



Dear Students:

We are pleased to provide you with this summary of the Student Health Plan for **Molloy University**. This plan is fully compliant with the Affordable Care Act.

Who Is Eligible To Enroll?

Full-time undergraduate (FTUG) students new to the school in the summer semester, Graduate students and all part-time students carrying at least 6 credit hours, but less than 12 credit hours, are eligible to enroll on a voluntary basis.

All registered FTUG students taking 12 credits or more (except FTUG students new to the school in the summer semester), are required to have health insurance coverage that meet the following requirements: Must cover routine non-emergency care in the NY Metropolitan area, must cover pre-existing conditions, the insurance plan must be based in the U.S. and coverage must be active throughout the academic year. All eligible students are automatically enrolled in the Molloy University Student Health Plan, unless proof of comparable insurance coverage is provided by completing the online waiver process.

How Do I Enroll/Waive Coverage?

To Waive: All full-time undergraduate students attending Molloy University in fall 2025 can complete the online waiver process by going to:

- <https://www.studentinsurance.com/Client/398>;
- Click on Enroll or Waive and then click – **Waive** – Create Account or log in.
- All first-time users will be required to “Create a New Account” with Wellfleet.
- When you successfully log into your account, click **Waive** to proceed.
- Students will be required to upload a copy of their current insurance card.

The deadline to Waive the Molloy Student Health Insurance in the fall is 10/1/2025, and for spring coverage is 2/1/2026. Students who have a declined waiver or do not complete the online waiver will automatically be enrolled in the insurance plan and premium will remain on the student’s tuition bill.

To Enroll:

All full-time undergraduate students new to the school in the summer, graduate students and part-time students carrying at least 6 credit hours can voluntarily enroll by going to:

- <https://www.studentinsurance.com/Client/398>;
- Click on Enroll or Waive and then click – **Enroll**
- Next, create your Student Profile, and hit continue.
- Once the account is created, you will be prompted to choose the annual plan and make payment directly to Wellfleet.

The deadline to Enroll and purchase coverage for the Annual Plan is 9/2/2025, and for the Spring Semester (new students only) is 2/25/2026, and Summer Semester is 5/30/2026.

Underwritten By:
 Wellfleet New York Insurance Company

Effective Dates and Costs

Annual	8/1/2025 -7/31/2026	\$2,765
Spring (New students only)	1/1/2025 – 7/31/2026	\$1,606
Summer	5/20/2026 – 7/31/2026	\$553

*The above rates include an administrative service fee.

Where Can I Obtain More Information About The Plan?

Waive or Enroll the Student Health Insurance plan	https://www.studentinsurance.com/Client/398
Insurance Benefits Claim Processing Claim Status	customerservice@wellfleetinsurance.com or 1-877-657-5030
Find PPO Network Provider	MagnaCare https://www.magnacare.com/provider-locator/

HEALTH INSURANCE BENEFIT SUMMARY*

BENEFIT	IN-NETWORK	NON-NETWORK
Deductible	\$100	\$100
Out-of-Pocket Limit	\$5,000	\$5,000
BENEFIT	IN-NETWORK	NON-NETWORK
Coinurance Amount	10% of allowed amount	30% of allowed amount
Preventive Care	Covered in full	30% Not subject to Deductible
Inpatient Services and Facilities**	10% Coinurance After Deductible	30% Coinurance After Deductible
Primary Care Office Visits (Home Visits), including Specialist office Visits	10% Coinurance After Deductible	30% Coinurance After Deductible
Outpatient Mental Health Care	10% Coinurance After Deductible	30% Coinurance After Deductible
Outpatient Substance Use Services	10% Coinurance After Deductible	30% Coinurance After Deductible
Emergency Department (Copoly waived if admitted to Hospital)	\$250 Copay after Deductible then 10% coinsurance	\$250 Copay after Deductible then 10% coinsurance
Urgent Care Center	10% Coinurance After Deductible	10% Coinurance After Deductible
Surgical Service (inpatient & outpatient)	10% Coinurance After Deductible	30% Coinurance After Deductible
Diagnostic testing	10% Coinurance After Deductible	30% Coinurance After Deductible

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

HEALTH INSURANCE BENEFIT SUMMARY Continued.....

Retail Pharmacy Reimbursement All students enrolled under the Molloy University SHIP must pay upfront for Prescription Drugs at the time it is dispensed by a Pharmacy. Your itemized Prescription receipts must be submitted to Wellfleet for reimbursement.	Tier 1 - \$20 Copay, \$0 coinsurance, not subject to deductible. Tier 2 - \$40 Copay, \$0 coinsurance, not subject to deductible
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*This is only a brief description of the coverage(s) available under Certificate form NY SHIP Cert (2025). The Certificate will contain 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.

**Preauthorization is required for inpatient hospital, surgery and selected outpatient services. For inpatient hospitals, preauthorization is not required for emergency admissions or services provided in a neonatal intensive care unit of a hospital certified pursuant to Article 28 of the Public Health Law.

Exclusions and Limitations

No coverage is available under the Certificate for the following:

A. Aviation.

We do not Cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

B. Convalescent and Custodial Care.

We do not Cover services related to rest cures, custodial care or transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered Services determined to be Medically Necessary.

C. Conversion Therapy.

We do not Cover conversion therapy. Conversion therapy is any practice by a mental health professional that seeks to change the sexual orientation or gender identity of a Member under 18 years of age, including efforts to change behaviors, gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include counseling or therapy for any individual who is seeking to undergo a gender transition or who is in the process of undergoing a gender transition, that provides acceptance, support and understanding of an individual or the facilitation of an individual's coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, provided that the counseling or therapy does not seek to change sexual orientation or gender identity.

D. Cosmetic Services.

We do not Cover cosmetic services, Prescription Drugs, or surgery, unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. We also Cover services in connection with reconstructive surgery following a mastectomy, as provided elsewhere in the Certificate. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeal sections of the Certificate unless medical information is submitted.

E. Dental Services.

We do not Cover dental services except for care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or dental care or treatment specifically stated in the Outpatient and Professional Services and Pediatric Dental Care sections of the Certificate.

F. Experimental or Investigational Treatment.

We do not Cover any health care service, procedure, treatment, device, or Prescription Drug that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial as described in the Outpatient and Professional Services section of the Certificate, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under the Certificate for non-investigational treatments. See the Utilization Review and External Appeal sections of the Certificate for a further explanation of Your Appeal rights.

G. Felony Participation.

We do not Cover any illness, treatment or medical condition due Your participation in a felony, riot or insurrection. This exclusion does not apply to coverage for services involving injuries suffered by a victim of an act of domestic violence or for services as a result of Your medical condition (including both physical and mental health conditions).

H. Foot Care.

We do not Cover routine foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. However, We will Cover foot care when You have a specific medical condition or disease resulting in circulatory deficits or areas of decreased sensation in Your legs or feet.

I. Government Facility.

We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

J. Medically Necessary.

In general, We will not Cover any health care service, procedure, treatment, test, device or Prescription Drug that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test, device or Prescription Drug for which coverage has been denied, to the extent that such service, procedure, treatment, test, device or Prescription Drug is otherwise Covered under the terms of this Policy.

K. Medicare or Other Governmental Program.

We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

L. Military Service.

We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

M. No-Fault Automobile Insurance.

We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.

N. Services Not Listed.

We do not Cover services that are not listed in the Certificate as being Covered.

O. Services Provided by a Family Member.

We do not Cover services performed by Your immediate family member. "Immediate family member" means a child, stepchild, spouse, parent, stepparent, sibling, stepsibling, parent-in-law, child-in-law, sibling-in-law, grandparent, grandparent's spouse, grandchild, or grandchild's spouse.

P. Services Separately Billed by Hospital Employees.

We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.

Q. Services with No Charge.

We do not Cover services for which no charge is normally made.

R. Vision Services.

We do not Cover the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the Pediatric Vision Care section of the Certificate.

S. War.

We do not Cover an illness, treatment or medical condition due to war, declared or undeclared.

T. Workers' Compensation.

We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

VALUED ADDED SERVICES

The following Value-Added Services are not affiliated with Wellfleet New York Insurance Company, and the services are not part of the Plan underwritten by Wellfleet New York Insurance Company. These value-added options are provided by Wellfleet Student.

- Medical Travel Assistance Through Travel Guard
- 24 Hour Nurseline - 800-634-7629 (24 hours a day 365 days a year)
- Teladoc Behavioral Services
 - Register your account and request a visit at: <https://www.teladoc.com/wellfleetstudent> or call 800-835-2362
- CareConnect is an integrated behavioral health program that offers easy access to a licensed behavioral health clinician 24 hours / 7 days a week / 365 days a year via telephone at 1-888-857-5462.



Questions? Call our Member
Service Team for assistance
at (877) 657-5030.



Download the Wellfleet Student app available
on Apple and Android devices

