Kansas City University
2024 - 2025 Student Health Plan (SHIP)
Group No: ST2322SH
Policy No: WI2425MOSHIP234

Dear Students:
We are pleased to provide you with this summary of the Student Health Insurance Plan for Kansas City University. This plan is fully compliant with the Affordable Care Act.

Who Is Eligible To Enroll?

Domestic Students
All Domestic students, regardless of their program of study and taking 1 or more credits, are required to maintain personal health insurance and will be required to enroll in the KCU sponsored Student Health Insurance Plan (SHIP). Students must pay the applicable Premium amount, unless proof of comparable coverage is provided by completing a waiver.

International Students
All International Students, regardless of their program of student and taking 1 or more credits, are required to maintain personal health insurance and will be required to enroll in the KCU sponsored Student Health Insurance Plan (SHIP). Students must pay the applicable Premium amount and do not have the option to waive coverage. Canadian students cannot use their Canadian Health Service policy, while enrolled at KCU.

How Do I Enroll?

- Visit www.jcbins.com
- Search KCU, and choose either domestic or international coverage depending on your student status
- Choose enroll and follow the steps until you have finalized your enrollment
- You may enroll your dependents at the same time, and for the same term that you purchase as a student
  You will receive an email receipt upon successful enrollment in the plan

How Do I Waive Coverage?

- Visit www.jcbins.com
- Search KCU, and choose your domestic participation
- Click the Waiver button and proceed as directed. You must fill in all of the required information on the waiver form. If any information is missing, your waiver will not be accepted.
- Click submit and review the information being provided is accurate
- When your online waiver form is successfully submitted, you will receive a confirmation email

Waiver Period Deadline Dates	
Annual/Fall	8/28/2024
Spring/Summer	1/22/2025

	Cost and Periods of Coverage*		
	Annual 8/1/2024-7/31/2025	Fall 8/1/2024-12/31/2024	Spring/Summer 1/1/2025-7/31/2025
Student	$3,464	$1,453	$2,011
Spouse	$3,464	$1,453	$2,011
Each Child	$3,464	$1,453	$2,011
2 or More Children	$6,928	$2,906	$4,022
	*The above rates include an administrative fee. Dependent rates are in addition to the student rate.		

Where Can I Obtain More Information About The Plan?	
Enroll Dependents	www.jcbins.com
Waive Coverage	www.jcbins.com
Insurance Benefits Claim Processing ID Cards	Wellfleet Group, LLC www.wellfleetstudent.com
Find Network Provider	Cigna OAP www.mycigna.com
Find Prescription Drug Provider	Wellfleet Rx Pharmacy Network www.wellfleetstudent.com

HEALTH INSURANCE BENEFIT SUMMARY*

BENEFIT	NETWORK	NON-NETWORK
Policy Year Deductible Individual Family	 $250 $500	 $500 $1,000
Out-of-Pocket Maximum Individual Family	 $4,500 $9,000	 $5,000 $10,000
Coinsurance	80% of NC	60% of U&C
Preventive Services	100% of NC Deductible Waived	60% of U&C after Deductible
Hospital Room & Board (Inpatient)**	80% of NC after Deductible	60% of U&C after Deductible
Surgery (Inpatient or Outpatient)	80% of NC after Deductible	60% of U&C after Deductible
Physician Visit including Consultants/Specialist/Telemedicine	$35 Copay then the plan pays 100% of NC Deductible Waived	60% of U&C after Deductible
Emergency Services Expense	$100 Copay after deductible then the plan pays 80% of NC	Paid the same as In-Network Provider subject to Usual and Customary Charge.
Urgent Care Centers for non-life-threatening conditions	$70 Copay then the plan pays 100% of NC Deductible Waived	60% of U&C after Deductible
Diagnostic X-ray & Laboratory	80% of NC after Deductible	60% of U&C after Deductible
Outpatient Prescription Drugs Tier 1 Tier 2 Tier 3 Specialty	 $12 Copay $35 Copay $70 Copay $70 Copay Then the plan pays 100% of NC Deductible Waived	 $12 Copay $35 Copay $70 Copay $70 Copay Then the plan pays 50% of AC Deductible Waived

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

- Vision discount program through Davis Vision
- Medical travel assistance through Travel Guard
- 24-hour nurse line
- 24/7 Behavioral Health Hotline/Care Connect

Underwritten By:
Wellfleet Insurance Company

Plan Administrator:
Wellfleet Group LLC
P.O. Box 15369
Springfield, MA 01115-5369
www.wellfleetstudent.com
(877) 657-5030

Servicing Agent:
Lockton Companies

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The Plan "described" above is currently awaiting approval by the Missouri 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.

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.

General Exclusions

- **International Students Only -** Eligible expenses within Your Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which You could be eligible.
- 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, except as specifically provided in the Schedule of Benefits.
- 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. 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.
- Outpatient non-physical, occupational, speech therapies (art, dance, etc.).
- Modifications made to dwellings.
- General fitness, exercise programs.
- Hypnosis.
- Rolfing.
- Biofeedback.
- Charges incurred for acupuncture, in any form, except to the extent provided in the Schedule of Benefits.

- Sleep Disorders, except for a sleep study performed in the Insured Person's home, the diagnosis, and Treatment of obstructive sleep apnea.
- Routine foot care, including the paring or removing of corns and calluses, or trimming of nails, unless these services are determined to be Medically Necessary because of Injury, infection or disease.

Activities Related
- 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.
- Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate or club sports for which benefits are paid under another Sports Accident policy issued to the Policyholder; or for which coverage is provided by the National Collegiate Athletic Association (NCAA), National Association of Intercollegiate Athletic (NAIA) or any other sports association.
- Racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles).

Weight Management/Reduction
- Weight management. Weight reduction. Nutrition programs. This does not apply to nutritional counseling, or any screening or assessment specifically provided under the Preventive Services benefit, or otherwise specifically covered under the Certificate.
- Treatment for obesity. Surgery for removal of excess skin or fat.

Family Planning
- Infertility Treatment (male or female)-this includes but is not limited to:
  - Procreative counseling;
  - Premarital examinations;
  - Genetic counseling and genetic testing;
  - Impotence, organic or otherwise;
  - Injectable infertility medication, including but not limited to menotropins, hCG and GnRH agonists;
  - In vitro fertilization, gamete intrafallopian tube transfers or zygote intrafallopian tube transfers;
  - Costs for an ovum donor or donor sperm;
  - Sperm storage costs;
  - Cryopreservation and storage of embryos;
  - Ovulation induction and monitoring;
  - Artificial insemination;
  - Hysteroscopy;
  - Laparoscopy;
  - Laparotomy;
  - Ovulation predictor kits;
  - Reversal of tubal ligations;
  - Reversal of vasectomies;
  - Costs for and relating to surrogate motherhood (maternity services are covered for Insured Persons acting as surrogate mothers);
  - Cloning; or
  - Medical and surgical procedures that are Experimental or Investigative, unless Our denial is overturned by an External Appeal Agent.
- Elective abortions.

Vision
- Expenses for radial keratotomy.
- Adult Vision unless specifically provided in the Certificate.
- Charges for office visit exam for the fitting of prescription contact lenses, duplicate spare eyeglasses, lenses or frames, non-prescription lenses or contact lenses that are for cosmetic purposes.

Dental
- Treatment to the teeth, including orthodontic braces and orthodontic appliances, unless otherwise covered under the Pediatric Dental Care Benefit.

Hearing
- Charges for hearing exams, hearing screening and the fitting or repair or replacement of hearing aids or cochlear implants except as specifically provided in the Certificate.

Cosmetic
- 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;
- Prescription digital therapeutics;
- 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;
- Any drug or medicine for the purpose of weight control;
- Fertility drugs;
- Sexual enhancements drugs;
- Vision correction products.