



**Northwest Shoal Community College  
2020-2021 Participant Accident Plan  
POLICY #: WI2021ALACC24  
Group #: ST1869AC**

Dear Students:  
We are pleased to provide you with this summary of the Northwest Shoals Participant Accident Plan.

**Who is Eligible?**

All full-time students are automatically enrolled in the Northwest Shoals Community College Accident Only Plan.

**Period of Coverage**

Annual	8/17/2020 – 8/16/2021
Fall	8/17/2020 – 12/31/2020
Spring	1/1/2021 – 5/31/2021
Summer	6/1/2021 – 8/16/2021

**Participant Accident Scope of Coverage**

*Participant Accident Maximum	\$10,000 per Covered Accident
Participant Accident Deductible	\$0
Intercollegiate Sport deductible	\$250 per Covered Accident
*Intercollegiate Sport Maximum	\$2,000 per Covered Accident
Accidental Death & Dismemberment	\$10,000
Coinsurance	100% of usual and reasonable
Benefit Period – <i>individual must be covered under this plan at the time of the accident.</i>	52 weeks from the date of the covered accident
Treatment Window – <i>the first covered expense must be incurred within</i>	60 days of the covered accident
*If the insured person incurs eligible expense as the result of a covered injury, the company will pay the charges incurred for such expense within the benefit period, beginning on the date of the accident. Payment will be made for eligible expenses not to exceed the maximum medical benefit. The first such expense must be incurred within 60 days after the date of accident.	

**Claims Administrator - All claims should be mailed to:**

Wellfleet Insurance Company  
PO Box 15369  
Springfield, MA 01115  
1-877-657-5030  
[www.wellfleetinsurance.com](http://www.wellfleetinsurance.com)

**Scope of Coverage**

Coverage is provided for activities within the school building or on the school grounds during regular school hours. Intercollegiate, club and intramural sport members participating in an activity solely sponsored and supervised by the college, during the regular school term; or away from school premises while coverage is in force. Traveling directly without interruption from school premises to such activity sponsored and supervised by the College.

**Accident Medical Expense Benefits**

Eligible Expense means charges for the following treatments and services that are incurred and include but are not limited to the following as the result of a covered injury, not to exceed the usual and customary charges in the area where provided. 1. Medical and surgical care by a physician. 2. Hospital care and service in semi-private accommodations, or as an outpatient; 3. Radiology/Imaging(X-rays, Lab Tests); 4. Orthopedic appliances necessary to promote healing; 5. Ambulance service from the scene of the accident to the nearest hospital; 6. Dental treatment of sound natural teeth, not to exceed the Maximum Dental Benefit stated in the Policy Schedule as the result of one accident. 7. Rehabilitation services (Physical, Occupational and Speech Therapy). 8. Prescription Drugs, 9. Durable Medical Equipment including Prosthetics. The above is a sample of what coverage is provided. Please refer to the Certificate for a complete listing of eligible expenses and cost sharing.

*This Summary is provided as a courtesy and is not meant to replace or override the terms and conditions detailed in the insurance policy/brochure. For a complete description of eligibility, exclusions, and limitations, please visit: [www.wellfleetstudent.com](http://www.wellfleetstudent.com) for a copy of the Policy Certificate.*

**Excess**

**Covered expenses** will be paid, up to the Medical Benefit shown in the Schedule of Benefits, secondary to any **other health care plan** the **covered person** may have. Benefits payable will be limited to that part of the **covered expense**, if any, which is in excess of the total benefit payable for the same injury under any **other health care plan** without regard to any Coordination of Benefits provision in any **other health care plan**.

**GENERAL EXCLUSIONS**

In addition to any benefit-specific exclusion, benefits will not be paid for any **covered injury, covered loss or covered expense** which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in this **certificate**:

1. Any service, treatment or supply that is not considered **medically necessary** as defined in this **certificate**.
2. Expenses **incurred** after the end of the **Benefit Period**, even if **incurred** for continuing services or treatment of a **covered injury**.
3. Benefits provided by a Government plan (except Medicaid and other public assistance plans).
4. Injuries compensable under Workers' Compensation law or any similar law.
5. **Sojourns or Personal deviations**
6. Declared or undeclared **war** or act of **war**.
7. Commission or attempt to commit a felony or an assault.

**Underwritten By:**  
Wellfleet Insurance Company.

**Plan Administrator:**  
Wellfleet Group, LLC  
P.O. Box 15369  
Springfield, MA 01115  
[www.Wellfleetstudent.com](http://www.Wellfleetstudent.com)  
(877) 657-5030

**Servicing Agency**  
Parker Waller Agency  
401 Cedar Street  
Greenville, AL 36037  
[www.studentplans@gmail.com](mailto:www.studentplans@gmail.com)  
334-382-1234

8. Commission of or active participation in a riot or insurrection.
9. Treatment of a **pre-existing condition** as defined herein.
10. Flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline.
11. Travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle.
12. An **accident** if the **covered person** is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) The **covered person** holds a valid learner's permit and (b) The **covered person** is receiving instruction from a Driver's Education Instructor.
13. **Sickness**, disease, bodily or mental infirmity, bacterial or viral infection or medical or **surgical** treatment thereof, except for any bacterial infection resulting from an **accidental** external cut or wound or **accidental** ingestion of contaminated food.
14. **Medical or surgical** treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of injuries sustained in a **covered accident**.
15. Travel or activity outside the United States and the territories and possessions of the United States except as provided for qualified **covered activity** sports team event.
16. **Voluntary** ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a **physician** and taken in accordance with the prescribed dosage.
17. An **accident** that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon **Our** receipt of proof of service, **we** will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
18. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
19. 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**.
20. Hearing aids, or purchase, repair or replacement of, except due to a **covered accident** as described elsewhere in this **certificate**.
21. Wheelchairs, braces, appliances, orthopedic braces, or orthotic devices except due to a covered accident as described elsewhere in this certificate.
22. A cardiovascular **accident** or stroke resulting, directly and in dependently of all other causes, from exertion, as verified by a **physician**, except while the **covered person** participates in a **covered activity**.
23. 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 law of the state in which the **covered accident** occurred.
24. Rest cures, long-term care or custodial care.
25. 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 12 months of the date of the **covered accident**.
  - b. Reconstruction incidental to or following surgery resulting from a **covered accident**.
  - c. Any unplanned and unintended adverse consequences that may result during the treatment of a **covered accident**.
26. 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.
27. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
28. Repair or replacement of existing dentures, partial dentures, braces or bridgework, unless damaged or destroyed in a **covered accident**.
29. Treatment or services provided by the **covered person's immediate family**.
30. Personal services, or comfort/convenience items such as television and telephone or transportation.
31. Orthopedic appliances used mainly to protect an injury
32. Expenses payable by any automobile insurance **policy** without regard to fault.
33. Services or treatment provided by an infirmary operated by the **policyholder**
34. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the **covered activity**.
35. Treatment or service provided by a private duty **nurse** except due to a **covered accident** as described elsewhere in this **certificate**.
36. Charges for hot or cold packs for personal use.
37. Custodial Care service and supplies.
38. Expenses that are not recommended and approved by a **physician**.
39. Repair or replacement of existing artificial limbs, eyes and larynx, unless damaged or destroyed in a **covered accident**.
40. Participation in any sports activity not specifically authorized, sponsored and supervised by the **policyholder** whether or not it takes place on **policyholder** premises or during normal **school** hours.
41. Any expenses in excess of **usual and customary charges** except as provided in this **certificate**.
42. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
43. Racing or speed contests, skin diving, or sky diving, mountaineering (where ropes or guides customarily used), parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles), or other hazardous sport or hobby.
44. Non-physical, occupational, speech therapies (art, dance, etc.).
45. Modifications made to dwellings.
46. General fitness, exercise programs.
47. Hypnosis.
48. Roling.
49. Biofeedback.
50. Acupuncture charges.
51. Use of electric, bio-mechanical devices.

