



Letter & ID Card

**Merced Community College-
Sports**
Group # ST2294AC

IMPORTANT INFORMATION - READ CAREFULLY
Know Your Benefits and Exclusions

Dear Participant,

You are enrolled in the **Merced Community College** Sport Plan. Please use this information when seeking medical care.

1. This ICS insurance card is NOT to be used as your comprehensive health plan. ICS Insurance is only used for accidents that occur while participating in a scheduled, sponsored and approved activity for your College.
2. This ICS Insurance Plan is an Excess Plan and will require and Explanation of Benefits (EOB) from the student's primary insurance before the claim is processed.
3. The following must be received to process a claim:
 - a. Athletic Injury Claim form to be submitted by the Athletic Department.
 - b. Primary Insurance EOB (s)
 - c. Itemized bills submitted by the provider of service to the address shown on the ID card below.



Group: ST2294AC
Policy #: WI2324CAACC92
Group Name: Merced Community College – Athletics

Participant Name: _____

THIS IS AN EXCESS POLICY

The following must be received to process a claim:

1. Accident details - submitted by school
2. Provider itemized bill and primary insurance EOB
3. Prescriptions – member submit

Possession of card does not guarantee coverage

**Mandatory Accident Insurance
INSTRUCTIONS FOR FILING
CLAIMS**

Mail claims to:

Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115
EDI Payer ID#: 87843

Eligibility/Claims: 877-657-5039
Customer Service: 877-657-5039
www.wellfleetstudent.com