

# Alabama Agricultural and Mechanical University (AAMU) 2019 – 2020 Fixed Indemnity Accident & Sickness Plan Policy # CCIC1920ALIND01 Group #: ST0762FI Effective August 1, 2019 to July 31, 2020

#### **Dear Student:**

We are pleased to provide you with this overview of the AAMU Mandatory Fixed Indemnity Accident and Sickness Plan for all Domestic Students.

Hospital Confinement Daily Income Ber Maximum benefit per Coverage Period	
Hospital Discharge Benefit	
Hospital discharge amount per day of Inpa	tient confinement \$2,000
Maximum number of Hospital discharges p	per Coverage Period 2
Surgery Benefit	
For surgery performed as an Inpatient	
For surgery performed as an Outpatient	
Maximum benefit/number of surgeries per Operating Room Benefit (1 per Coverage I	Coverage Period. \$1,500/3 Period) \$250
Administration of Anesthesia Benefit	φ200
For surgery performed as an Inpatient (3 v	visits per Coverage Period)
	\$250
For surgery performed as an Outpatient (3	· · · · ·
	\$250
Emergency Room Visits Benefit	
Per visit amount for the treatment of a Sich	kness (1 visit per Coverage
Period) Per visit amount for the treatment of an li	niury (1 visit par Covarage
Period)	
Diagnostic Laboratory Tests Benefit	φ 100
Per visit amount (5 visits per Coverage Pe	riod)\$45
Diagnostic Radiology Test Benefit	/ + -
All other Radiology Tests per visit amou Period)	
Doctors' Visits Benefit	
New Patient per visit amount (1 visit per Co	overage Period)\$100
Established Patient per visit amount (5 v	isits per Coverage Period)
	\$100
Student Health Center per visit amount (6)	visits per Coverage Period) \$100
Prescription Drug Benefit	φιου
Generic drug maximum amount per prescr	intion \$5
Generic drug maximum per Coverage Peri	
Drug maximum amount per prescription	
Drug maximum per Coverage Period	
Ambulance Transportation Benefit	
Per trip amount (1 trip per Coverage Perio	d)\$300
Accidental Death	
Principal Sum	\$5,000

# **AAMU Insurance Requirements**

ALL FULL-TIME DOMESTIC STUDENTS are covered by this Fixed Indemnity Accident and Sickness Plan.

Policy term is from August 1, 2019 to July 31, 2020. Students are covered for the period for which premium has been paid.

This Plan provides protection 24 hours per day during the term of the policy. Eligible students are covered on and off campus, at home, or while traveling between home and the University and during interim vacation periods.

This insurance supplements the services of the University Health Center and pays in addition to other insurance the student may carry.

For Questions About:	Contact:
<ul> <li>Claim Status</li> <li>Eligibility</li> <li>Enrollment</li> <li>Benefits</li> <li>Claim mailing address</li> <li>Claim Forms</li> </ul>	Claims Administered by: Wellfleet Group, LLC PO Box 15369 Springfield, MA 01115-5369 www.wellfleetstudent.com 1-877-657-5030
<ul><li>Eligibility</li><li>Enrollment</li></ul>	Local Representative: Parker Waller Ins. LLC 401 Cedar Street Greenville, AL 36037 877-272-4532
Prescription Drugs	Member Submit
Student Health Center	Alabama A&M University Health Center (256) 372-5601

## Underwritten by: Commercial Casualty Insurance (CCIC)

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: <u>https://www.studentinsurance.com/Schools/?id=762</u> for a copy of the benefits brochure.

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877-657-5030 PO Box 15369 Springfield, MA 01115 www.wellfleetstudent.com

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