

Faith Baptist Bible College and Theological Seminary (The Policyholder)

Student Health Insurance Plan (SHIP) 2024-2025

Eligibility

Any full-time student who is registered and attending classes at Faith Baptist Bible College and Theological Seminary is required to have adequate health insurance coverage. You will be automatically enrolled in SHIP, unless you provide comparable coverage and submit a waiver by the Waiver Deadline Date. If you have other health insurance, such as coverage under your parent's or employer's insurance plan, and you do not wish to enroll in SHIP, you may submit a waiver to the school.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If and whenever the Company discovers that the Policy Eligibility requirements have not been met, its only obligation is refund of premium.

Benefits

	CIGNA PPO PROVIDER YOU WILL PAY	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST
Benefit Maximum		Unlimited
Preventive Services	100% of NC	70% of U&C
Medical Deductible	\$500 per Policy Year	\$1,500 per Policy Year
Physician's Office Visit including Specialits/Consultants	\$20 Copay then the plan pays 100% of NC (Deductible waived)	70% of U&C
Urgent Care Centers for Non-Life-Threatening Conditions	90% of NC	70% of U&C
Emergency Services in an Emergency Department for Emergency Medical Conditions	90% of NC	Paid the same as In-Network provider subject to U&C
Hospital Care includes Hospital Room & Board Expenses and Miscellaneous Services & Supplies ²	90% of NC	70% of U&C
Prescription Drugs ³	\$20 Copay Generic \$40 Copay Preferred Brand \$60 Copay Non-Preferred Brand & Specialty (Deductible waived)	70% of Actual Charge
Out-of-Pocket Maximum	\$7,500 per Policy Year	\$22,500 per Policy Year

¹ Using out-of-network providers may cost you more money! Coinsurance is payable for Usual and Customary (U&C) Charges, the most common charge for similar professional services, drugs, procedures, devices, supplies, or treatment within the area in which the charge is incurred. Some out-of-network providers charge more than U&C and you will be responsible for these excess amounts over the listed Coinsurance.

² Pre-Certification required for Inpatient Services Care, selected Outpatient Services, and Outpatient Surgery. For a complete list of these services, see the Plan Certificate.

³ At an out-of-network pharmacy, you must pay for prescriptions in full, then submit a claim for reimbursement.

Limitations, Deductibles, Coinsurance, and Copays may apply. Please see the Plan Certificate for full benefit details. If there are any conflicts between this document and the Plan Certificate, the Plan Certificate shall govern.

Coinsurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 90% of the Negotiated Charge (NC) when you use Cigna PPO providers, and 70% of Usual & Customary (U&C) Charge when you use out-of-network providers.

This is only a brief description of the coverage(s) available under Certificate form IA SHIP Cert (2023). The Certificate will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. This is not an insurance policy and your receipt of this document does not constitute the issuance or delivery of a policy of insurance.



Questions

Eligibility & Enrollment
Academic HealthPlans, Inc.
(913) 815-1300

Benefits
Wellfleet Group, LLC
(877) 657-5030, TTY 711

Insurance ID Card

Download your ID card from wellfleetstudent.com.
Carry your ID card with you at all times!

Getting Care

Visit wellfleetstudent.com, or call (877) 657-5030, TTY 711
to find a provider in the Cigna PPO Network.

Prescription Drugs

Always use a Wellfleet Rx/ESI pharmacy.
To locate a pharmacy, visit wellfleetstudent.com
or call (800) 640-7940.

More Information

For more information, please visit faith.mycare26.com

WI2425IASHIP145
GROUP NUMBER: ST1073SH

Effective Dates & Plan Costs

The plan costs and coverage terms are listed below. Coverage terms are effective at 12:00 a.m. and terminate at 11:59 p.m. Plan costs include the medical insurance premium and administrative fees.

	WAIVER DEADLINE	STUDENT
Annual 08/01/2024 to 07/31/2025	09/08/2024	\$2,035
Fall 08/01/2024 to 12/31/2024	09/08/2024	\$853
Spring/Summer 01/01/2025 to 07/31/2025	01/26/2025	\$1,182
Summer 05/11/2025 to 07/31/2025	05/03/2025	\$456

What's Included?

- Coverage when traveling
- Academic Emergency Services*

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP).

This document contains a summary of your school's Student Health Insurance Plan benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved Plan Certificate. The final Plan Certificate may be pending approval by applicable federal and state regulatory authorities. The final approved Plan Certificate is accessible upon approval at faith.mycare26.com.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Wellfleet.