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University of San Francisco 2012-2013 Student Health Insurance Plan

Visit www.aetnastudenthealth.com

Aetna Student Health, working with University of San Francisco offers a student-focused health insurance plan that helps protect students at school, at home, and while traveling or studying abroad.

WHAT IS THE PLAN ALL ABOUT?

Your Student Health Insurance Plan offers you access to:

- Aetna's nationwide network of doctors, hospitals, pharmacies and specialists throughout the country.
- An award-winning online secure member website, Aetna Navigator®.
- Aggregate Benefit Maximum of \$100,000 per Policy Year.
- Informed Health® Line Call our toll-free number to talk to registered nurses. They can share information on a range of healthy topics*. Call toll free (800) 556-1555 24 hours a day, 7 days a week.
- Savings on vision, fitness, alternative health care, weight management, books and many more!
- Travel Assistance Services and Worldwide Medical Coverage while traveling or studying abroad. You can reach us by visiting www.oncallinternational.com or call in the U.S. 1-866-525-1956 or collect 1-603-328-1956

Learn More! 1-877-850-6036 www.aetnastudenthealth.com

HOW MUCH DOES IT COST?

	Fall Semester 08/01/12- 12/31/12	Spring/Summer Semester 01/01/13- 07/31/13	Summer Semester 05/01/13- 07/31/31
Student	\$729	\$1,045	\$421

The rate above includes both premium for the student health plan underwritten by Aetna Life Insurance Company, as well as USF administrative fee.

Visit www.aetnastudenthealth.com for dependent rate information.

WHO CAN ENROLL?

Participation in University of San Francisco Student Health Insurance Plan is required by your school for all eligible undergraduate students, graduate students residing in University-operated housing, and all international students and scholars, unless they are covered under another comparable plan. All undergraduate students taking nine or more credit hours and all international students are automatically enrolled and charged for the Student Health Insurance Plan unless proof of comparable coverage is provided by the deadline. The premium for the plan will be added to your USF bill. If you have comparable coverage and wish to waive coverage, you may do so by following the steps below:

- Domestic students may waive this requirement through the online waiver form. To complete the Online Waiver Form, visit www.aetnastudenthealth.com.
- International students must waive this requirement in person at the Health Promotion Services office (UC 5th Floor) to ensure that their health insurance policy meets the minimum insurance requirement established by United States federal government regulations.
- · Graduate students are not automatically enrolled in the plan but eligible to purchase the plan online if they are registered for six units
- Please visit www.usfca.edu/hps to learn more about the eligibility criteria for waiving, or enrolling in the plan. If you have any questions, please email hps@usfca.edu call 415-422-5797

Enrollment/Waiver Deadlines Fall 2012: August 31, 2012 Spring 2013: February 1, 2013

tors, Inc. Aetna Student Health— is the brand name for products and services provided by these companies and their applicable affiliated companies.

^{*} Not all topics may be covered expenses under your plan. While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurse can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

The University of San Francisco Student Health Insurance Plan is underwritten by Aetna Life Insurance Company and administered by Chickering Claims Administra-

POLICY YEAR MAXIMUM *Annual Deductible Preferred Care / Non-Preferred Care Out of Pocket Maximum Preferred Care / Non-Preferred Care

\$100,000 per Policy Year \$200 per Policy Year / \$1,000 per Policy Year \$3000 per Policy Year/ \$6000 per Policy Year

Intensive Care Hospital Expenses	80% of Negotiated Charge 80% of Negotiated Charge	50% of Recognized Charge
Intensive Care Hospital Expenses	80% of Negotiated Charge	50% of Recognized Charge
Intensive Care Hospital Expenses	80% of Negotiated Charge	
Physician Hospital Visit Expenses		50% of Recognized Charge
1 Typical Troopisal Total Experience	80% of Negotiated Charge	50% of Recognized Charge
SURGICAL EXPENSES		
Surgical Expenses	80% of Negotiated Charge	50% of Recognized Charge
	80% of Negotiated Charge	50% of Recognized Charge
OUTPATIENT EXPENSES		
Physician's Office Visit Expenses (Deductible is waived)	100% of Negotiated Charge	50% of Recognized Charge
	after a \$25 Copay per visit	
Preventative Services	100% of Negotiated Charge	50% of Recognized Charge
Diagnostic X-Ray and Laboratory Expenses	80% of Negotiated Charge	50% of Recognized Charge
Emergency Expenses, use of the emergency room and supplies.	80% of Negotiated Charge	80% of Recognized Charge
Please note: Emergency room copay/deductible will be waived if admitted	after a \$200 Copay per visit	after a \$200 Deductible
		per visit
MENTAL HEALTH		
Inpatient Mental Health	80% of Negotiated Charge	50% of Recognized Charge
Benefits are limited to 30 days per Policy year		
Outpatient Mental Health	80% of Negotiated Charge	50% of Recognized Charge
Benefits are limited to 12 visits per Policy year.		
PRESCRIPTION DRUG EXPENSES	Preferred Care Pharmacy:	Non-Preferred Care Pharmacy:
	100% of the Negotiated Charge after the applicable	50% of the Recognized Charge after the applicable per
	per prescription Copay	prescription Deductible
	per presemption copay	prescription beddetible
	Generic Prescription Drug:	Generic Prescription Drug:
	\$15 Copay	\$15 Deductible
В	rand Name Prescription Drug: \$30 Copay	Brand Name Prescription Drug: \$30 Deductible
	Non-Formulary Brand name:	Non-Formulary Brand name:
	\$45 Copay	\$45 Deductible

*Policy Year Deductibles: For most services, you must pay the first \$200 of covered charges when using preferred providers or \$1,000 when using non-preferred providers during the plan year before the plan pays. The preferred and non-preferred deductibles are not combined.

Your student health insurance coverage, offered by Aetna Student Health*, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012, but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012, and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage includes an annual limit of \$100,000 on all covered services including Essential Health Benefits. Other internal maximums (on Essential Health Benefits and certain other services) are described more fully in the benefits chart included inside this Plan summary. If you have any questions or concerns about this notice, contact (877) 850-6036. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

PLEASE READ CAREFULLY BEFORE DECIDING WHETHER THIS PLAN IS RIGHT FOR YOU:

- This plan will not pay more than the overall maximum benefit of \$100,000 during the plan year
- Once any of these limits have been reached, the plan will not pay any more towards the cost of the applicable services, and your health provider can bill you for what the plan
 does not pay. Some illnesses cost more to treat than this plan will cover.
- Please read the University of San Francisco Student Health Insurance Plan brochure located at www.aetnastudenthealth.com carefully before enrolling. While this document and the University of San Francisco Student Health Insurance Plan brochure describe important features of the plan, there may be other specifics of the plan that are important to you and some limit what the plan will pay.
- If you want to look at the full plan description, which is contained in the Master Policy issued to the school, you may view it at USF Health Promotion Services Office, UC Fifth Floor or contact us at (877) 850-6036.

For more information on plan exclusions, limitations and benefit maximums, please refer to the University of San Francisco Student Health Insurance Plan brochure and Master Policy. This plan pays benefits only for expenses incurred while the coverage is in force and only for the medically necessary treatment of injury or disease. The coverage displayed in this document reflects certain mandate(s) of the state in which the policy was written. However, certain federal laws and regulations could also affect how this coverage pays. Unless otherwise indicated, all benefits and limitations are per covered persons. The pre-existing condition does not apply to an insured person who is under age 19.

This material is for information only. Health insurance plans contain exclusions, limitations and benefit maximums. Discount programs provide access to discounted rates and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Discounts are subject to change without notice. Discount programs may not be available in all states. Discount programs and travel assistance services may be offered by vendors who are independent contractors and not employees or agents of Aetna. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals. Preferred providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates.

Policy forms issued in OK include GR-96134.

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