

Understanding the Wayne State University International Student Health Insurance Requirement

Why am I required to have health insurance?

Due to the high cost of health care in the United States, Wayne State University (WSU) and federal regulations require that all Exchange Visitors, International Students and their dependents have insurance coverage for sickness and illness during their entire program period. Health insurance allows you to focus on your academic success, and not unexpected health care expenses.





What insurance plan can I purchase?

All international students and their dependents, residing in the United States, must enroll in the WSU-sponsored Student Accident and Sickness Plan administered by WELLFLEET Health Plans. Coverage may be purchased either annually or each semester. A registration hold will be placed on your account each semester until coverage is verified. Please **DO NOT** purchase alternative health insurance; in most instances it will not meet the WSU Health Insurance Standards which are compliant with the U.S. Federal Health Care Reform Law known as the Patient Protection and Affordable Care Act (PPACA).

Students with health insurance provided through a Wayne State University fellowship or Graduate Assistantship (GRA/GSA/GTA) must purchase repatriation each academic year. This coverage is also mandatory for F-2 and J-2 dependents.

What does the plan cover?

WELLFLEET provides:

-  A local and nationwide network of doctors, hospitals and specialists
-  Routine health services covered at 100% when you visit the University's Campus Health Center
-  Coverage for a wealth of services including doctor's office visits, emergency care, dental services and prescription drugs
-  Travel Assistance and Worldwide Unlimited Medical Evacuation and Repatriation

How much does it cost?

International Student and Dependent Insurance Rates

Academic Year 2018/2019	Annual 8/1/19 – 7/31/20	Fall 8/1/19 – 12/31/19	Winter 1/1/20 – 5/6/20	Winter/Summer 1/1/20 – 7/31/20	Summer I 4/1/20 – 7/31/20
Students	\$1220.00	\$525	\$443	\$720	\$423
Spouse	\$1220.00	\$525	\$443	\$720	\$423
Each Child	\$1220.00	\$525	\$443	\$720	\$423
Annual Stand-alone Medical Evacuation/Repatriation (Students with Fellowships or Graduate Assistantships)					
Per Person (All Ages)	\$24				

Though the price may seem expensive, it much more expensive not to have health insurance. For example, one visit to an emergency room can cost well over \$1,500. Typical hospital charges, not including a surgery or tests, may cost \$2,500 or more per day.

Where can I find more information?

Learn more about CHP at <https://www.studentinsurance.com/Schools/?id=351> or call 1-877-657-5030. Enrollment questions can be answered by the University's Health Insurance Advocate. They can be reached by email at oissinsurance@wayne.edu or by phone at 1-313-577-3422.

Student Group Accident and Sickness Wayne State International Plan

Policy Group Number: ST0351SH

Effective Date: 8/1/2019

SCHEDULE OF BENEFITS

Preventive Services:

In-Network Provider: The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of the Negotiated Charge when services are provided through an In-Network Provider.

Out-of-Network Provider: Deductible, Coinsurance, and any Copayment are applicable to Preventive Services provided through an Out-of-Network Provider. Benefits are paid at 60% of the Usual and Customary Charge.

Medical Deductible: In-Network Provider	Individual:	\$150
Out-of-Network Provider	Individual:	\$150

Cost sharing You incur for Covered Medical Expenses that is applied to the Out-of-Network Deductible will not be applied to satisfy the In-Network Deductible. Cost sharing You incur for Covered Medical Expenses that is applied to the In-Network Deductible will not be applied to satisfy the Out-of-Network Provider Deductible.

Out-of-Pocket Maximum:	In-Network Provider	Individual	\$5,000
		Family	\$10,000
	Out-of-Network Provider	Individual	\$5,000
		Family	\$10,000

Cost sharing You incur for Covered Medical Expenses that is applied to the Out-of-Network Provider Out-of-Pocket Maximum will not be applied to satisfy the In-Network Provider Out-of-Pocket Maximum and cost sharing You incur for Covered Medical expenses that is applied to the In-Network Provider Out-of-Pocket Maximum will not be applied to satisfy the Out-of-Network Provider Out-of-Pocket Maximum.

Coinsurance Amounts:

In-Network Provider: 80% of the Negotiated Charge for Covered Medical Expenses unless otherwise stated below.

Out-of-Network Provider: 60% of the Usual and Customary Charge (U&C) for Covered Medical Expenses unless otherwise stated below.

Medical Benefit Payments for In-Network Providers and Out-of-Network Providers

This Certificate provides benefits based on the type of health care provider You and Your Covered Dependent selects. This Certificate provides access to both In-Network Providers and Out-of-Network Providers. Different benefits may be payable for Covered Medical Expenses rendered by In-Network Providers versus Out-of-Network Providers, as shown in the Schedule of Benefits.

Dental and Vision Benefit Payments

For dental and vision benefits, You may choose any dental or vision provider.

For dental, different benefits may be payable based on the type of service, as shown in the Schedule of Benefits.

Preferred Provider Organization:

To locate an In-Network Provider in Your area, consult Your Provider Directory or call toll free 877-657-5030 or visit Our website at www.wellfleetstudent.com.

THE COVERED MEDICAL EXPENSE FOR AN ISSUED CERTIFICATE WILL BE:

- 1. THOSE LISTED IN THE COVERED MEDICAL EXPENSES PROVISION;**
- 2. ACCORDING TO THE FOLLOWING SCHEDULE OF BENEFITS; AND**
- 3. DETERMINED BY WHETHER THE SERVICE OR TREATMENT IS PROVIDED BY AN IN-NETWORK OR OUT-OF-NETWORK PROVIDER.**
- 4. UNLESS OTHERWISE SPECIFIED BELOW THE MEDICAL PLAN DEDUCTIBLE WILL ALWAYS APPLY.**

BENEFITS FOR COVERED INJURY/SICKNESS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Inpatient Benefits		
<p>Hospital Care Includes hospital room & board expenses and miscellaneous services and supplies. Subject to Semi-Private room rate unless intensive care unit is required.</p> <p>Room and Board includes intensive care.</p> <p>Pre-Certification Required</p>	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Preadmission Testing	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
<p>Physician's Visits while Confined: Limited to 1 visit per day of Confinement per provider</p>	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
<p>Inpatient Surgery: Pre-Certification Required</p> <p style="padding-left: 40px;">Surgeon Services</p> <p style="padding-left: 40px;">Anesthetist</p> <p style="padding-left: 40px;">Assistant Surgeon</p>	<p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p> <p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p> <p>80% of the Negotiated Charge after Deductible for Covered Medical Expenses</p>	<p>60% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p> <p>60% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p> <p>60% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p>
Registered Nurse Services for private duty nursing while Confined maximum per Policy Year	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Physical Therapy while Confined (inpatient)	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
<p>Skilled Nursing Facility Benefit Pre-Certification required</p>	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses

Inpatient Rehabilitation Facility Expense Benefit Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
INPATIENT MENTAL HEALTH DISORDER AND SUBSTANCE USE DISORDER		
Mental Health Disorder and Substance Use Disorder Benefit Pre-Certification Required In accordance with the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), the cost sharing requirements, day or visit limits, and any Pre-certification requirements that apply to a Mental Health Disorder and Substance Use Disorder will be no more restrictive than those that apply to medical and surgical benefits for any other Covered Sickness.	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Outpatient Benefits		
Outpatient Surgery: Pre-Certification required		
Surgeon Services	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Anesthetist	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Assistant Surgeon	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Outpatient Surgery Facility and Miscellaneous expenses for services & supplies, such as cost of operating room, therapeutic services, oxygen, oxygen tent, and blood & plasma	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Physician's Office Visits	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Specialist/Consultant Physician Services	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses

Telemedicine Services	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Cardiac Rehabilitation	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Pulmonary Rehabilitation	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Rehabilitation Therapy including, Physical Therapy, Occupational Therapy, and Chiropractic Care Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Maximum Visits per Policy Year for Physical Therapy, Occupational Therapy and Chiropractic Care Combined	Unlimited	Unlimited
Maximum Visits per Policy Year for Speech Therapy	Unlimited	Unlimited
Habilitative Services including, Physical Therapy, and Occupational Therapy and Speech Therapy Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Habilitative Services Maximum Visits for each therapy per Policy Year for Physical Therapy, and Occupational Therapy	Unlimited	Unlimited
Maximum Visits per Policy Year for Speech Therapy	Unlimited	Unlimited
Emergency Services rendered in a Hospital Emergency Room	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	Paid the same as In-Network Provider subject to Usual and Customary Charge.
Urgent Care Centers	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Diagnostic Imaging Services	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
CT Scan, MRI and/or PET Scans	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Laboratory Procedures (Outpatient)	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses

Chemotherapy and Radiation Therapy	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Infusion Therapy Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Home Health Care Expenses	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Hospice Care Coverage	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Outpatient Private Duty Nursing	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
OUTPATIENT MENTAL HEALTH DISORDER AND SUBSTANCE USE DISORDER		
Mental Health Disorder and Substance Use Disorder Benefit Pre-Certification Required except for office visits In accordance with the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), the cost sharing requirements, day or visit limits, and any Pre-Certification requirements that apply to a Mental Health Disorder and Substance Use Disorder will be no more restrictive than those that apply to medical and surgical benefits for any other Covered Sickness.	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Prescription Drugs Retail Pharmacy No cost sharing applies to ACA Preventive Care medications filled at a participating network pharmacy.		
TIER 1 (Including Enteral Formulas) For each fill up to a 30 day supply filled at a Retail pharmacy See the Enteral Formula and Nutritional Supplements section of this Schedule for supplements not purchased at a pharmacy.	\$25 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses	Not Covered

More than a 30 day supply but less than a 61 day supply filled at a Retail pharmacy	\$50 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses	Not Covered
More than a 60 day supply filled at a Retail pharmacy	\$75 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses	Not Covered
TIER 2 (Including Enteral Formulas) For each fill up to a 30 day supply filled at a Retail pharmacy See the Enteral Formula and Nutritional Supplements section of this Schedule for supplements not purchased at a pharmacy.	\$50 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses	Not Covered
More than a 30 day supply but less than a 61 day supply filled at a Retail pharmacy	\$100 Copayment then the plan pays of the Negotiated Charge for Covered Medical Expenses	Not Covered
More than a 60 day supply filled at a Retail pharmacy	\$150 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses	Not Covered
TIER 3 (Including Enteral Formulas) For each fill up to a 30 day supply filled at a Retail Pharmacy See the Enteral Formula and Nutritional Supplements section of this Schedule for supplements not purchased at a pharmacy.	\$50 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses	Not Covered
More than a 30 day supply but less than a 61 day supply filled at a Retail pharmacy	\$100 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses	Not Covered
More than a 60 day supply filled at a Retail pharmacy	\$150 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses	Not Covered

Zero Cost Generics		
	100% of the Negotiated Charge for Covered Medical Expenses Deductible Waived	Not Covered
Specialty Prescription Drugs		
Specialty Prescription Drugs For each fill up to a 30 day supply.	\$50 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses	Not Covered
More than a 30 day supply but less than a 61 day supply	\$100 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses	Not Covered
More than a 60 day supply	\$150 Copayment then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses	Not Covered
Diabetic Supplies (for Prescription supplies purchased at a pharmacy)		
Benefit	Paid the same as any other Retail Pharmacy Prescription Drug Fill	
Other Benefits		
Allergy Testing	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Allergy Injections/Treatment	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Ambulance Service ground and/or air, water transportation	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Weight Loss Services Benefit, includes one (1) Bariatric Surgery per lifetime Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Covered Clinical Trials	Same as any other Covered Sickness	
Durable Medical Equipment Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Diabetic services and supplies (including equipment and training) Refer to the Prescription Drug provision for diabetic supplies covered under the Prescription Drug benefit.	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Dialysis Treatment	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses

Maternity Benefit	Same as any other Covered Sickness	
<p>Enteral Formulas and Nutritional Supplements</p> <p>See the Prescription Drug section of this Schedule when purchased at a pharmacy.</p>	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
<p>Prosthetic Devices</p> <p>Pre-Certification Required</p>	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
<p>Pediatric Dental Care Benefit (to the end of the month in which the Insured Person turns age 19)</p> <p>Preventive Dental Care Limited to 2 dental exams every 12 months</p> <p>The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care:</p> <p>Emergency Dental</p> <p>Routine Dental Care</p> <p>Endodontic Services</p> <p>Prosthodontic Services</p> <p>Periodontic Services</p> <p>Medically Necessary Orthodontic Care</p> <p>Claim forms must be submitted to us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions.</p>	<p>See the Pediatric Dental Care Benefit description in the Certificate for further information.</p> <p>100% of Usual and Customary Charge</p> <p>80% of Usual and Customary Charge</p> <p>80% of Usual and Customary Charge</p> <p>50% of Usual and Customary Charge</p> <p>50% of Usual and Customary Charge</p> <p>50% of Usual and Customary Charge</p> <p>50% of Usual and Customary Charge</p>	

<p>Adult Dental Care Benefit (age 19 and older)</p> <p>Preventive Dental Care Limited to 2 dental exams every 12 months</p> <p>Emergency Dental</p> <p>Routine Dental Care</p> <p>Claim forms must be submitted to us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions.</p>	<p>See the Adult Dental Care Benefit description in the Certificate for further information.</p> <p>80% of Usual and Customary Charge</p> <p>50% of Usual and Customary Charge</p> <p>50% of Usual and Customary Charge</p>
<p>Adult Dental Care Maximum benefit per Policy Year</p>	<p>Up to \$725 maximum benefit per Policy Year subject to a \$25 Deductible per Policy Year</p>
<p>Pediatric Vision Care Benefit (to the end of the month in which the Insured Person turns age 19)</p> <p>Limited to 1 visit(s) per Policy Year and 1 pair of prescribed lenses and frames or contact lenses (in lieu of eyeglasses or if Medically Necessary) per Policy Year</p> <p>Claim forms must be submitted to us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions.</p>	<p>100% of Usual and Customary Charge Covered Medical Expenses</p>
<p>Adult Vision Care (age 19 and older) Routine Eye Exam once every 12months</p> <p>Claim forms must be submitted to us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions</p>	<p>\$25 Copayment per visit then the plan pays 100% of Usual and Customary Charge after Deductible for Covered Medical Expenses</p>

Accidental Injury Dental Treatment for Insured Person's over age 18	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Chiropractic Care Benefit Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Chiropractic Care Benefit Maximum visits per Policy Year combined with occupational therapy and physical therapy for Rehabilitation	Unlimited	Unlimited
Infertility Treatment Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Organ Transplant Surgery travel and lodging expenses a maximum of \$2,000 per Policy Year or \$250 per day, whichever is less while at the transplant facility. Pre-Certification Required	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Shots and Injections unless considered Preventive Services	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Treatment for Temporomandibular Joint (TMJ) Disorders	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Non-emergency Care While Traveling Outside of the United States	60% of Usual and Customary Charge after Deductible for Covered Medical Expenses Subject to \$10,000 maximum per Policy Year	
Medical Evacuation Expense	100% of Usual and Customary Charge after Deductible for Covered Medical Expenses Subject to \$50,000 maximum per Policy Year	
Repatriation Expense	100% of Usual and Customary Charge after Deductible for Covered Medical Expenses Subject to \$25,000 maximum per Policy Year	
Mandated Benefits		
Autism Spectrum Disorder	Same as any other Covered Sickness, except that no visit limitation will apply to speech therapy, Physical Therapy and/or occupational therapy	
Breast Reconstructive Surgery	Same as any other Covered Sickness, subject to the limitations described in the Benefit	

Must Offer Benefits	
Breast Cancer Diagnostic Services, Breast Cancer Outpatient Treatment Services, and Breast Cancer Rehabilitative Services; and Coverage for Breast Cancer Screening Mammography	Same as any other Covered Sickness, unless considered a Preventive Service, subject to the limitations described in the Benefit

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Principal Sum \$10,000

Loss must occur within 180 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.



WELLFLEET
College Student Health Insurance

www.chpstudent.com

Wayne State University International Student Health Insurance Plan

Benefit Highlights for 2019:

- Unlimited medical coverage per policy year (applicable co-pays will apply)
- Unlimited prescription drug coverage per policy year (applicable co-pays will apply)
- Preventive services as specified by the Patient Protection and Affordable Care Act (PPACA) Covered at 100% with no co-pay at In Network Providers
- Preferred Provider Organization Network included
- Pharmacy Benefit Manager included

Service Highlights for 2019:

- Global Travel, Medical & Security assistance services. Includes assistance with physician referrals, prescription replacement, emergency travel arrangements and a host of other services *
- Student Health 101 - Health & Wellness Newsletter – access to monthly on-line interactive newsletter containing current health and wellness information related to college students

For additional information:

<https://www.studentinsurance.com/Schools/?Id=351>

For more information or questions regarding the Plan contact us:

Toll-free phone: 1-877-657-5030

Web: www.chpstudent.com



Awesome tips on fitness, nutrition, health care and more. Check us out at www.studentinsurance.com

This document provides only a brief description of the coverage available under policy series S30494NUFIC-NC (Rev. 6-12). The Policy contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in each Policy. If there are any conflicts between this document and the Policy, the Policy shall govern. Not all coverages are available in every state. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. NAIC No. 19445

* Travel assistance services provided through Travel Guard

How to use your Wellfleet Health Insurance Plan

Where should I go when I am sick or injured?

Make the Campus Health Center your first stop

- ✿ The Campus Health Center is located on the first floor. They can treat a variety of illnesses and minor injuries.
- ✿ Wellness services are covered at 100% with no co-pay
- ✿ The clinic can also provide you with a referral to receive specialized care from a doctor or hospital.
- ✿ They are open Monday – Friday 9:00 am - 6:00 pm. Call 313-577-5041 for walk-in hours or to schedule an appointment.
- ✿ Be sure to contact the Campus Health Center regarding services provided available to your dependents at their office. You may be responsible for some of the charges.

If you need to see a doctor and the Campus Health Center is closed, visit an Urgent Care Center

- ✿ Urgent Care Centers are extended hour providers that treat minor injuries and acute, non-life threatening illnesses.
- ✿ Patients are seen on a walk-in basis, so no appointment is necessary. The Urgent Care Centers closest to Wayne State's campus are:

DMC Urgent Care-MI

8282 Woodward
Detroit, MI 48202
(1.3 miles)
(313) 874-3440
Hours: Mon-Fri 9:00 AM-5PM

The Wellness Plan

4909 E. Outer Drive
Detroit, MI 48234
(8.5 miles)
(313) 366-2000
Hours: Mon - Fri 8:00 am - 08:00 pm
Sat 10am-6pm Sun 10am-4pm

A.M. Medical Center

13031 Conant
Detroit, MI 48212
(6 miles)
(313) 893-5490
Hours: Mon - Fri 9:00 am-8:00 pm
Sat 10:00 am - 3:00 pm

Woodland Urgent Care

22341 W. Eight Mile Rd.
Detroit, MI 48219
(17.5 miles)
(313) 387-8700
Hours: 8:00 am - 10:00 pm Daily

Concentra Urgent Care

2151 E. Jefferson Ave
Detroit, MI 48207
(30 miles)
(313) 259-7990
Hours: 9:00 am - 6:00 pm Daily

For major and life-threatening illnesses or injuries, go to the Emergency Room (ER)

🌿 Call **911** for life-threatening emergencies and an ambulance will transport you to the nearest hospital.

🌿 The three hospitals closest to Wayne State's campus are:

Detroit Receiving Hospital
4201 Saint Antoine
Detroit, MI 48201

Henry Ford Hospital
2799 West Grand Boulevard
Detroit, MI 48202

Harper Hospital
3990 John R Street
Detroit, MI 48201

Children's Hospital of Michigan
3901 Beaubien
Detroit, MI 48201

🌿 Only visit the ER in the event of an emergency! No charges will be covered for non-emergency medical services received in the emergency room.

Who accepts my insurance plan?

Use the Preferred Provider Lookup tool to locate specialists, Urgent Care Centers and Hospitals in the Wellfleet Provider Network

1. Visit www.cofinity.net
2. Click "Cofinity Group Health and First health"
3. Choose First/Cofinity Health Network
4. Choose Start Now
5. Choose the "Provider Type" enter zip code
6. Click "Search"

Be sure to locate the Urgent Care Centers and Walk-in Clinics in your neighborhood *before* you need them.

Always present your insurance card when visiting a medical provider.

- 🌿 You can login to your Wellfleet account and print a copy of your insurance card within 24 to 48 hours of your online purchase.
- 🌿 If you do not receive your permanent card in the mail within 2 to 3 weeks after purchasing your insurance, please contact the OISS Health Insurance Advocate, at oissinsurance@wayne.edu or 313-577-3422.
- 🌿 If you lose your card, you can request a new card from CHP by calling 1-877-657-5030 or by going online to www.studentinsurance.com.



Office of International Students and Scholars

Campus Health Center

The Campus Health Center is an on-campus site managed and staffed by nurse practitioners who are nationally Certified in their specialty areas. The center provides our students quality, cost effective health care.

Health Care Services

- X Acute Illness Care
(Sore throats, infections, rashes, etc.)
- X Allergy Injections
- X Chronic Illness Management
- X Immunizations
- X Travel health vaccinations
- X TB testing
- X Physical exams
- X Pre-participation Physicals
- X Medical Clearance for Health Profession Program
- X Annual Exams for Women (PAP Testing)
- X Women's health and Diagnostic Testing

Location

5285 Anthony Wayne Dr., Suite 115
Detroit, MI 48202
Phone: 313-577-5041
Fax: 313-577-9581
E-mail: campushealth@wayne.edu
Web: www.health.wayne.edu

*Note: You must dial 1-313 and the number, even if you are calling from the 313 area code.

Hours

Monday-Friday 9:00 AM - 6:00 PM



Remember: Make the Campus Health Center your first stop

- X Wellness services are covered at 100% when you visit the Campus Health Center
- X If you need to see a specialist, they can provide you with a referral.
- X When you receive a referral, your annual \$150 deductible is waived.

Provider Cost Comparison – Wellfleet International Plan

Provider	Campus Health Center	Specialist (In-Network)	Urgent Care Center (In-Network)	Emergency Room (In-Network and Out-of-Network)
Do I have to pay The deductible?	No	Waived with CHC referral	Yes	Yes
Copay	\$0	20% of the charges	\$50 + 20% of the charges	20% of the charges (Non-emergency services are not covered)

Only go to the emergency room in the event of true emergency.

If you have a minor illness or injury, try going to the Campus Health Center or an Urgent Care Facility.

Definitions

Copay

- X This is a fee charged to a person for covered medical expenses.

Deductible

- X The amount you have to pay for your medical services each year before the insurance company begins to pay their portion of the charges.

PPO

- X A Preferred Provider Organization is a health plan that has contracts with group of preferred doctors and hospitals.

Network

- X A group of doctors and hospitals who agree to a negotiated price for services they provide.

In-Network

- X Health care provided by a doctor or hospital that is contracted with the provider network.

Non-Network

- X Health care provided by a doctor or hospital that is not contracted with the Provider Network.
(Please note you will have to pay more for these services.)

Referral

- X A recommendation to receive specialized care from a doctor or hospital.