

MAINE MARITIME ACADEMY

Maine Maritime Academy
2025-2026 Student Health Plan (SHIP)

Group No: ST1508SH

Policy No: WI2526MESHIP69

Dear Students:

We are pleased to provide you with this summary of the Student Health Insurance Plan for Maine Maritime Academy. This plan is fully compliant with the Affordable Care Act.

Who Is Eligible?

All full-time matriculating students are required to have health insurance coverage, either through the Maine Maritime Academy Student Health Insurance Plan (SHIP) or through another individual or family plan. Students who have insurance should submit a waiver by the deadline.

How Do I Waive or Accept?

All Eligible students will need to submit a completed waiver/acceptance on the Maine Maritime Portal at: [//mymma.mma.edu/students/Pages/Health-Insurance-information](http://mymma.mma.edu/students/Pages/Health-Insurance-information)


Review the instructions carefully. Complete all required information associated with your choice (accept / waiver) and then submit. The **deadline for fall waivers is 7/1/2025**. Spring (new students) waivers must be submitted by the end of add/drop.

Cost and Periods of Coverage

	Annual 8/15/2025 – 8/14/2026	Spring (new students) 1/1/2026 – 8/14/2026
Student	\$2,277	\$1,410

The above rates include an administrative fee.

Where Can I Obtain More Information About The Plan?

Insurance Benefits Eligibility	Cross Insurance 150 Mill Street, Suite 4 Lewiston, ME 04240 1-800-537-6444
Insurance Benefits Plan Documents Claim Processing ID Cards	 WELLFLEET STUDENT www.wellfleetstudent.com
Waiver Process	//mymma.mma.edu/students/Pages/Health-Insurance-information Deadline to waive: July 1, 2025
Find a Provider	Cigna PPO Choice Fund https://www.cigna.com/hcpdirectory/
Prescription Drug Provider	Wellfleet RX/ESI www.wellfleetrx.com

PENDING STATE APPROVAL

The Plan described in "Benefits at a Glance" is awaiting approval by the ME Department of Insurance. If the Plan is changed during the approval process, a revision of this document will be provided. This is not an insurance policy and your receipt of this document does not constitute the issuance or delivery of a policy of insurance.

Underwritten By:
Wellfleet Insurance Company

Plan Administrator:
Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115
www.wellfleetstudent.com
1-877-657-5030

Servicing Agent:
Cross Insurance
150 Mill Street, Suite 4
Lewiston, ME 04240
800-537-6444
www.crossagency.com

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HEALTH INSURANCE BENEFIT SUMMARY*

Policy year deductible always applies, unless otherwise indicated

Benefits	In-Network Provider	Out-of-Network Provider
Deductible	\$100	\$100
Out-of-Pocket Maximum	\$7,900	\$15,800
Coinsurance	80% of NC	60% of U&C
Preventive Care	100% of NC (deductible waived)	80% of U&C
Hospital Room & Board (Inpatient)**	80% of NC	60% of U&C
Surgery (Inpatient** or Outpatient)	80% of NC	60% of U&C
Physician Office Visits including Specialist and or/Consultants	\$30 copay per visit, then 100% of NC (deductible waived)	80% of U&C
Telemedicine or Telehealth Services	\$30 copay per visit, then 100% of NC (deductible waived)	80% of U&C
Mental Health and Substance Abuse Office Visits or therapy	\$30 copay per visit, then 100% of NC (deductible waived)	80% of U&C
Urgent Care Centers or Facilities	\$30 copay per visit, then 100% of NC (deductible waived)	\$30 copay per visit, then 100% of NC (deductible waived)
Emergency Services in an Emergency Room	80% of NC	Paid the same as In-Network Provider subject to U&C
Diagnostic X-ray & Laboratory	80% of NC	60% of U&C
Prescription Drugs Retail Pharmacy Up to 30-day supply	100% after copay: Tier 1 - \$15 Tier 2 - \$45 Tier 3 - \$75 Specialty drug - \$75 (deductible waived)	Not Covered

NC= Negotiated Charge U&C=Usual and Customary

*This is only a brief description of coverage available under Certificate form ME SHIP CERT (2020). The Certificate will contain full details of coverage, coinsurance, limitations, exclusions, and termination provisions. If there are any conflicts between this document and the Certificate, the Certificate governs in all cases.

**Preauthorization is required for inpatient hospitalization, surgery, and selected outpatient services. Pre-Authorization is not required for an Emergency Medical Condition or for a Life-Threatening Condition or Urgent Care or Hospital Confinement for the initial 48/96 hours of maternity care. Additionally, no authorization requirement will apply to obstetrical or gynecological care provided by In-Network Providers.

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 as 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 (such as art, dance, drama, horticulture, music, writing, etc.).
- Modifications made to dwellings.
- General fitness, exercise programs.
- Hypnosis.
- Rolfing.
- Biofeedback.
- 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 in excess of \$1,000.00 per Intercollegiate or club sports Accident.
- 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 except surgery for morbid obesity (bariatric surgery). Surgery for removal of excess skin or fat.

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Family Planning:

- Procreative counseling;
- Premarital examinations;
- Genetic counseling and genetic testing;
- Impotence, organic or otherwise;
- Costs for an ovum donor or donor sperm;
- 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.
- Services and treatment resulting from Your failure to comply with professionally prescribed treatment.
- Any charges for failure to keep a scheduled appointment.
- Any service charges for personalization or characterization of prosthetic dental appliances.
- Office infection control charges.
- Duplicate, provisional, and temporary devices, appliances, and services.
- Plaque control programs, oral hygiene instruction, and dietary instructions.
- Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.
- Gold foil restorations.
- Charges by the provider for completing dental forms.
- Adjustment of a denture or bridgework which is made within 6 months after installation by the same Dentist who installed it.
- Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss, and teeth whiteners.
- Sealants for teeth other than permanent molars.
- Precision attachments, personalization, precious metal bases and other specialized techniques.
- Replacement of dentures that have been lost, stolen or misplaced.
- Medically Necessary orthodontic services provided to a Covered Person who has not met any applicable waiting period requirement.

- Repair of damaged orthodontic appliances.
- Replacement of lost or missing appliances.
- Fabrication of athletic mouth guard;
- Internal bleaching.
- Nitrous oxide.
- Oral sedation.
- Topical medicament center.
- Bone grafts when done in connection with extractions, apicoectomies or non-covered/non eligible implants.
- Removable appliance therapy; and
- Orthodontic retention (removal of appliances, construction, and placement of retainers).

Hearing

- Charges for hearing exams, hearing screening, 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;
- Sexual enhancements drugs;
- Vision correction products

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.

- Teladoc Behavioral Health (800) 835-2362
- 24/7 Behavioral Health Hotline/Care Connect (888) 857-5462
- 24/7 Nurse Hotline (800) 634-7629
- Vision discount program through Davis Vision | <https://wellfleetstudent.com/davis-vision/>
- Emergency Medical and Travel Assistance through Travel Guard.