

# BENEFITS AT A GLANCE

ACCIDENT AND SICKNESS MEDICAL INDEMNITY PLAN | PLAN YEAR 2024/2025

DESIGNED EXCLUSIVELY FOR THE STUDENTS  
OF:

Lewis University

Romeoville, IL

WKH 3ROLF\KROGHU

Policy Number: WI2425ILIND 10

Group Number : ST1799FI

Effective: 8/ 1/2024 - 7/31/2025

UNDERWRITTEN BY:

Wellfleet Insurance Company | Fort Wayne, IN

WKH &RPSDQ\

ADMINISTERED BY:

Wellfleet Group, LLC.



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Welcome Students...

We are pleased to provide you with this summary of the 2024-2025 Student Accident and Sickness Medical Indemnity Plan. This plan provides limited Accident & Sickness Coverage. It is not a substitute for Comprehensive Health Insurance Coverage and does not qualify as Minimum Essential Health Coverage under the Affordable Care Act. At a Glance includes effective dates and costs of coverage as well as other helpful information. For additional details about the Plan, please consult the Plan Certificate and other materials [svat www.wellfleetstudent.com](http://www.wellfleetstudent.com). For questions about medical benefits or claims, please call Wellfleet Student at (877)657-5030.

Where to Find Help

For Questions About:	Please Contact:
<ul style="list-style-type: none"> <li>• Claims Administrator</li> <li>• Insurance Benefits</li> <li>• Claims Processing</li> <li>• Eligibility</li> <li>• ID Cards</li> </ul>	Wellfleet Group, LLC. PO Box 15369 Springfield, MA 01115-5369 (877) 657-5030 <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a>
Local Representative <ul style="list-style-type: none"> <li>• Enrollment</li> <li>• Eligibility</li> </ul>	First Agency, a Gallagher Company 5071 West H Ave. Kalamazoo, MI 49009 (269) 381-6630 <a href="http://www.1stAgency.com">www.1stAgency.com</a>

Am I Eligible?

All full-time students carrying 12 credits or more, and part-time students carrying 6 credits or more, attending Lewis University are eligible to enroll in this Plan







18. Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses except due to a covered accident as described elsewhere in this certificate.
19. Hearing examinations or hearing aids, or purchase, repair or replacement of.
20. Wheelchairs, braces, appliances, orthopedic braces, or orthotic devices.
21. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the laws of the jurisdiction in which the covered accident occurred.
22. Rest cures, care, or custodial care.
23. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
  - a. Cosmetic surgery resulting from a covered accident if the covered person's initial treatment had begun within 90 days of the date of the covered accident.
  - b. Reconstruction incidental to or following surgery resulting from a covered accident or sickness.
24. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) Are deemed to be experimental or investigational and (b) are not recognized and generally accepted medical practice in the United States.
25. Services or treatment provided by persons who do not normally charge for their services unless there is a legal obligation to pay.
26. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
27. Treatment or services provided by the covered person's immediate family.
28. Personal services, or comfort/convenience items such as television and telephone transportation.
29. Orthopedic appliances used mainly to protect an injury so that the covered person can take part in intramural, interscholastic, club or recreational sports.
30. Expenses payable by any automobile insurance policy without regard to fault.
31. Services or treatment provided by an infirmary opera(d)-4.006 (a5)-3.994 ( in)-5.93 Td [(cl)-8.0e