

# William Penn University – Oskaloosa Campus

## 2025-2026 Student Health Plan (SHIP)

Group No: ST0978SH

Policy No: WI2526IASHIP15

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

### Who is Eligible to Enroll

All registered full-time students taking 12 or more credit hours and part-time students taking at least 1 credit hour. Dependents are not eligible to enroll in this insurance plan.

Students who are taking online or distance learning are not eligible to enroll in the plan.

### How Do I Enroll

Students are required to have insurance coverage. You are automatically enrolled in the insurance plan at the time of registration and the premium is added to your student account.

### How Do I Waive Coverage

Domestic students can waive coverage by providing proof of other comparable medical insurance coverage. Go to website <https://www.studentinsurance.com/Client/Home/Splash/978> and complete the online waiver by the waiver deadline date below.

International students can waive coverage with plans that meet certain guidelines and are effective on or before the waiver deadline and remain in effect through the academic year. Go to website

<https://www.studentinsurance.com/Client/Home/Splash/978> and complete the online waiver by the waiver deadline date below. For information on these plans visit:

<https://wellfleetstudent.com/forms/waiver-requirements-for-international-students/>

### Waive Period Deadline Dates

First Semester	<b>August 29, 2025</b>
Second Semester	<b>January 20, 2026</b>

### Student Cost & Periods of Coverage\*

	First Semester 8/1/25 to 12/31/25	Second Semester 1/1/26 to 7/31/26
Student	\$972.00	\$972.00

\*The above rates include an administrative fee

### Where Can I Obtain more Information about the Plan?

Waive off the Student Health Insurance Plan	Wellfleet Group, LLC <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a>
Insurance Benefits Claim Processing ID Cards	Wellfleet Group, LLC <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a>
Find Network Provider	CIGNA PPO <a href="http://www.cigna.com">www.cigna.com</a>
Contact Agent	Billy Blake (641) 673-8603

### Underwritten By:

Wellfleet Insurance Company.

### Plan Administrator:

Wellfleet Group, LLC  
P.O. Box 15369  
Springfield, MA 01115  
[www.wellfleetstudent.com](http://www.wellfleetstudent.com)  
(877) 657-5030

### Servicing Agent:

Billy Blake  
Ratcliff & Blake Insurance Professionals  
107 High Ave. W.  
Oskaloosa, IA 52577  
(641) 673-8603  
[bblake@ratcliffblake.com](mailto:bblake@ratcliffblake.com)

### HEALTH INSURANCE BENEFIT SUMMARY \*

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Policy Year Deductible	\$150 Individual	\$150 Individual
Out-of-Pocket Maximum	\$7,150 Individual	No maximum
Coinsurance	70% of NC**	50% of U&C**
Preventive Care	100% of NC (Deductible Waived)	50% of U&C
Hospital Room & Board (Inpatient)	\$500 copay per occurrence, then the plan pays 70% of NC	\$500 copay per occurrence, then the plan pays 50% of U&C
Surgery (Inpatient or Outpatient)	70% of NC	50% of U&C
Physician's Office Visits OR Specialist/Consultant OR Telemedicine	70% of NC	50% of U&C
Emergency Services Expense (copay waived if admitted)	\$150 copay per visit then the plan pays 70% of NC	Paid the same as In-Network Provider subject to U&C
Imaging Services and Laboratory Procedures (Outpatient)	70% of NC	50% of U&C
Sports Accident Expense for Intercollegiate or Club Sports	70% of NC	50% of U&C
Outpatient Prescription Drugs (Copay per 30-day supply; paid on a reimbursement basis)	Generic: \$25 copay per drug Preferred Brand: \$50 copay per drug Non-Preferred Brand: \$50 copay per drug Specialty: \$50 copay per drug Then the plan pays 70% of Actual Charge; after the Deductible	

\*\*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 Plan. The Certificate will contain the reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

Pre-certification is required for inpatient hospital, surgery and selected outpatient services. Pre-certification is not required for an Emergency Medical Condition or Urgent Care or Hospital Confinement for the initial 48/96 hours of maternity care.

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.

- Medical travel assistance through Assist America
- 24/7 Nurseline
- 24/7 Musculoskeletal Telehealth
- 24/7 Behavioral Health Hotline/Care Connect

**The Plan described above is currently awaiting approval by the state's Department of Insurance. This is not an insurance policy and your receipt of this document does not constitute the issuance or delivery of a policy of insurance.**

***These Exclusions and Limitations will vary by state. For a complete list of exclusions please refer to Your plan certificate.***

## **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.

- 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
- 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 Usual and Customary Charges 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 or covered under clinical trials (routine patient costs). 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 (art, dance, etc.).
- Modifications made to dwellings.
- General fitness, exercise programs.
- Hypnosis.
- Roling.
- Biofeedback.
- 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.
- Expenses for radial keratotomy.
- 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.

**Prescription Drugs**

- Any drug or medicine which does not, by federal or state law, require a prescription order, i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided under Preventive Services or in the Prescription Drug Benefit section of this Certificate. Insulin and OTC preventive medications required under ACA are exempt from this exclusion;
- Drugs with over-the-counter equivalents except as specifically provided under Preventive Services;
- Allergy sera and extracts administered via injection;
- Vitamins, and minerals, except as specifically provided under Preventive Services;
- Food supplements, dietary supplements; except as specifically provided in the Certificate;
- Cosmetic drugs or medicines including, but not limited to, products that improve the appearance of wrinkles or other skin blemishes;
- Refills in excess of the number specified or dispensed after 1 year of date of the prescription;
- Drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
- Any drug or medicine purchased after coverage under the Certificate terminates;
- Any drug or medicine consumed or administered at the place where it is dispensed;
- If the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
- Bulk chemicals;
- Non-insulin syringes, surgical supplies, Durable Medical Equipment/medical devices, except as specifically provided in the Prescription Drug Benefit section of the Certificate;
- Repackaged products;
- Blood components except factors.