads/Care26-Student-User-Guide.pdf>
- Important Information about Dependent Enrollment: <https://myahpcare.com/wp-content/uploads/Important-Information-About-Dependent-Enrollment.pdf>

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	08/15/2024	08/14/2025

Plan Costs for International Students and their eligible Dependents

Monthly

Student	\$135
Spouse	\$328
Each Child*	\$295

*The above plan costs include an administrative service fee.
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	\$0	
Initial Treatment Period	90 Days from the date of Injury or Sickness	
Out-of-Pocket Maximum Per Policy Term: Individual	\$3,000	\$6,000
Coinsurance	100% of the Preferred Allowance (PA)	70% 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	70% of URC
Intensive Care/Cardiac Care Unit Benefit	100% of the PA	70% of URC
Hospital Miscellaneous Expense Benefit	100% of the PA	70% of URC
Surgeon (In or Outpatient) Benefits	100% of the PA	70% of URC
Assistant Surgeon Benefit	100% of the PA	70% of URC
Pre-Admission Testing Benefit	100% of the PA	70% of URC
Anesthesia Benefit	100% of the PA	70% of URC
Day Surgery Miscellaneous Benefit	100% of the PA	70% of URC
Diagnostic X-Ray and Lab Benefit	100% of the PA	70% of URC
Ambulance Benefit	100% of the PA	70% of URC
Physician Visit Benefit (Inpatient)	100% of the PA	70% of URC
Physician Visit Benefit (Outpatient)	100% of the PA, subject to a \$50 co-payment per visit	70% of URC, subject to a \$100 co-payment per visit
Consultant Physician Benefit	100% of the PA, subject to a \$50 co-payment per visit	70% of URC, subject to a \$100 co-payment per visit
Radiation/Chemotherapy Benefit	100% of the PA	70% of URC
Emergency Room Benefit	100% of the PA, subject to a \$100 co-payment per visit (co-payment waived if admitted)	70% of URC, subject to a \$200 co-payment per visit (co-payment waived if admitted)
Wellness Medical Benefit (Up to a maximum of \$2,500 per Policy Term)	100% of the PA	70% of URC
Urgent Care Center Visit Benefit	100% of the PA, subject to a \$50 co-payment per visit	70% of URC, subject to a \$100 co-payment per visit
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 90 days, or the maximum benefit has been paid, whichever occurs first.)	100% of the PA	70% 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	70% of URC
Out-Patient Expense	100% of the PA, subject to a \$50 co-payment per visit for Physician Office Visits	70% of URC, subject to a \$100 co-payment per visit for Physician Office Visits
Emergency Dental Expense Benefit	100% of the PA	70% of URC
Physiotherapy Expense Benefit – Inpatient	100% of the PA	70% of URC
Physiotherapy Expense Benefit – Outpatient	100% of the PA, subject to a \$50 co-payment per visit	70% of URC, subject to a \$100 co-payment per visit
Durable Medical Equipment Expense Benefit	100% of the PA	70% of URC
Skilled Nursing Facility Benefit (Maximum of 100 days per Policy Term)	100% of the PA	70% of URC
Athletic Sports Activity Benefit (Up to a maximum of \$10,000 per Policy Term)	100% of the PA	70% of URC
PRESCRIPTION DRUG EXPENSE BENEFIT (Up to a maximum of \$2,500 per Policy Term)	WELLFLEET RX/ESI NETWORK PROVIDER BENEFIT	OUT OF NETWORK PROVIDER BENEFIT
Inpatient	50% of Covered Expenses	Not Covered
Outpatient	50% of Covered Expenses	Not Covered
Contraceptive Drugs and Devices	100% of Covered Expenses	Not Covered

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. Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this brochure. This plan contains both insurance and non-insurance benefits. Complete provisions pertaining to the insurance portion of the plan are contained in the policy. In the event of any conflict between this brochure and the policy, the policy will govern. The policy is a short-term limited duration policy renewable only at the option of the insurer. This is a brief description of the important features of your plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to your school. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster SPC.

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 or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
- 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 childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
- 18) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
- 19) Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
- 20) Weak, strained or flat feet, corns, calluses, or toenails;
- 21) Private-duty nursing services;
- 22) Expenses payable under any prior policy which was in force for the person making the claim;
- 23) Expenses incurred during a Hospital emergency room visit which is not of an emergency nature;

- 24) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; solo diving; spelunking; and parasailing;
- 25) Practice or play in any club sports, intermural, intercollegiate, professional or semiprofessional sports contest or competition in excess of \$10,000;
- 26) Rest cures or custodial care;
- 27) Weight reduction programs or surgical treatment of obesity;
- 28) 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);
- 29) 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 bungee-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;
- 30) 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;
- 31) Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction.

Notice: For further information on this Plan, visit:

- Foothill College: <https://www.studentinsurance.com/Client/2240>
- DeAnza College: <https://www.studentinsurance.com/Client/2241>

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 Foothill-DeAnza Community College District. 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.

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.